

2008

Beyond ABC:

Growing Up in Collin County

DETAILED FINDINGS

HEALTH

All children deserve to be free from hunger and preventable disease and to receive regular healthcare.

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Children Without Health Insurance

1995	1997	1998	2000	2003	2004	2005
24%	25%	20.2%	13.3%	21%	21.2%	17.6%
Texas	Texas	Collin	Collin	Texas	Texas	Collin

Indicator:

The percent of children without any healthcare coverage.

Data Sources: Kids Count, Texas State Demographer and U.S. Census Bureau.

More than 50,000 Collin County children have limited access to healthcare as a result of being uninsured (30,724) or being enrolled in Children’s Medicaid (17,225) or CHIP, the Children’s Health Insurance Program (4,802). Texas has the highest rate of uninsured children in the nation: 22 percent, or 1.4 million children without insurance. In Collin County in 2005, 30,724 children were uninsured: 40 percent of them were Anglo, 40 percent were Hispanic and 20 percent were black.

Children who lack health insurance are less likely to have a medical home with timely access to a doctor or to specialty care when needed. They are more likely to receive sporadic care from emergency rooms or clinics, and that drives up healthcare costs for everyone. Uninsured children are also less likely to be immunized against serious childhood illnesses,

and they face lower odds of becoming healthy, productive adults.

Statewide, nearly 80 percent of uninsured children have a working parent. Factors that contribute to children being uninsured include a drop in employment-based coverage, increasing premiums for dependent coverage, inadequate funding and difficult eligibility processes for federal and state programs, a high level of low-income service jobs, and poverty rates. The average cost of private health insurance in Texas is \$900 per month for family coverage, according to the Texas Department of Insurance.

In addition, many children are underinsured: Their health insurance is not comprehensive and thus limits their access to healthcare. Very limited health resources are available for uninsured and underinsured children. Although local faith groups, healthcare providers and philanthropic organizations work cohesively to operate health clinics for uninsured, low-income and immigrant children, they are unable to ensure adequate access to care.

Children Enrolled in CHIP

2001	2002	2003	2004	2005	2006	2007
3,055	4,122	4,131	3,448	3,665	3,791	4,802

Indicator:

The number of Collin County children enrolled in the Children’s Health Insurance Program in December of each year.

Data Source: Texas Health and Human Services Commission, Children’s Health Insurance Program Monthly Enrollment Report.

A joint federal and state program, CHIP provides affordable healthcare coverage for working families who earn too much to qualify for Medicaid but can’t afford commercial health coverage. To be eligible, a child must be a U.S. citizen or legal permanent resident, under age 19 and uninsured for 90 days. Family income and resources must be above the Medicaid eligibility limit and at or below 200 percent of the federal poverty level (which equaled an annual income of \$41,300 for a family of four in 2007).

Enrollment in Children’s Medicaid and CHIP is strongly tied to state policies that affect eligibility criteria for families and the difficulty or ease of application. After months of debate, the U.S. Congress was unable to reach a compromise on how to reauthorize and fund the CHIP program in future years. As a stop-gap measure, however, Congress reauthorized the CHIP program and its funding through March 2009, postponing further decisions until after the 2008 election cycle.

The Center for Public Policy Priorities estimates that more than 700,000 uninsured Texas children are eligible for but not enrolled in Medicaid or CHIP. Recommended state actions to increase the number of Texas children covered by CHIP include easing the enrollment process for families, eliminating the asset test, eliminating the 90-day waiting period for coverage to begin, increasing reimbursement rates paid to healthcare providers, and implementing an aggressive marketing and outreach campaign.

Undocumented children in Texas are not eligible for CHIP or Medicaid, and other health resources available to them are very limited. This presents a growing problem. Although faith groups, healthcare providers and local philanthropic groups work cohesively to operate health clinics for uninsured, low-income and immigrant clients, they are unable to ensure adequate access to care.

More than 22,000 low-income Collin County children were insured through Children’s Medicaid and CHIP in December 2007. Yet a very limited number of pediatricians and dentists in Collin County will accept children enrolled in these programs. As a result, many families must travel out of the county to seek care for their children, and less than half of low-income Texas children enrolled in Medicaid received dental care in 2006.

Children Enrolled in Medicaid

2000	2001	2002	2003	2005	2006	2007
3,518	4,167	7,530	10,715	14,353	14,077	17,225

Indicator:

The number of Collin County children younger than 19 enrolled in Medicaid in December each year.

Data Sources: Kids Count 2000-2005; Texas Health and Human Services Commission 2006-2007.

Children’s Medicaid, a joint state and federal program, is vital to the health of nearly 2 million of the poorest Texas children – including more than 17,000 in Collin County. Statewide, enrollment in Children’s Medicaid increased 83 percent between 2000 and 2007; enrollment in Collin County tripled during the same time period.

Enrollment in Children’s Medicaid is strongly tied to state policies that affect eligibility criteria for families and the difficulty or ease of application. Although policies implemented in 2003 simplified the Medicaid eligibility process for families, significant barriers remain.

An estimated 450,000 Texas children are income-eligible for Medicaid but not enrolled, including thousands of Collin County children. Eligibility criteria for Children’s Medicaid in Texas include family income, the child’s citizenship status and the family’s assets. To qualify, children must be citizens or legal permanent residents. For school-age children, the family’s earnings must be at or below the federal poverty level (annual income of \$20,650 for a family of four in 2007). Younger children are eligible at income levels up to 185 percent of the poverty level (annual income of \$38,202 for a family of four in

2007). A large number of working families with low incomes either do not realize their children are eligible for Medicaid coverage or are unable to complete the stringent application process.

In addition to caring for disadvantaged children, this program also supports physician training, pediatric specialty procedures and high-technology care that benefits the community as a whole. Recommended state actions to increase the number of Texas children covered by Medicaid include easing the enrollment process for families, extending eligibility from 6 to 12 months, eliminating the asset test, adequately staffing and training the state eligibility-determination offices, increasing reimbursement rates paid to healthcare providers, and implementing an aggressive marketing and outreach campaign.

There is a severe shortage of physicians who accept Medicaid. While the number of children enrolled in Medicaid has significantly increased in recent years, the number of physicians who accept new Medicaid patients has significantly decreased, limiting children’s access to care. In 2006, only 38 percent of Texas physicians reported they accepted new Medicaid patients, a precipitous drop from 67 percent in 2000, according to a survey by the Texas Medical Association. In the Dallas metro area, only 29 percent of physicians reported they accepted new Medicaid patients. Low reimbursement fees was the primary reason physicians reported limiting their participation in Medicaid. Texas should work to bring physician services rates closer to Medicare rates.

Children Enrolled in Medicaid and Receiving Dental Care

1996	1997	1999	2001	2003	2005	2006
1,479	1,705	1,595	1,804	6,290	8,791	9,666

Indicator:

The number of eligible Collin County children who received dental care through Medicaid.

Data Sources: Texas Department of State Health Services, Medical and Dental Statewide Reports.

There is a severe shortage of dentists serving children with low incomes in Texas. Few dentists in Collin County will treat children enrolled in Medicaid because of low state reimbursement rates and the difficulties of dealing with the state program. As a result, only 36 percent of eligible Collin County children received dental services through Medicaid in 2006. That compares to 64 percent of eligible children statewide.

Although effective methods exist to prevent tooth decay, dental cavities remain the most prevalent chronic disease among children – five times more common than asthma and seven times more common than hay fever. Untreated dental disease can result in pain and suffering as well as problems with eating, speaking, learning and working.

More than 7 percent of U.S. children have unmet dental needs, according to the National Health Interview Survey conducted by the Centers for Disease Control and Prevention. Because prevention of damage to teeth and gums is far cheaper than restoration, DSHS recommends screening for 1-year-olds, dental sealant programs to target second- and eighth-graders, and implementation of recommendations made by the American Association of Pediatric Dentists.

In 2007 Texas settled the Frew class action lawsuit that requires the state to take corrective measures to ensure children enrolled in Medicaid have access to regular preventive health and dental care. Corrective actions beginning in 2008 include case management, increased reporting of outcomes by managed care plans, increasing the supply of health-care and dental providers who accept Medicaid patients, expanded outreach, and transportation for families to healthcare facilities.

Children Enrolled in Medicaid and Receiving Texas Health Steps Medical Screening Services

1996	1997	1999	2001	2003	2005	2006
2,706	2,624	2,347	1,473	7,143	10,501	11,244

Indicator:

The number of eligible children in Collin County who received medical screening services through Texas Health Steps (Medicaid). (Data for 2001 was under-reported.)

Data Source: Texas Department of State Health Services, Medical and Dental Statewide Reports.

Texas Health Steps (Medicaid) provides preventive and primary medical and dental care coverage to eligible children from birth through age 20. The number of children served by this program has increased significantly since 2000 due to expanded state and federal Medicaid eligibility policies and growing Medicaid enrollment.

Through Texas Health Steps, the state oversees an extensive outreach and education program to encour-

age Medicaid-eligible families to get age-appropriate preventive care for their children. Outreach staff members call Medicaid families, mail reminders to clients and make home visits when other attempts to reach families are unsuccessful. Access to Medicaid-funded healthcare is a problem for many families, partly because physicians are unwilling to accept new Medicaid patients due to low reimbursements.

In 2007 Texas settled the Frew class action lawsuit that requires the state to take corrective measures to ensure children enrolled in Medicaid have access to regular preventive health and dental care. Corrective actions beginning in 2008 include case management, increased reporting of outcomes by managed care plans, increasing the supply of healthcare providers who accept Medicaid patients, expanded outreach, and transportation for families to healthcare facilities.

Early Prenatal Care

1995	1997	1999	2001	2003	2004	2005
91.3%	91.1%	90.8%	86.6%	85.4%	84.3%	N/A

Indicator:

The percent of women in Collin County receiving prenatal care beginning in the first trimester of pregnancy.

Data Source: Texas Department of State Health Services, Center for Health Statistics.

In 2004 more than 15 percent of births in Collin County were to mothers who had received inadequate prenatal care. That same year 75 percent of Hispanic women, 77 percent of black women and 86 percent of Anglo women received early prenatal care.

Prenatal care contributes to healthier babies by identifying potential health risks, treating medical conditions and educating pregnant women. In 2004 Texas ranked 38th in the nation in the rate of mothers receiving early prenatal care, according to the Children’s Defense Fund.

The Texas Medicaid program covers prenatal care and delivery for women who are U.S. citizens with family incomes up to 185 percent of the federal poverty level (or \$38,202 for a family of four in 2007). Women who are not U.S. citizens can receive emergency Medicaid to cover the delivery, but they do not receive prenatal or postpartum care.

In 2007 Texas expanded coverage for prenatal care through a CHIP perinatal benefit for pregnant women that covered 599 Collin County pregnant women and infants in December 2007. The program covers pregnant women whose children would qualify for CHIP or Medicaid at birth. A pregnant woman with a family income of up to 200 percent of the federal poverty level (annual income of \$41,300 for a family of four in 2007) can enroll her unborn child during pregnancy. Coverage includes prenatal care, delivery and healthcare for the infant after birth.

Continued support from the government and the private sector is needed to increase access to early prenatal care. Support services are also key, including transportation to medical appointments as well as community outreach to pregnant women. These relatively inexpensive programs will save lives and are cost-effective. Statistics show that spending \$1,000 on prenatal care reduces the likelihood of a low-birthweight delivery, saving \$14,000 to \$30,000 in hospital costs required for each low-birthweight newborn. In addition, that investment reduces the risk of developmental delay and other long-term problems by up to 15 percent.

Infant Mortality

1995	1997	1999	2001	2003	2004	2005
2.6	4.3	4.4	3.8	4.8	5.1	N/A

Indicator:

Deaths of infants under 1 year old per 1,000 live births in Collin County.

Data Source: Texas Department of State Health Services, Center for Health Statistics.

In 2004, 53 Collin County children less than 1 year old died. The rate of infant mortality in Collin County increased 34 percent between 2000 and 2004. The leading causes of death for infants include premature birth, congenital abnormalities, infections and sudden infant death syndrome, or SIDS. Significant racial disparities exist. In 2005, 55 percent of the infants who died were white, 16 percent were black and 18

percent were Hispanic. Comprehensive prenatal care and prevention of adolescent pregnancy remain the most effective methods to prevent infant mortality.

In addition to an increased emphasis on early prenatal care, technological advances in neonatal care and collaborative community efforts have been shown to lower infant mortality rates. Best practices for preventing infant mortality include access to regular healthcare for women of child-bearing age, services such as home-based case management and care coordination to help people access healthcare and social services available from governmental agencies and community organizations.

Premature Births

1995	1997	1999	2001	2003	2004	2005
8.8%	8.9%	9.1%	10.1%	11%	13.4%	N/A

Indicator:

The percent of babies born before 37 completed weeks of pregnancy.

Data Sources: Texas Department of State Health Services, Center for Health Statistics; March of Dimes.

The leading cause of newborn death is prematurity. The earlier a baby is born, the more likely he or she is to die. Babies born before 37 completed weeks of pregnancy are considered premature. One of eight live births in Collin County in 2004 was premature. The rate of preterm births increased 52 percent between 1995 and 2004. The preterm birth rates were highest for black infants (15.5 percent) and for mothers older than 40.

Premature babies are at risk for serious health problems. Those born earliest are at greater risk of medical complications and long-term disabilities – such as mental retardation, cerebral palsy, lung and gastrointestinal problems, and vision and hearing loss – as well as death. Fortunately, medical

advances have improved the chances of survival for even the smallest babies.

Women who take folic acid supplements for at least one year before they become pregnant can cut their risk of having a premature baby by half, according to a 2008 analysis of data collected in a study by the National Institutes of Health. The study also points out a 70 percent decrease in very early premature births, those babies who are at the greatest risk of complications such as cerebral palsy, mental retardation, chronic lung disease and blindness. Earlier research indicates that taking folic acid before pregnancy and during the first trimester helps prevent serious birth defects of the brain and spinal cord such as spina bifida, according to the March of Dimes.

To address the growing problem of prematurity, the March of Dimes has initiated a national campaign regarding prematurity research, awareness and education. For details, please visit www.marchofdimes.com/prematurity.

Low-Birthweight Babies

1995	1997	1999	2001	2003	2004	2005
6.4%	6.5%	6.5%	7.3%	7.8%	7.6%	7.6%

Indicator:

The percent of infants in Collin County weighing 2,500 grams (approximately 5.5 pounds) or less at birth.

Data Sources: Kids Count; Texas Health and Human Services Commission.

Low-birthweight babies are more likely to suffer from cerebral palsy, lung and liver disease, learning disabilities, attention disorders, and other developmental impairments. These complications often require expensive, long-term treatment. While most of the infants born in Collin County in 2004 were healthy, 7.6 percent weighed less than 5.5 pounds.

According to the Physicians Committee for Responsible Medicine, risk factors for a low birth-weight include teenage pregnancy, inadequate prenatal care, poor maternal nutrition, premature birth, drug and alcohol use, smoking, and the presence of sexually transmitted diseases. In addition to the medical vulnerabilities associated with very low-birthweight infants (those weighing less than 3.5 pounds), the psychosocial challenges for such infants' families can be tremendous and can continue well after discharge from the neonatal intensive care unit.

Adolescent Pregnancy

	1995	1997	1999	2001	2003	2004	2005
Number	205	214	194	225	201	230	N/A
Rate	16.6	15.1	12.3	12.9	9.4	9.8	N/A

Indicator:

The number of pregnancies per 1,000 females ages 13 to 17 in Collin County. Figures include live births, fetal deaths and aborted pregnancies.

Data Source: Texas Department of State Health Services, Vital Statistics Annual Reports.

The rate of pregnancy among girls ages 13 to 17 in Collin County declined 40 percent between 1995 and 2004, reflecting a national trend. In 2004, 161 babies were born to Collin County girls ages 13 to 17, and 64 teen pregnancies were terminated in the county. Although the teen birthrate in Texas declined 17 percent between 1995 and 2004, the state’s teen birthrate was the highest in the nation in 2004 with 52,361 births to mothers younger than 20. And Texas had the highest percent of repeat teen births, according to Child Trends, an independent nonpartisan research center focused on young people.

The risk of premature birth is double for teen mothers, according to the March of Dimes. Prematurity increases the risk of newborn health problems, infant mortality and lasting disabilities. And nearly one of five teen mothers will have a second baby within three years of the first birth.

Teenage childbearing limits the opportunities of both the mother and child. According to the National Campaign to Prevent Teen Pregnancy, teen mothers and their children are at increased risk for social and developmental delays, and teen mothers are more likely to drop out of high school, never marry, live in poverty and rely on public assistance.

The National Campaign to Prevent Teen Pregnancy conducted a stringent review of prevention programs and found that sex education programs, sexual abstinence programs, community service programs, and healthcare and tutoring programs were effective.

Immunizations

2001	2003	2004	2005	2006	2007
74.9% (Texas)	78.1% (Texas)	75.4% (Texas)	81.5% (Texas)	83% (Collin)	84% (Collin)

Indicator:

The percent of 2-year-old children in Collin County vaccinated against vaccine-preventable diseases on the 4:3:1 schedule and at the appropriate age.

Data Sources: Centers for Disease Control and Prevention; National Immunization Survey; Collin County Health Department.

Eighty-three percent of Collin County 2-year-olds were fully immunized in 2006, surpassing the Texas immunization rate. In May 2008, Collin County Health Care Services convened an immunization coalition to focus on continuing to improve immunization rates.

Immunizations save lives, suffering and money. According to a national CDC control study, common childhood vaccines will prevent more than 14 million cases of disease, prevent 33,500 deaths over the lifetimes of the children born this year and save \$10 billion per year nationally. When large numbers of children are not fully immunized, the chances of an

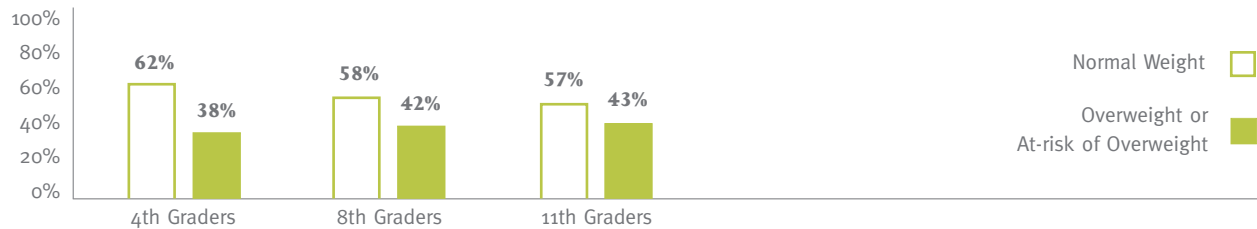
epidemic increase. Some have voiced concerns that the MMR vaccine is linked to autism. But there is no association between MMR and autism, according to the Institute of Medicine of the National Academies, the Centers for Disease Control and Prevention, the American Academy of Pediatrics and the National Institutes of Health.

The Texas Department of State Health Services (DSHS) has concluded that parents may not understand the importance of keeping vaccinations up to date and that the lack of health insurance and a regular source of medical care is another significant barrier to a child being adequately vaccinated.

DSHS strategies to increase the level of immunization among children include promoting a child’s access to primary care through a medical home, strengthening the ImmTrac immunization registry, using reminder and recall systems by healthcare providers, educating providers, educating the public, and implementing community partnerships.

Prevalence of Overweight Children

Weight Classification of North Texas Children in 2005



Indicator:

Percent of children estimated to be overweight.

Data Sources: Texas Department of State Health Services, Strategic Plan for the Prevention of Obesity in Texas, Statewide Obesity Taskforce; National Health and Nutrition Examination Survey; National Health Examination Survey.

Texas was ranked the 12th most overweight state in the nation with an average of 26.3 percent of adults overweight in a 2007 report by Healthy Americans. In North Central Texas, 38 percent of fourth graders, 42 percent of eighth graders and 43 percent of 11th graders are overweight or at risk of becoming overweight, according to a 2005 report from the Texas Department of State Health Services.

An overweight child has a 70 percent chance of becoming an overweight adult. Serious health risks are associated with being overweight, including type 2 diabetes, heart disease, hypertension, certain cancers, breathing problems, arthritis and joint problems. Children who are overweight are at greater risk of social stigma and low self-esteem, and they are less likely to succeed in school.

Overweight is defined as having a body mass index (BMI) at or above the 85th percentile for a child’s age and height. Obesity is defined as having a BMI at or above the 95th percentile for the child’s age and height. The number of obese children has doubled during the last 20 years, and the number of

obese teens has tripled. In addition, the medical costs of obesity are high: Texas spends an estimated \$10.5 billion per year on overweight-related health-care costs.

Diet- and exercise-focused behavior modification is recommended for children who are overweight or obese, but children often have great difficulty complying with this treatment. The Statewide Obesity Taskforce recommends raising public awareness about obesity as a serious public health problem and mobilizing families, schools and communities to focus on healthy eating habits and physical activity.

Texas has taken one of the most assertive stances of any state by limiting the availability in schools of so-called “competitive foods,” which are typically more calorie-dense and nutrient-poor than traditional lunches.

Legislation passed in 2007 requires schools to increase physical activity from moderate to vigorous activity for elementary and middle school students. The daily physical activity must be for a minimum of 30 minutes, and recess was removed as an acceptable standard. In addition schools are required to perform bi-annual physical fitness assessments for students in grades K-12. This early intervention is critical as children who are overweight at the age of 12 are 70 percent more likely to be overweight as adults.

Asthma

2000	2001	2003	2005	2007
15,309	15,873	16,911	17,833	18,608

Indicator:

The estimated number of children who have had asthma during their lifetime.

Data Source: Texas Department of State Health Services, Texas Asthma Plan.

According to the Asthma Coalition of Texas, more than 10 percent of Texas children have had asthma, including an estimated 18,608 Collin County children. The American Lung Association State of the Air: 2007 report ranks the DFW area seventh worst in the nation for high levels of ozone pollution, with a grade of F for high-ozone days.

The most common chronic disease in children, asthma causes the most trips to the emergency room and is the leading cause of school absenteeism for children under 16, with 14 million missed days annually, according to the Texas Department of State Health Services 2007 Burden of Asthma in Texas report. The average school district in Texas

loses \$18 per day per child absent due to asthma, according to the 2006 Code Red Texas report. Asthma incidence has doubled in the United States since 1980.

The National Heart, Lung and Blood Institute (NHLBI) has established a standard of care that could reduce the incidence of asthma attacks, preserve lung function and facilitate a near-normal lifestyle for people with asthma. The key components include ongoing primary medical care using the NHLBI standard of care, mitigating asthma triggers; asthma education for children and their families on self-management; and the use of appropriate medications.

Although inexpensive primary care-based treatment is effective to prevent hospitalization, it is unavailable to many children who lack health insurance. In addition, environmental factors such as air pollution and poor housing make asthmatic conditions worse.

Prevalence of Children With Mental Illness

2000	2001	2003	2005	2007
7,360	7,631	8,130	8,573	8,946

Indicator:

The number of Collin County children estimated to have a diagnosable mental illness.

Data Source: U.S. Department of Health and Human Services, Mental Health, A Report of the Surgeon General, 2001.

It's estimated that nearly 9,000 Collin County children and youth have a diagnosable mental illness that results in significant functional impairment. To better address this complex issue, Collin County needs to expand access to behavioral health treatment for children and teens. The needed continuum of mental health and substance abuse care includes psychiatric care, emergency room services, crisis mental health intervention services, residential treatment and outpatient treatment.

Young people who are mentally ill or exhibit severe emotional disturbances are at risk of dropping out of school, being unemployed, abusing drugs and alcohol, being arrested, and becoming violent or pregnant. Statewide in 2006, 41 percent of youth committed to TYC had serious mental health problems, and 46 percent were chemically dependent.

Children and youth with mental illness go without treatment for several reasons, according to Mental Health America. Those reasons include the stigma associated with mental illness, the limited availability of publicly funded care, and families' inability to pay for services and medications (since one out of five Texas children has no healthcare coverage). In addition, many private health insurance policies offer only minimal coverage for mental illness treatment. Studies indicate that the majority of children and adolescents who start receiving mental health treatment do not stay in care long enough for treatment to be effective.

According to the National Association of Children's Hospitals and Related Institutions, children with mental illness need a broad array of services ranging from early intervention to hospitalization. Ideally, services should be family-focused; be delivered through community-based, easily accessible systems; and offer a continuum of care in order to prevent the development of more serious disorders and the need for more expensive treatment.

Children Receiving Mental Health Services Through NorthSTAR

2000	2001	2003	2005	2006
166	145	278	359	348

Indicator:

The number of children receiving publicly funded mental health services through NorthSTAR Medicaid Managed Care.

Data Source: NorthSTAR Data Book, 2001-2006.

NorthSTAR, a North Texas public behavioral health-care treatment initiative, serves low-income children and adults who have severe mental illness or substance abuse issues. Services are available to families with an income at or below 200 percent of the Federal Poverty Level (\$41,300 for a family of four in 2007). Clients are required to pay fees for mental health services based on their income and co-pays of \$20 on some prescription medications. Due to very limited state funding, NorthSTAR served only 348 Collin County children in 2006, well below the need for services. Community concerns about the NorthSTAR program include inadequate funding to meet the needs, an inadequate network of providers, and a lack of effective coordination between the health and behavioral-health managed care networks.

The continuum of care for children with mental health needs in Texas is broken, according to Children’s Mental Health Services in Texas: A State of the State Report May, 2006, issued by the Children’s Hospital Association of Texas (CHAT). The limited state resources and fragmented funding streams for mental health services result in a focus on crisis treatment, a strained capacity and insufficient coordination of care among agencies. In addition, the statewide shortage of child psychiatrists and residential care results in lengthy waiting lists.

CHAT recommendations for action include increasing state funds to support community-based services, requiring mental health benefits to be on par with physical health benefits, improving the identification and treatment of mental health issues in preschool-age children, reducing barriers to Medicaid/CHIP enrollment and continued coverage, and increasing oversight and coordination of children’s mental health services.

Teen Suicide Rate

	1995	1997	1999	2001	2003	2004	2005
Number	4	5	4	3	4	4	3*
Rate	3.7	4.0	2.9	1.8	2.2	2.1	1.5

*2005 data is preliminary.

Indicator:

The rate of intentional death by suicide and other self-inflicted injury among 10- to 19-year-olds in Collin County per 100,000 people in that age group.

Data Source: Texas Department of State Health Services.

Three young males took their own lives in Collin County in 2005, including one adolescent younger than 14 and two ages 15-19. Common risk factors contributing to the decision to take one's life include mental illness (especially depression), a stressful situation or recent loss, drug and alcohol abuse, school or personal failure, and disruptive or aggressive behavior.

Suicide is the third leading cause of death among adolescents, according to the National Youth Violence Prevention Center. Sadly, children as young as 10 have committed suicide in recent years. In Texas, 13 percent of the 156 teen suicides in 2004 were in the age range of 10 to 14. Because teen suicide is considered to be under-reported, the actual

numbers may be higher. A national report by the Drug Abuse Warning Network (DAWN) estimated there were approximately 1.3 million adolescent suicide attempts in 2004. Even if an adolescent is treated for depression or suicidal ideations, many studies have shown that people are more likely to commit suicide immediately after initial recovery.

Males are four times as likely as females to die from suicide, according to the CDC, however females are more likely to attempt suicide than males. Males are more likely to commit suicide using firearms or through hanging. The National Institute of Mental Health reports that more than 60 percent of all suicides involve handguns, with 80 percent of those deaths committed by white males. Females are more likely to commit suicide by drug overdose, but their use of handguns has increased. Nationally, 15,000 emergency department visits concerning drug-related suicide attempts were reported in 2004, and nearly half of all attempts involved a pain medication, according to the 2004 DAWN report.

Human Immunodeficiency Virus (HIV)

1995	1997	1999	2001	2003	2005	2006
0	<3	3	<3	<3	0	<3

To protect patient confidentiality, the Texas Department of State Health Services does not report specifics when there are fewer than three cases.

Indicator:

Number of Collin County residents under 20 who were newly diagnosed with HIV.

Data Source: Texas Department of State Health Services, HIV/AIDS Reporting System Database.

The Collin County STD/HIV Clinic provides education, screening, counseling and treatment services. Clients who test positive for HIV are referred to their private physician or to the Dallas County HIV Early Intervention Clinic.

Most HIV infections among children and adolescents were acquired perinatally, with the remainder acquired as a result of intravenous drug use or sexual contact. Infants and children afflicted with AIDS are more vulnerable to bacterial infections, tuberculosis and recurrent pneumonia. Because the symptoms of AIDS may not appear for years, teens may continue to participate in high-risk activities such as unprotected sex and intravenous drug use after they become HIV-positive.

Sexually Transmitted Diseases

	1995	1997	1999	2001	2003	2005	2006
Syphilis	4	0	0	<3	<3	<3	4
Chlamydia	136	166	232	270	297	372	374
Gonorrhea	60	68	104	89	62	70	81
Total	200	234	336	361	361	444	459

To protect patient confidentiality, the Texas Department of State Health Services does not report specifics when there are fewer than three cases.

Indicator:

The number of STD cases in people under age 20.

Data Source: Texas Department of State Health Services, HIV/STD Reporting System Database.

Adolescents are at higher risk for acquiring sexually transmitted diseases (STDs) since they are more likely to have multiple sexual partners and unprotected sex. In the national 2005 Youth Risk Behavior Surveillance System survey, 52.5 percent of Texas high school students said they'd had sexual intercourse. Twenty-two percent reported using alcohol or drugs prior to sexual intercourse, and 61 percent of sexually active students reported using condoms. In 2005, 7,280 Texans between the ages of 15 and 19 were diagnosed with gonorrhea, and 25,239 were diagnosed with chlamydia. Chlamydia can result in serious complications such as pelvic inflammatory disease and ectopic pregnancy.

Teenagers are at higher risk than ever for STDs because of earlier onset of sexual activity as well as adolescents' greater likelihood to have multiple sex

partners and unprotected sex. In 2004 adolescents ages 15 to 19 accounted for 34 percent of all sexually transmitted diseases reported in Texas.

Adolescent females are physiologically more susceptible than adults to infection, and STDs pose significant health risks, including an increased likelihood of pelvic inflammatory disease, sterility, premature birth, ectopic pregnancy, abortion, stillbirth or severe complications in newborns. Some STDs can be treated successfully with antibiotics, but many go undiagnosed. Untreated STDs can result in severe damage to the nervous system or reproductive system, and they can also cause heart disease and brain damage. A nationally representative survey by the Kaiser Family Foundation found that 60 percent of participants ages 15 to 17 didn't fully understand the long-term health risks of STDs.

The Centers for Disease Control and Prevention recommend that girls receive the human papillomavirus (HPV) vaccine prior to becoming sexually active. The HPV vaccine protects against 70 percent of cervical cancers.

Children With Developmental Disabilities

1995	1997	2000	2001	2003	2005	2007
N/A	N/A	4,416	4,578	4,878	5,144	5,368

Indicator:

The estimated number of children with developmental disabilities.

Data Source: ARC of Texas.

According to the ARC of Texas, an estimated 3 percent of children in the U.S. have developmental disabilities: physical or mental impairments that begin before age 22 and significantly affect a child’s daily functioning.

Major causes of developmental disabilities include metabolic disorders, degenerative disorders, and disorders affecting the nervous system and the senses.

Children who have developmental disabilities require individually planned and coordinated services from schools and from various social service programs in order to thrive and be successfully integrated into society.

Children Receiving Services for Special Health Care Needs

	1995	1997	1999	2001	2003	2005	2006
Clients served	39	47	41	49	21	34	36
Waiting list	N/A	N/A	N/A	N/A	20	32	32

Indicator:

The number of children in Collin County who receive services through the state’s Children with Special Health Care Needs Services Program.

Data Source: Texas Department of State Health Services.

Clients of the Children with Special Health Care Needs (CSHCN) Services Program include the most severely disabled and medically fragile children. The families of children with a chronic physical or developmental condition face extreme challenges meeting their children’s needs. CSHCN is a state- and federally-funded program designed to relieve the burden on the families by providing very comprehensive benefits for these very fragile children. CSHCN served 36 Collin County children with extraordinary medical needs, disabilities and chronic health conditions in 2006.

Due to limited state funding, however, 32 additional eligible children in Collin County were on the waiting

list but received no CSHCN services. Healthcare benefits include medical, dental, vision and mental health treatment, rehabilitation services, therapy, case management, home health and hospice care, and other needed services. In addition, the program assists the families with meals, lodging and transportation to medical care. If a child has health insurance, those benefits must be exhausted before CSHCN will cover treatment and services.

Children younger than 21 years old with a limiting long-term chronic physical or developmental condition may qualify for CSHCN. The program does not cover children who solely have delays in intellectual development or solely have a mental, behavioral and/or emotional condition. Families must reapply every six months even if their child is on the waiting list or already receiving benefits. This serves to reduce the number of children on the waiting list.

Students Disciplined for Possessing Alcohol, Tobacco or Controlled Substances on School Grounds

2001	2002	2003	2004	2005	2006	2007
453	366	573	573	567	753	768

Indicator:

The number of children disciplined for possession of alcohol, tobacco or controlled substances at school.

Data Source: TEA Disciplinary Data Products Annual District Summaries.

Nine Collin County children's and teens' deaths were alcohol-related in 2004. Substance abuse among young people is a significant issue in Collin County and throughout the nation. During the 2006-2007 school year, 768 public school students in the county were disciplined for possessing alcohol, tobacco or controlled substances on school grounds. The majority of the offenses (61 percent) involved possession of drugs at school; 22 percent involved possession of alcohol; and 14 percent involved possession of tobacco. Three percent of these were felony-level violations.

The 2006 Texas School Survey of Substance Use conducted by the Texas Department of State Health Services surveyed 141,905 students in grades 7 to 12 from 81 school districts on their self-reported use of alcohol, drugs and tobacco. One-third of Texas students in grades 7 to 12 reported having used alcohol within the past 30 days; 15 percent reported using tobacco within the past 30 days; 11 percent reported using marijuana during the past 30 days; and 3 percent reported

having used some form of cocaine in the past 30 days.

Alcohol is the most heavily abused substance by America's youth, according to the 2005 National Survey on Drug Use and Health. The U.S. surgeon general estimates there are 11 million current underage drinkers, including 7.2 million binge drinkers (who drink more than five drinks on occasion). More than 2 million youth are classified as heavy drinkers. Youth who begin drinking before age 15 are five times as likely to have alcohol-related problems later in life. Alcohol abuse is a major factor in motor vehicle accidents, and it can lead to a number of long-term health problems. The Texas Zero Tolerance for Juvenile DWI law contains strict sanctions and penalties for teens caught driving while intoxicated.

According to the National Center for Tobacco-Free Kids, almost 90 percent of smokers started smoking before they were 18. Young smokers are more likely to abuse alcohol and drugs and to do poorly in school. According to the Centers for Disease Control and Prevention, 5 million of the children now living in the United States are expected to eventually die prematurely of a smoking-related disease.

Marijuana can dramatically affect a student's ability to concentrate or stay on task. Marijuana use is also often associated with delinquency, multiple sex partners and experimentation with other drugs.

District	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
Allen	80	35	75	48	33	76	144
Anna	N/A	8	N/A	N/A	16	N/A	N/A
Blue Ridge	N/A	N/A	N/A	N/A	0	N/A	N/A
Celina	5	N/A	N/A	8	N/A	21	N/A
Community	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Farmersville	N/A	0	N/A	0	0	N/A	N/A
Frisco	7	23	37	40	39	127	75
Lovejoy	0	0	0	0	0	0	N/A
McKinney	56	67	122	131	94	126	129
Melissa	0	0	0	N/A	N/A	34	N/A
Plano	280	212	313	267	299	240	281
Princeton	11	8	16	35	34	19	47
Prosper	N/A	N/A	10	N/A	0	0	N/A
Wylie	14	10	N/A	44	52	82	92
Total	453	366	573	573	567	725	768

DETAILED FINDINGS

ECONOMIC SECURITY

All children deserve a secure future and the opportunity to grow up in an economically stable family.

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Annual Family Income

Income	2001	2002	2003	2004	2005	2006
0-\$24,999	8.6%	6.9%	7.5%	10.9%	8.8%	7.8%
\$25,000-\$49,999	15.1%	17.4%	16.6%	18%	16.6%	15.2%
\$50,000-\$74,999	18%	17.4%	20%	18.9%	16.6%	17.5%
\$75,000-\$99,999	20.2%	19.4%	19.1%	15.6%	16.4%	16.9%
\$100,000-\$199,999	30.9%	30.5%	29.2%	28.1%	32.8%	32.5%
>\$200,000	7.3%	8.4%	7.6%	8.6%	8.9%	10.2%

Indicator:

Percent of families in income range.

Data Source: U.S. Census Bureau, American Community Survey.

Collin County is the wealthiest county in Texas, according to the U.S. Census Bureau. The median family income of \$88,180 in 2006 was 41 percent higher than the median family income in Texas as a whole. More than 42 percent of Collin County families have incomes above \$100,000. There are extremes at each end of the spectrum, however. On the one hand, about 6 percent of families with children live in poverty. And on the other hand, about 10 percent of families with children earn more than \$200,000.

Nearly one-fourth of area families make less than \$50,000 a year. A family of four in Collin County

must earn between \$44,000 and \$52,000 a year to cover basic needs for housing, food, child care, medical expenses and transportation, according to “The Family Budget Estimator: What It Really Takes to Get By in Texas” by the Center for Public Policy Priorities.

Children in affluent families are more likely to be insured and have greater access to healthcare and dental care. They generally have greater educational achievement and future earning power. However, affluent children may become involved in undesirable behavioral problems such as minor crime, substance abuse and delinquency. Many deal with eating disorders, low self-esteem and depression and feel pressured to achieve. Investing adequate high quality time with children may be an issue for families with both parents in the work force.

Families With All Parents Working

2001	2003	2004	2005	2006
N/A	N/A	61%	64%	68%

Indicator:

Percent of families in which all parents are in the labor force.

Data Source: U.S. Census Bureau, American Community Survey.

More than two-thirds of Collin County families have both parents or the only parent working. This contributes to the high median family income but makes child care, after-school care and summer care critical.

Quality affordable child care and preschool are essential to healthy child development and children's school readiness. The average annual cost for child

care for a preschooler in Texas in 2007 was \$5,564, almost as much as the average annual tuition and fees at a public university in Texas (\$5,940), according to the National Association of Child Care Resource and Referral Agencies. Child development experts recommend the expansion of neighborhood-based after-school and summer programs that are affordable, safe and engaging, and include transportation.

Working parents experience constant demands on their time and energy to meet obligations at home and at work. Support structures are vital and generally include family, friends, faith groups, and programs for parents and their children.

Children Living in Poverty

1995	1997	1999	2001	2003	2004	2005	2006
7.5%	6.5%	7.1%	5.8%	6.6%	6.2%	7.6%	5.8%

Indicator:

Percent of children in families with incomes below the federal poverty level. Poverty is defined as an annual income of \$20,650 or less for a family of four in 2007.

Data Sources: Small Area Income & Poverty Estimates, U.S. Census Bureau (95-04); American Community Survey, U.S. Census Bureau, (05-06).

More than 11,000 Collin County children lived in poverty in 2006. That’s 5.8 percent of all children in the county. Families headed by single mothers were most at risk, according to the U.S. Census Bureau, with 14 percent of those families having incomes below the federal poverty level that year.

The working poor face significant challenges in caring for their children’s basic needs. Poverty is associated with poor outcomes in children’s health, education and emotional welfare as well as higher rates of delinquency.

Approaches to alleviate the effects of child poverty include increasing the number of jobs that pay living wages. Families with low incomes can be strengthened through benefits such as food stamps, the Temporary Assistance to Needy Families program, Medicaid and CHIP for children’s healthcare, subsidized housing and child care, and transportation

assistance. The hourly minimum wage in Texas will increase from \$5.85 in 2007 to \$6.55 in 2008 and \$7.25 in 2009.

In “Household Food Security in the United States,” a 2006 study published by the U.S. Department of Agriculture, 11 percent of U.S. households reported they experienced food insecurity during the year, meaning those households did not have access to enough food for an active, healthy lifestyle for all of their members. Texas had the third highest prevalence of food insecurity in the country between 2003 and 2005. According to the North Texas Food Bank’s “Hunger in America 2006” report, 76 percent of all the agency’s client households with children are food insecure, with 31 percent of those households experiencing hunger. Nearly a third of clients reported “their children were sometimes not eating enough because they just couldn’t afford enough food.” The North Texas Food Bank (NTFB) distributes food through a network of 764 North Texas feeding and education programs serving an estimated 97,000 persons younger than 18. In 2007 the NTFB provided food to eight emergency food pantries and four feeding programs in Collin County that served 11,413 families; more than 25 percent of the food distributed helped children.

Children In Single-Parent Families

2001	2002	2003	2004	2005	2006
22,968	*16,687	26,340	28,604	30,113	29,976

**2002 data understated because of an ACS methodological issue.*

Indicator:

Number of children living in single-parent families.

Data Source: U.S. Census Bureau, American Community Survey.

Nearly 30,000 Collin County children live in single-parent households, and 70 percent of these households are headed by females. About 2,500 divorces are filed each year in Collin County, on average, with more than 2,000 children involved. While

single parents work hard to provide for their children, they face an uphill struggle. National research suggests that approximately 90 percent of single-parent families are headed by females. Children who live in female-headed single-parent homes are more likely to live in poverty due to the limited earning potential of women, inadequate child-care assistance and lack of child-support payments. In addition, 3,437 Collin County grandparents were raising their grandchildren in 2006.

Child Support: Court Order Compliance

1995	1997	1999	2001	2003	2005	2006	2007
44%	45%	43%	55%	78%	82%	81%	80%

Indicator:

The percent of Texas parents who paid any of their court-ordered child support.

Data Source: Texas Attorney General's Child Support Division.

In FY 2007 the Office of the Attorney General (OAG) collected \$26.6 million in child support for 10,291 Collin County cases. Since 1990 Texas has tightened child-support enforcement efforts, and that has more than tripled the rate of paying cases, the number of established paternities and the collection of child support. One-fifth of Texas families who were authorized to receive court-ordered child support did not receive any payment in 2007. About half of U.S. families with obligated child support receive full payments, approximately one-quarter receive partial payments and about one-quarter receive no payments.

Guidelines for calculating the amount of child support are set in the Texas Family Code. In general, obligators are required to pay 20 percent of their monthly net resources for one child, 25 percent for two children and up to 40 percent for five or more children.

The Texas OAG offers free management of child support, including locating absent parents, establishing paternity, establishing, enforcing and modifying child- and medical-support orders, and collecting and distributing child-support payments. Although the Texas OAG manages most child-support cases, families are allowed to contract with private companies for child-support collections. As a result, no comprehensive data is available for all Texas child-support cases. But the OAG collects the majority of payments, and in 2007 the OAG's office collected more than \$2.3 billion for 1 million cases in Texas.

Children Receiving TANF

1995	1997	1999	2001	2003	2004	2005	2006	2007
2,094	1,401	732	621	1,180	975	784	630	612

Indicator:

The average number of children receiving basic and state program benefits under the Temporary Assistance to Needy Families (TANF) program each month in Collin County during the state’s fiscal year.

Data Source: Texas Department of Health and Human Services.

TANF provides minimal cash assistance for children in families that face severe economic hardship and have few resources. It provides temporary financial, medical and employment assistance to families with incomes below 130 percent of the poverty level.

The average TANF benefit in Texas is \$200 per month. More than half of Texas children receiving benefits are younger than 6. The number of Collin County children receiving TANF benefits has decreased by 70 percent since 1995, in line with national and state trends.

The Texas Workforce Commission operates the Choices program to help very poor parents become self-sufficient through job preparation and employment. A state audit of the Choices program in October 2007 identified the need to improve case management, increase oversight of program expenditures and improve employment outcomes for participants.

WIC (Special Supplemental Nutrition Program for Women, Infants and Children)

1995	1997	1999	2002	2003	2004	2005	2006	2007
N/A	N/A	N/A	4,892	6,052	6,860	7,577	7,850	8,754

Indicator:

The number of eligible infants, children and women who received services in local WIC program offices.

Data Source: Collin County WIC offices.

The number of low-income children and pregnant women receiving WIC services has increased 79 percent since 2002. Collin County WIC is very effective in reaching clients who need services, and in 2007 it achieved the second highest results among the 254 counties in the state.

WIC provides nutritional education and food supplements to women, infants and children with low family incomes who are at risk of poor health outcomes. Each dollar spent on WIC saves \$3.07 in Medicaid health services during a baby’s first year. Cost-containment measures instituted by the Texas WIC program combined with additional federal funding has significantly increased the availability of nutritious food for pregnant and breastfeeding women and their children in Texas.

School Lunch Program Eligibility

1995	1997	1999	2001	2003	2005	2006	2007
13.4%	13.3%	12.3%	12.2%	14.9%	17.1%	19.6%	18.8%

Indicator:

The percent of children eligible to receive free or reduced-price lunches at schools in Collin County.

Data Sources: Texas Education Agency: Approved Free and Reduced Students Report, 2002; Snapshot Summary Tables Distribution Statistics, 2004; 2004-2006 Students Economically Disadvantaged Report.

Nearly 20 percent of Collin County public school students were eligible for free or reduced-price lunches in 2007, an increase of 54 percent since 2001. The school lunch program provides free or reduced-price school meals for children who are economically disadvantaged. Children from households with income below 130 percent of the federal poverty level

(\$26,845 for a family of four) are eligible for free meals, and those from households with income between 130 percent and 185 percent of the federal poverty level (\$38,202 for a family of four) receive reduced-price meals.

The school lunch program provides one-third to one-half of the nutrients that children with low incomes consume every day during the school year. The City of Plano contracts with the Texas Agriculture Department to operate the Summer Feeding Program at two locations to provide nutritious food to disadvantaged children. In 2007, 461 Collin County children received 19,207 meals through the Summer Feeding Program.

Percent of average daily student attendance eligible for free or reduced-price lunches

District	1994-1995	1996-1997	1998-1999	2000-2001	2002-2003	2004-2005	2005-2006	2006-2007
Allen	6.2%	4.9%	2.7%	4.6%	6.5%	10.3%	12.6%	13.5%
Anna	32%	7.6%	27.2%	26.6%	30.4%	33.7%	33.9%	36%
Blue Ridge	27.2%	18.7%	24.5%	18.8%	24.8%	26.7%	30.2%	30.8%
Celina	29.7%	27.1%	26.9%	23.3%	21.9%	26.7%	26.8%	27.6%
Community	33.4%	32.4%	25.9%	29.9%	30.2%	27.9%	29.3%	28.5%
Farmersville	28.6%	34.6%	32.7%	31.4%	33%	38.4%	41.5%	39.7%
Frisco	25%	16.4%	15.3%	9.6%	9.3%	10.4%	11.4%	10.8%
Lovejoy	3.2%	2%	3.3%	1.9%	3.2%	3.5%	2.9%	N/A
McKinney	25.9%	26.4%	22.7%	20.6%	22.3%	21.8%	23.6%	23.9%
Melissa	25.1%	23%	24%	22%	23.2%	27.1%	26.2%	22.1%
Plano	8.9%	10.1%	8.6%	9.5%	13.4%	16.6%	20.5%	18.6%
Princeton	30.3%	32.4%	34.1%	32.2%	37.8%	42.9%	44.4%	44.6%
Prosper	19%	16.6%	17.3%	12.2%	13.1%	12.5%	14%	13.3%
Wylie	15.5%	12.9%	15.9%	13%	17.4%	21.3%	23.5%	24.4%
Collin County Composite	13.4%	13.3%	12.3%	12.2%	14.9%	17.1%	19.6%	18.8%

Subsidized Housing Units

	Farmersville		Frisco		McKinney		Plano		Princeton		TOTAL	
	Low Rent	Sect. 8	Low Rent	Sect. 8	Low Rent	Sect. 8	Low Rent	Sect. 8	Low Rent	Sect. 8	Low Rent	Sect. 8
2002	N/A	N/A	20	0	201	345	50	850	N/A	N/A	271	1,195
2003	N/A	N/A	20	0	201	345	50	850	N/A	N/A	271	1,195
2004	N/A	N/A	20	0	201	345	50	900	N/A	N/A	271	1,245
2005	N/A	N/A	20	0	201	345	50	900	N/A	N/A	271	1,245
2006	N/A	N/A	20	0	201	345	24	942	N/A	N/A	245	1,287
2007	49	N/A	20	0	201	345	24	1,002	16	N/A	310	1,347

Indicator:

The number of housing choice vouchers (Section 8) and public housing units provided through local housing authorities in Collin County for low-to-moderate-income families with children.

Data Sources: Plano Housing Authority; McKinney Housing Authority; Frisco Housing Authority.

Almost 8 percent of Collin County families earn less than \$25,000 annually and are in need of affordable housing. In 2007 there were 1,657 units of subsidized housing or housing vouchers in Collin County. The fair market rent for a two-bedroom apartment in the county was \$798 in 2006, according to the National Low Income Housing Coalition’s “Out of Reach”

report. Subsidized housing programs in the Collin County area are administered by the cities of Farmersville, Frisco, McKinney, Plano and Princeton.

In addition, the recent mortgage crisis makes it difficult for many families to pay their mortgages and stay in their homes. In February 2008, 623 homes were scheduled for foreclosure, a record high for the county.

The 2006 Joint Center for Housing Studies at Harvard University estimates that the number of Americans paying more than half their income for housing increased by 1.9 million between 2001 and 2004. Housing advocates support federal proposals to establish an affordable housing trust fund for construction of new housing and for helping families with low incomes to purchase homes.

Homeless Children/Youth

	1995	1997	1999	2001	2003	2005	2006	2007
Samaritan Inn	33	90	95	162	160	234	200	120
CITY House	N/A	40	75	149	177	216	254	261
Total	33	130	170	311	337	450	454	381

Indicator:

The number of children and youth with no permanent residence.

Data Sources: Personal communication with Samaritan Inn and CITY House.

In the 2006-2007 school year, 840 homeless students were identified in Collin County schools. The number of homeless children and teens who received shelter at the Samaritan Inn and CITY House more than doubled between 1999 and 2007. In addition, the Collin County Homeless Coalition identified 108 homeless women and children during a census conducted in January 2007. This “point-in-time” count provides a good snapshot of the homeless population that can be identified in one night but does not reflect the full extent of homelessness in Collin County. Of the 49 children and teens identified as homeless, 40 percent were younger than 7, and nine were “unaccompanied,” meaning they were not with their parents or other relatives. These children were located in emergency shelters for runaway, homeless, abused or neglected children and youth. Half of the people interviewed cited family problems or domestic abuse as the main

cause of their homelessness, and 41 percent reported job loss as a reason they were homeless.

According to the Institute for Children and Poverty, a typical homeless family is most often headed by a single mother without a high school education and with limited work experience. Almost half of such families have a history of domestic violence.

Homelessness causes children to change schools often, to repeat grades and to be absent frequently from school. In addition, their school experience often is negative because of inadequate clothing and school supplies. Solutions recommended by both congressional and presidential reports include increasing the minimum wage, improving income-support programs such as SSI and TANF, and integrating mainstream programs such as Food Stamps, job training and child-care assistance into a comprehensive program to attack the root causes of homelessness. Locally, additional funding is needed to provide emergency shelter and support services to homeless families, and to increase the stock of affordable housing.

DETAILED FINDINGS

EDUCATION

All children deserve an education that prepares them to meet the future and inspires them to achieve their potential.

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Publicly Funded Early Childhood Education Programs

	1995	1997	1999	2001	2003	2005	2006
Even Start Family Literacy Program	N/A	N/A	48	48	48	48	48
Early Childhood Intervention (ECI)	N/A	N/A	N/A	N/A	1,273	1,125	1,279
Head Start	N/A	N/A	351	351	351	378	378
Public Pre-Kindergarten	590	709	837	966	1,656	1,957	2,206

Indicator:

The number of children enrolled in Early Childhood Intervention (ECI), Head Start, Even Start or public school pre-kindergarten.

Data Sources: U.S. Administration for Children and Families, Region IV; National Even Start Association; Texas Department of Assistive and Rehabilitative Services; Texas Education Agency, PEIMS Student Level Computer Data File; Early Childhood Intervention of Collin County.

More than 22,000 children younger than 4 years old live in Collin County. Research indicates that growth and development is most rapid in a child’s earliest years of life. Several publicly funded programs are designed to increase young children’s school readiness, including the Even Start Family Literacy Program, Early Childhood Intervention (ECI), Head Start and public school pre-kindergarten.

Even Start has been shown to be highly effective in helping low-income parents support their children’s education and in breaking the cycle of illiteracy. In Plano Independent School District (PISD), Even Start has served more than 400 children since its inception in 1998. Due to limited funding, there is a year-long waiting list for families to enroll in the program.

ECI works with children from birth to 3 years old who have disabilities or developmental delays, helping them reach their potential through appropriate services. In Collin County, ECI services are provided by Ready Start, which serves Plano, and LifePath Systems, which serves greater Collin County.

Head Start provides 3-to-5-year-olds whose families are at or below the poverty level with developmentally appropriate educational curricula, general healthcare and nutritious meals as well as psychological exams and needed treatment. The program strongly encourages parental participation.

Legislation passed in 2007 makes Texas the first state to rate preschools, day-care centers and Head Start programs on how well they prepare children for kindergarten through the School Readiness Certification System. It includes a requirement that public school districts report reading scores to the State Center for Early Childhood Development to evaluate how well early childhood education programs prepare children for kindergarten.

Third-Grade Reading

1995	1997	1999	2001	2003	2005	2006	2007
88.5%	91%	94.5%	95.3%	97.1%	96.3%	97.4%	96.2%

Indicator:

The percent of third-graders who met standard criteria on the reading section of the Texas Assessment of Academic Skills (TAAS) test or the Texas Assessment of Knowledge and Skills (TAKS) test in all Collin County public school districts.

Early reading success is a pivotal benchmark to school success and life-long learning. The Texas Assessment of Knowledge and Skills test is a rigorous testing program aligned with the state-mandated curriculum. Third-graders must pass the TAKS reading test to be promoted to the fourth grade. In 2007, 96.2 percent of Collin County third graders met standard reading criteria for the TAKS test.

Data Source: Texas Education Agency, Academic Excellence Indicator System.

Percent of third-graders who met standard reading criteria for TAAS or TAKS tests

District	1995	1997	1999	2001	2003	2005	2006	2007
Allen	87.6%	94%	96.4%	96%	96.7%	97%	98%	98%
Anna	72.4%	78.6%	85.7%	88.9%	93.1%	88%	96%	91%
Blue Ridge	77.3%	88.2%	90.6%	81.8%	92.5%	93%	98%	97%
Celina	86.5%	78.2%	97.8%	88.4%	96.7%	99%	99%	98%
Community	72.5%	83.1%	87.7%	91.1%	98.6%	94%	98%	96%
Farmersville	69%	75.8%	79.6%	94%	94.3%	93%	98%	93%
Frisco	77.8%	85.1%	96.4%	95.6%	97.3%	97%	98%	97%
Lovejoy	92.5%	98.9%	98.9%	97.6%	98.4%	99%	99%	98%
McKinney	82.9%	87.9%	93.6%	96.4%	97.4%	97%	98%	96%
Melissa	78.6%	92.9%	73.7%	93.5%	95%	89%	94%	94%
Plano	92.9%	93.4%	95.1%	96.3%	98%	97%	97%	97%
Princeton	76.7%	78.7%	90.6%	83.8%	93.1%	88%	99%	90%
Prosper	81.1%	73%	94.6%	95.2%	98.7%	99%	99%	92%
Wylie	86.2%	85.5%	94.6%	90.9%	91.6%	91%	95%	90%
Collin Composite	88.5%	91%	94.5%	95.3%	97.1%	96.3%	97.4%	96.2%

Students Passing All TAAS or TAKS Tests

1995	1997	1999	2001	2003	2005	2006	2007
N/A	N/A	87.9%	91.2%	84.1%	82.4%	85.6%	86.2%

Indicator:

The percent of children meeting the Texas Assessment of Academic Skills (TAAS) or Texas Assessment of Knowledge and Skills (TAKS) standards in all subjects and in all grades in all Collin County public school districts.

Data Source: Texas Education Agency, Academic Excellence Indicator System.

In 2007, 86.2 percent of students in Collin County public schools passed all Texas Assessment of Knowledge and Skills tests, significantly above the statewide passing rate of 70 percent.

TAKS is the statewide testing program that measures academic learning and higher-order thinking and problem-solving skills. Test content reflects material

that should have been mastered in the previous grade, covering basic areas such as mathematics, reading and writing.

The Student Success Initiative has specific requirements for students to be promoted from one grade to the next based on TAKS scores. Every third grader must pass the TAKS reading test to be promoted to the fourth grade. Every fifth grader must pass both reading and mathematics tests to be promoted to the sixth grade. To graduate from a Texas public high school, 11th graders must pass all parts of the TAKS exit-level tests.

Beginning in 2003, the more rigorous TAKS replaced TAAS. TAKS contains elements from the Texas statewide curriculum and more accurately measures good instructional practice and student learning.

Percent of public school students passing TAAS or TAKS tests.

District	1995	1997	1999	2001	2003	2005	2006	2007
Allen	N/A	90%	89.7%	92.8%	85.4%	85%	88%	88%
Anna	N/A	75.1%	80.7%	81.2%	71.5%	69%	70%	74%
Blue Ridge	N/A	70.7%	74.4%	81.5%	59.6%	52%	62%	71%
Celina	N/A	75%	80.6%	86%	68.7%	76%	82%	86%
Community	N/A	72%	77.2%	78.5%	55.1%	62%	73%	72%
Farmersville	N/A	74.4%	78.3%	89.2%	75.8%	73%	75%	74%
Frisco	N/A	83.1%	91.4%	93.3%	86.4%	84%	87%	89%
Lovejoy	N/A	92.4%	94.3%	96.4%	91.6%	94%	95%	95%
McKinney	N/A	78.3%	84.7%	91.5%	82.7%	85%	87%	85%
Melissa	N/A	79.2%	69.2%	78.7%	73.5%	75%	81%	84%
Plano	N/A	89.4%	90.2%	92.3%	87.7%	84%	87%	88%
Princeton	N/A	73.7%	72.4%	80.4%	61.7%	59%	72%	75%
Prosper	N/A	75.7%	86.6%	92.4%	85.2%	83%	86%	85%
Wylie	N/A	80%	83.1%	87.2%	76.1%	76%	79%	78%
Collin Composite	N/A	N/A	87.9%	91.2%	84.1%	82.4%	85.6%	86.2%

Students With Limited English Proficiency

1995	1997	1999	2001	2003	2005	2006	2007
4.4%	5.2%	5%	6.8%	8.2%	8.9%	8.8%	8.9%

Indicator:

The percent of students enrolled in Collin County public school districts who receive bilingual or English as a Second Language (ESL) instruction.

Data Source: Texas Education Agency, Academic Excellence Indicator System.

In 2007 nearly 9 percent of students in Collin County public school districts received bilingual or English as a Second Language instruction.

The Texas Education Agency (TEA) provides supplemental funding for public school districts to offer bilingual education to their students if more than 20 students with limited English proficiency (LEP) are enrolled in any grade level in their district. If bilingual education is not offered in the district, ESL classes must be offered as an alternative.

Students enrolled in bilingual education programs

receive part of their instruction in English and part of their instruction in their native language. A large portion of the school day is devoted to ESL instruction, which involves intensive instruction in English. According to TEA, approximately 16 percent of all students enrolled in Texas public schools have limited English proficiency.

Students with LEP face many social and educational challenges. Bilingual students are required to follow the same curriculum as English-speaking students while at the same time learning a new language. They often struggle with acculturation issues, which include the loss of friends and culture, the development of new identities, the inability to fully express themselves in English, and family expectations for academic and occupational success. In addition, schools face difficulties working effectively with non-English-speaking parents.

Percent of students

District	1995	1997	1999	2001	2003	2005	2006	2007
Allen	0.7%	0.8%	0.8%	2.2%	3.8%	5.1%	6%	6.7%
Anna	2%	5.9%	3.6%	4.7%	6.5%	7.7%	7.8%	7.4%
Blue Ridge	0%	0%	0.3%	0.6%	2.5%	2.1%	4.3%	3.5%
Celina	1.7%	3.4%	3.5%	3.6%	2.9%	4.9%	5.7%	6.4%
Community	3.6%	3.3%	2.2%	1.5%	2.5%	2.4%	2.1%	3.1%
Farmersville	3.9%	5.6%	5.1%	7.2%	9.1%	7.7%	8.5%	8%
Frisco	6.7%	6.7%	4.8%	3.9%	4.3%	5%	5.3%	5.6%
Lovejoy	0%	0%	0%	0%	1.5%	1.4%	1.4%	0.7%
McKinney	3%	4.3%	7.2%	7.2%	8.4%	8.9%	9%	8.9%
Melissa	0%	0%	3.1%	6%	5.6%	5.7%	4.4%	3.4%
Plano	4.9%	6.7%	6%	7.5%	9.3%	11.5%	11.5%	12%
Princeton	0.7%	2%	3%	3.8%	5.6%	8%	9.8%	10.4%
Prosper	7.7%	9.2%	7.6%	6.9%	8.1%	6.6%	7.7%	7.4%
Wylie	2.4%	2.2%	2.3%	3.4%	4.3%	7.2%	7.9%	8%
Collin Composite	4.4%	5.2%	5%	6.8%	8.2%	8.9%	8.8%	8.9%

Students Receiving Special Education in Public Schools

1995	1997	1999	2001	2003	2005	2006	2007
6,691	7,783	8,936	10,446	11,834	13,218	13,708	14,095

Indicator:

The number of students receiving special education in public schools in Collin County.

Data Source: Texas Education Agency, Academic Excellence Indicator System.

One-tenth of public school students in Collin County received special education services in 2007. Special education programs are for students with cognitive, intellectual or developmental disabilities. In the United States, an Individualized Education Program (IEP) is mandated by the Individuals with Disabilities Education Act (IDEA) for every student receiving special education services. The IEP includes a written document outlining the educational program to be provided. Key considerations in developing an IEP include assessing the child’s strengths, the parent’s and/or guardian’s concerns for enhancing the child’s

education, the results of the initial evaluation or most recent evaluation, and the child’s academic, developmental and functional needs.

The IEP team must include the parents or guardians of a child with a disability, at least one regular education teacher, at least one special education teacher, a representative of the local educational agency, an individual who can interpret the instructional implications of evaluation results, other individuals who have knowledge or special expertise regarding the child, and, whenever appropriate, the child with a disability.

Children with disabilities who do not qualify for special education may qualify for accommodations or modifications under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act.

Number of students

District	1995	1997	1999	2001	2003	2005	2006	2007
Allen	756	954	1,074	1,253	1,344	1,583	1,725	1,854
Anna	129	126	136	154	179	163	176	216
Blue Ridge	65	62	92	131	128	115	86	78
Celina	116	130	147	156	153	175	178	196
Community	130	160	191	218	220	210	178	162
Farmersville	117	140	157	151	201	177	171	158
Frisco	286	368	600	824	1,201	1,489	1,630	1,898
Lovejoy	64	61	72	94	82	71	79	118
McKinney	659	808	1,052	1,266	1,580	1,850	1,975	1,945
Melissa	47	52	65	53	72	92	93	103
Plano	3,618	4,154	4,463	5,011	5,561	6,001	6,021	5,951
Princeton	231	230	273	308	332	276	326	353
Prosper	85	100	130	142	163	190	188	187
Wylie	388	438	484	585	618	826	882	876
Total	6,691	7,783	8,936	10,446	11,834	13,218	13,708	14,095

Truancy

2000	2001	2002	2003	2004	2005	2006
2,153	1,595	1,788	1,662	1,693	1,614	2,074

Indicator:

The number of truancy filings in the JP and specialty courts in Collin County.

Data Sources: Justice of the Peace Courts, Collin County, 2007.

The Collin County Justice of the Peace Courts received more than 2,000 truancy filings during the 2005-2006 school year, a 29 percent increase from 2004-2005.

Truancy is highly correlated with high-school dropout rates and is often a predictor of juvenile delinquency. Police departments across the nation report that many students not in school during regular

hours are committing crimes, including vandalism and shoplifting. Absenteeism is detrimental to students' achievement, promotion, graduation, self-esteem and employment potential. Students who miss school fall behind their peers in the classroom, which increases the likelihood that at-risk students will drop out of school.

The Texas Education Code requires compulsory school attendance for children ages 6-17. In Collin County, the law allows school districts to file charges in the Justice of the Peace Courts against parents or their children when the child has missed more days of school than the law allows.

Senior Graduation Rate

1995	1997	1999	2001	2003	2005	2006
N/A	84.5%	87.3%	88.3%	90.8%	92.2%	92.5%

Indicator:

The percent of public high school seniors who graduate.

Data Sources: Texas Education Agency: Snapshot District Report, 2000 and 2002; Secondary School Completion and Dropouts in Texas Public Schools, 2005-06.

The graduation rate reflects the percent of seniors who stayed in school until they finished their senior year. This does not quantify the percent of students who dropped out prior to their senior year. It also does not reflect the number of students who gradu-

ate in the summer or winter after their senior year. The latter has significantly increased in recent years.

Studies indicate that high school graduates are more likely to be employed and are likely to earn nearly twice as much as those who dropped out. According to the No Child Left Behind Act of 2001, public schools in Texas must meet or exceed certain performance targets to comply with adequate yearly progress goals. Texas public schools are required to have a graduation rate of at least 70 percent.

Percent of students graduating out of their senior class

District	1995	1997	1999	2001	2003	2005	2006
Allen	N/A	84.5%	92.5%	89.7%	94%	96.9%	96.4%
Anna	N/A	84.9%	85.3%	80.8%	95.1%	87.1%	91.5%
Blue Ridge	N/A	76.9%	80.8%	92.5%	98.4%	88.7%	97.1%
Celina	N/A	83.3%	82.7%	94.4%	94.8%	93.2%	89.4%
Community	N/A	87.7%	85.2%	93.8%	89.7%	93.5%	90.8%
Farmersville	N/A	85.3%	78.9%	86.9%	89%	81.9%	84.6%
Frisco	N/A	75.5%	84.4%	89.4%	88.1%	91.9%	89.3%
Lovejoy	N/A	N/A	N/A	N/A	N/A	N/A	N/A
McKinney	N/A	83%	84.5%	81.6%	87%	91.1%	89.6%
Melissa	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plano	N/A	86.2%	87.8%	89.2%	90.4%	91.6%	92.3%
Princeton	N/A	79.7%	88.7%	87.7%	90.8%	93.3%	90.1%
Prosper	N/A	77.8%	90%	89.7%	93.7%	90.1%	92.9%
Wylie	N/A	76.4%	77.5%	83.2%	94.2%	92.6%	92.3%
Collin Composite	N/A	84.5%	87.3%	88.3%	90.8%	92.2%	92.5%

College Readiness

2001	2002	2003	2004	2005	2006
60%	67%	71%	73%	84%	79.5%

Indicator:

The percent of public school students who graduated from the Recommended High School Program or the Distinguished Achievement Program.

Data Sources: Texas Education Agency, Academic Excellence Indicator System, District Reports, 2001-2005; College for Texans, The Recommended High School Program and The Distinguished Achievement Program, 2007.

Eighty percent of the graduates of Collin County public high schools are considered to be very well prepared for college. Several indicators are used to evaluate college preparedness, including advanced course/dual enrollment completion, Recommended High School Program/Distinguished Achievement Program graduates and SAT/ACT results. Many factors influence college grades, however, including personal motivation, prior scholastic achievement, use of time and parental expectations. Fifty-five percent of Collin County residents age 25 or older have completed a college degree, compared to 31 percent of adults statewide.

In Texas the Recommended High School Program (RHSP) offers courses that give students the best opportunities to succeed in technical school, in com-

munity college, or in a college or university. The RHSP became the standard curriculum for Texas public high school students in the 2004-2005 academic year.

The Distinguished Achievement Program (DAP) goes beyond the scope of RHSP. It requires advanced coursework that reflects college- or professional-level skills. Criteria to earn this honor include a combination of advanced measures such as scores on the College Board Advanced Placement (AP) exam or International Baccalaureate (IB) exam, original research or other projects, a Preliminary Scholastic Aptitude Test (PSAT) score that qualifies the student as a “Commended Scholar” or higher, and a GPA of 3.0 or higher on courses that count for college credit.

In 2006, 49.4 percent of Collin County public school students scored at or above the SAT criterion, almost double the state results of 27.4 percent. SAT results are considered a strong predictor of student performance in the first year of college. In addition, 5,190 Collin County youth (younger than 20 years of age) were enrolled in Collin County Community College in 2006, a 77 percent increase since 1995.

Percent of students who graduated from the Recommended High School Program or the Distinguished Achievement Program

District	2001	2002	2003	2004	2005	2006
Allen	58.4%	62.8%	65.9%	72.5%	77.5%	83.5%
Anna	47.5%	34.7%	56.8%	54.7%	66.1%	84.3%
Blue Ridge	34.2%	45%	41.3%	51.4%	62.2%	59.4%
Celina	77.1%	78.8%	84.2%	79.3%	85.7%	85.4%
Community	64.4%	50.7%	59.3%	63.3%	66.7%	69.2%
Farmersville	53.4%	74.6%	81.8%	80.2%	86.4%	71.4%
Frisco	79.4%	69.8%	73.5%	73.1%	72.3%	69.4%
Lovejoy	N/A	N/A	N/A	N/A	N/A	N/A
McKinney	77.8%	72.4%	75.8%	77.9%	76.3%	84.1%
Melissa	N/A	N/A	N/A	N/A	N/A	N/A
Plano	55.2%	68.2%	72.9%	74%	94.7%	80.2%
Princeton	30.7%	54.6%	48.7%	56.5%	60.4%	71.4%
Prosper	81.5%	86%	82.8%	63.9%	79.2%	90.5%
Wylie	74.8%	72.3%	70%	67.4%	67.3%	75.1%
Collin Composite	60%	67%	71%	73%	84%	79.5%

Licensed Child-Care Slots

1997	1999	2001	2002	2003	2004	2005	2006	2007
18,695	23,411	27,378	29,729	29,638	31,730	33,842	37,395	39,892

Indicator:

The number of slots in Collin County that meet standards and are licensed, registered or listed under the Child Care Licensing (CCL) Program within the Texas Department of Family and Protective Services.

Data Source: Texas Department of Family and Protective Services, Child Care Licensing.

More than two-thirds of Collin County families have both parents or the only parent working. This makes child care, after-school care and summer care critical.

Quality affordable child care and preschool are essential to healthy child development and children’s school readiness. The average annual cost for child care for a preschooler in Texas in 2007 was \$5,564, almost as much as the average annual tuition and fees at a public university in Texas (\$5,940), according to the National Association of Child Care Resource and Referral Agencies. Child development experts recommend the expansion of neighborhood-based after-school and summer programs that are affordable, safe and engaging, and include transportation.

The Child Care Licensing Division of the Texas Department of Family and Protective Services (DFPS) is responsible for protecting the health, safety and well-being of children in regulated child-care opera-

tions. Accreditation of child-care centers, however, is voluntary.

Child Care Licensing grants permits to child-care operators to provide care for children. Different permits are offered for different types of operations. For example, a listed family home is granted a listing, a registered child-care home is granted a registration and all other types of operations are granted a license. Whether center- or family-based, substandard child care can cause a variety of health, educational, emotional and behavioral problems. Surprisingly, the highest percent of inadequate care takes place in relatives’ homes. The lowest percent of substandard care takes place in regulated homes.

Texas was ranked 20th in “The 2005 Child Care Licensing Study: Final Report,” a state ranking of child-care quality by the National Association for Regulatory Administration Workers. Licensed child-care center caregivers are only required to have a high school diploma or GED and 15 hours of training per year. That compares with about 1,500 hours of training needed to become a licensed barber in Texas.

The state requires child-care centers to do FBI background checks, including a fingerprint check, for any staff who provide direct care or have direct access to a child in care.

Licensed, Registered or Listed Child-Care Facilities

	1999	2001	2003	2005	2006	2007
Child-Care Centers	235	271	281	294	328	340
Registered Family Day Homes	235	224	267	210	226	241
Listed Homes	94	174	221	356	207	194
Licensed 24-Hour Care	19	20	31	80	128	144

Indicator:

The number of state-licensed or registered child-care facilities in Collin County.

Data Sources: Texas Department of Family and Protective Services, Child Care Licensing; Texas Workforce Commission.

Collin County has the highest rate of licensed child-care slots per 1,000 children under the age of 12 in North Texas. Collin County is home to nearly 112,000 children under the age of 12, and that number is steadily growing. The majority of these children will spend at least part of each day in child care because their parents work. Research indicates that high-quality child care increases children’s language and

literacy development as well as their mathematical and reasoning abilities. Children who receive attentive, personalized care are more likely to be emotionally secure, socially competent and intellectually capable. They are also more likely to develop trusting relationships with caregivers, which is an essential component to their future success in school and as adults.

The National Association for the Education of Young Children (NAEYC) accredits early childhood programs that meet professional standards for high-quality care. In January 2008, 17 early childhood programs in Collin County had received NAEYC accreditation.

Eligible Children in Subsidized Child Care

1995	1997	1999	2001	2003	2005	2006	2007
N/A	304	712	1,016	1,215	1,441	1,430	1,520

Indicator:

The number of children receiving free or reduced-price child-care services.

Data Source: Texas Workforce Commission.

In Texas the average annual cost of child care for a preschool-aged child is \$5,564, almost as costly as the average annual tuition and fees paid at a Texas public university (\$5,940), according to the National Association of Child Care Resource and Referral Agencies in 2007. The average cost of child care in Collin County ranges from \$98 to \$140 per week for 2-to-5-year-olds and can exceed \$200 per week. As a result, many families may be forced to either place children in substandard care or leave children unsupervised. In 2007 more than 1,500 children received subsidized child care in Collin County. However, many more families are likely eligible for subsidized child-care services but do not apply for it because

they are not aware it is available.

Access to high-quality, affordable child care is an essential part of helping low-income families provide for their children. Free or reduced-price child care is available to working families with low incomes, families receiving cash government assistance and enrolled in job training or entering employment, and children in the child-protective system.

The subsidized child-care program is the responsibility of the Texas Workforce Commission and the local work-force development board. Child-care subsidies cover only about 60 percent of the cost of care, and providers are compensated at a rate \$2,000 below the annual cost incurred by the center per child. Although the 80th Texas Legislature authorized the payment of higher subsidized child care reimbursement rates to programs that provide high quality care and education, funding is inadequate to serve thousands of eligible families across Texas.

Texas Rising Star Providers

1995	1997	1999	2001	2003	2005	2006	2007
20	18	18	35	30	24	19	19

Indicator:

The number of child-care providers in Collin County that meet the Texas Rising Star certification requirements.

Data Source: Texas Workforce Commission, Texas Rising Star Provider Certification.

Early childhood experiences are critical to children’s development and future success. Research on brain development indicates that the first five years of life are critical for healthy human development. The foundation for all future learning, including social and emotional competencies and physical development, are built during these years. High quality early care and learning programs are correlated with healthy child development and preparation for future school success. At-risk children are the greatest beneficiaries of these programs.

Texas Rising Star Provider Certification is a process for improving the quality of child care in Texas. In 2007 Collin County reported 19 Texas Rising Star child-care providers, down from 35 in 2001.

A Texas Rising Star provider serves children receiving subsidized child care and voluntarily meets requirements that exceed the state’s minimum licensing standards for child-care facilities. The Texas Rising Star Provider Certification system provides graduated levels of certification as providers meet progressively higher certification requirements.

Certification as a Texas Rising Star provider is available to licensed center, licensed group day home and registered family home providers who meet the certification criteria. The process improves the quality of child care provided not only to Texas Workforce Commission-subsidized children but to all children enrolled in certified facilities.

DETAILED FINDINGS

SAFETY

All children deserve to grow up in a safe environment free from abuse, neglect and violence.

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Violent Crime Rate

2002	2003	2004	2005	2006
258.3	219.5	200.4	212	217.9

Property Crime Rate

2002	2003	2004	2005	2006
3,336	3,127	2,908	2,902	2,925

Indicator:

Rate of violent crimes and property crimes per 100,000 people.

Data Source: Texas Department of Public Safety.

Despite the steady increase in population, crime rates in Collin County decreased significantly in recent years. The rate of violent crime decreased 16

percent between 2002 and 2006, and property crimes decreased 12 percent during the same period. Plano and McKinney ranked in the top 70 safest U.S. cities with populations greater than 75,000, according to Morgan Quitno Press in 2006. In addition, the Collin County Council on Family Violence received one of the Texas governor’s Community Capacity Builder awards for enhancing service delivery in Collin County in 2007.

Child Abuse and Neglect Reports

	1995	1997	1999	2001	2003	2004	2005	2006	2007
Number	N/A	N/A	2,088	2,415	2,994	3,647	3,380	4,351	4,450
Rate	N/A	N/A	19	16.6	19.4	20.7	18.2	23.3	23

Indicator:

The number and rate of reports per 1,000 Collin County children to Child Protective Services concerning alleged child abuse or neglect where mental abuse, physical abuse or injury could result in substantial harm to the child.

Data Source: Texas Department of Family and Protective Services Legislative Data Book, 1990-2007.

Child Protective Services (CPS) handled 4,450 reports of child abuse in Collin County in 2007, an increase of 84 percent since 2001.

Heavy caseloads and uncompetitive salaries at CPS result in high turnover, high vacancy rates and an inexperienced work force. Although child-abuse prevention works and is cost-effective, Texas makes minimal investments in prevention and early intervention.

Maltreatment of children includes physical abuse, sexual abuse, psychological or emotional harm, physical and medical neglect, and neglectful supervision. According to Prevent Child Abuse America, the

estimated annual cost of child abuse and neglect was \$103.8 billion in 2007.

The issue of child abuse and neglect cuts across all ethnic, economic and geographic lines. In Texas approximately 35 percent of the children abused are white, 42 percent are Hispanic and 20 percent are African-American, while the remaining 3 percent are Asian, Native American or another ethnicity.

Since 2005 the Texas Legislature has invested in CPS reform, enabling a significant increase in staff and enhancements in technology. According to the Texas Association for the Protection of Children (TexProtects), however, state funding remains inadequate to ensure that CPS can effectively serve children.

In the 2008-2009 state budget, the Texas Legislature took steps to improve Texas children’s welfare by increasing funding for youth development and child abuse prevention services, increasing reimbursement rates for all foster care and substitute care providers, and appropriating Early Childhood Intervention (ECI) funding to bring Texas into compliance with federal regulations.

Child Abuse and Neglect: Confirmed Victims

	1995	1997	1999	2001	2003	2004	2005	2006	2007
Number	N/A	276	497	561	989	1,032	925	1,090	1,203
Rate	N/A	2.7	4.5	3.9	6.4	5.8	5	5.8	6.2

Indicator:

Number of cases confirmed by Child Protective Services and rate per 1,000 children.

Data Source: Texas Department of Family and Protective Services Legislative Data Book, 1990-2007.

More than 1,000 Collin County children are confirmed as victims of child abuse and neglect each year, on average. After investigation, 1,203 children were confirmed as victims in 2007, and two children’s deaths were attributed to child abuse and neglect. Parents, other relatives or a parent’s partner account for more than 95 percent of all perpetrators in Texas CPS cases.

Number of Deaths from Child Abuse and Neglect

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
0	4	1	0	2	3	4	2	10	2

Indicator:

Number of deaths confirmed by the Texas Department of Family and Protective Services.

Data Source: Texas Department of Family and Protective Services Legislative Data Book, 1990-2007.

More than 70 percent of the reported child victims in North Texas were neglected or abandoned by their caregivers, 18 percent were physically abused, 8 percent were sexually abused, and 1 percent were emotionally abused. Limited funding and staffing hinder the effectiveness of CPS.

In 2005 and 2007 the Texas Legislature increased

funding to CPS for major improvements in the investigations process to better protect children at risk and to improve child and family services in the CPS system. Staff were added for investigation, direct delivery of services, licensing and monitoring. With more investigators responding to ever-increasing reports of abuse, TexProtects anticipates a consistent increase in the number of children entering substitute care (kin, foster or adoption) or requiring family-based safety services with their biological parents. However there was not a corresponding increase in the number of CPS workers who handle cases after the investigation is complete.

Child Protective Services Caseload

Unit	2003	2004	2005	2006	2007
Investigation	47.8	55.4	65.2	55.1	46
Family-Based Services	16.2	18.6	24.2	19.4	21.4
Substitute Care	34.5	35.9	45.6	45.7	43.9
Foster/Adoptive Home Development	17.1	16.9	27.6	26.4	22.1

Indicator:

The average number of cases assigned to each CPS caseworker per month in Region 3.

Data Source: Texas Department of Family and Protective Services Legislative Data Book, 1990-2007.

The ability of Texas Child Protective Services (CPS) to effectively intervene in child abuse and neglect cases is compromised by inadequate resources. Caseloads for CPS caseworkers in North Texas Region 3 and across the state are two to four times the Child Welfare League of America’s recommended size of 12 cases per month. In 2007 investigative caseworkers

carried an average of 46 cases, and substitute care caseworkers carried an average of 44 cases. Research shows that unmanageable caseloads, insufficient supervisory support and uncompetitive salaries result in high turnover, high vacancy rates and an inexperienced work force in CPS.

CPS caseworkers investigate child abuse reports, provide family support services to keep children in their homes, remove children when necessary and then manage their cases while they are in state conservatorship. Each caseworker function is a critical part of effectively investigating and intervening in cases of child abuse and neglect.

Children in Conservatorship

	1995	1997	1999	2001	2003	2005	2006	2007
Number	N/A	140	219	338	539	574	656	737
Rate	N/A	1.4	2	2.7	3.5	3.1	3.5	3.8

Indicator:

Number of children removed from their homes by CPS, and the rate of removal per 100,000 children.

Data Source: Texas Department of Family and Protective Services Legislative Data Book, 1990-2007.

Child Protective Services is dedicated to ensuring children’s safety while also promoting the integrity and stability of families. In some cases, however, children must be placed outside their homes temporarily while CPS staff members work with the children’s families to make their homes safe.

In 2007 CPS had legal responsibility for 737 Collin County children who had been removed from their homes. The Texas Department of Family and Protective Services had 57 state-licensed foster or adoptive homes in Collin County in February 2008; additional homes are available through private agencies. Due to this severe shortage of foster homes, nearly 80 percent of children in foster care must be placed outside the county, increasing the trauma to those children.

Children who are unable to return home will often become wards of the state in permanent managing conservatorship. If parents cannot comply with serv-

ice plans, the courts may order the termination of parental rights, whereby a child is free for adoption. Many children are not adopted, however, especially those with medical or mental health problems, children in sibling groups and minority children.

Since 2005 the Texas Legislature has enacted measures to encourage kinship care, placing children with relatives to keep them safe and avoid placements with unrelated foster families. A kinship family receives a one-time \$1,000 payment, reimbursements up to \$500 per child annually, child-care expenses and many services formerly provided exclusively to foster families. Additional funding provided in 2007 by the 80th Legislature is intended to help keep families together, reduce the length of time children spend in foster care and improve the quality of foster care for children determined to be at risk.

Texas is moving toward shifting care for children in conservatorship from CPS to private contractors. The state will implement a case management pilot project for 5 percent of cases by Sept. 1, 2008, but CPS will retain the role of conservator for these children. This privatization will be evaluated prior to expanding the pilot.

Children Displaced by Violence

	2000	2001	2002	2003	2004	2005	2006
Number	66	100	94	117	116	130	119
Rate	0.5	0.6	0.6	0.7	0.7	0.7	N/A

Indicator:

The number of children less than 18 years old living in family violence shelters, and the rate per 100,000 children.

Data Sources: Center for Public Policy Priorities, The State of Texas Children Kids Count Data Book, and the Texas Health and Human Services Commission's Family Violence Program.

Many Collin County children regularly witness family violence and, in the worst cases, they are forced to leave their homes. Family violence is a pattern of controlling, abusive behavior – emotional, sexual or physical. Nationally, 70 percent of children of abused women are also physically abused, and 20 percent are sexually abused. Many children who are victims of abuse learn to be aggressive and violent toward others. They often have low self-esteem and become involved in violent relationships or risk-taking behaviors.

Abused women encounter serious barriers to finding safety for themselves and their children when negotiating their way through the law enforcement, legal, medical, educational and human service systems while maintaining a job. Many victims also face the added burdens of language and cultural barriers.

Collin County domestic violence shelters served 119 children in 2006, nearly doubling the number served in 2000. This number does not include children who were displaced by violence and had to be sent to shelters and facilities outside Collin County. Police departments in the county handled 3,054 cases of family violence in 2006.

The Collin County Council on Family Violence (CCCFV), facilitated by the Junior League of Plano (JLP), works to eliminate family violence through a coordinated, comprehensive, effective effort that includes education, prevention, intervention and seamless 24-hour assistance. The CCCFV recommends the establishment of a Family Justice Center in Collin County to support child and adult victims of violence and sexual assault in the community. The Family Justice Center's goals include increased safety for victims and their families; decreased expenditures for the county; increased prosecution and conviction rates in family violence cases; serving the increased number of adults and children seeking services to escape abusive situations; increased medical examinations and more timely evidence collection; increased reports to law enforcement personnel; decreased recants; and increased willingness to press charges against perpetrators.

Traumatic Injuries Resulting in Admission to Children’s Medical Center Dallas

	1995	1997	1999	2001	2003	2005	2006	2007
Inpatient Admissions	N/A	59	60	63	96	119	133	101

Indicator:

The number of Collin County children treated at Children’s Medical Center Dallas for trauma-related injuries.

Data Source: Children’s Medical Center Dallas.

Unintentional injury is the leading cause of death and disability for children ages 1 to 14 in both North Texas and in the rest of the United States. The majority of children experiencing traumatic injuries are ages 2 to 8.

In 2007, 101 Collin County children were admitted to Children’s Medical Center Dallas for traumatic injury. More than half were injured in falls. Fourteen of these children were injured in motor vehicle crashes, and 29 percent of those were not restrained in the vehicle. Eleven Collin County children were admitted due to injuries while riding a bicycle, and only four of these were reported to have been wearing a helmet.

Traumatic injuries occur among all socio-economic levels, neighborhoods, races and ages. Most unintentional injuries occur in the summer months when children are out of school and unsupervised.

According to the Safe Kids Dallas Area Coalition, 90 percent of unintentional injuries to children are preventable. The coalition’s analysis concludes that injury is the leading cause of medical spending for children ages 5 to 14 and that the United States incurs \$18.3 billion annually in direct medical costs for unintentional injuries among children younger than 14.

The Safe Kids Dallas Area Coalition’s recommendations for effectively reducing childhood injury and death include parent education, environmental improvements, and enactment and enforcement of legislation and regulations. Investments in child safety seats, booster seats, bicycle helmets, smoke alarms and poison control centers save enormous amounts in direct medical costs.

Unintentional Deaths of Children: Motor Vehicle Collisions

	1995	1997	1999	2001	2003	2004	2005
Rate	7.4	2.4	7.1	8.4	8.1	10.9	N/A
Deaths	8	3	10	14	15	21	N/A

Indicator:

Number of motor-vehicle-related deaths of children under age 20, and the rate per 100,000 children.

Data Source: Texas Department of State Health Services, Center for Health Statistics.

The rate of deaths of children 19 or younger due to motor vehicle crashes increased by 54 percent in Collin County between 1999 and 2004. Car crashes are the No. 1 killer of children less than 14 years old in the United States. In 2005 nearly half of the U.S. children who died while riding in motor vehicles were not wearing seat belts or secured in a car seat. According to the National Highway Traffic Safety Administration, car seats can reduce fatal injury by 71 percent for children under 1 year old and by 54 percent for toddlers ages 1 to 4 if the seat is installed correctly.

Texas law requires children ages 5 to 16 to wear a seat belt when riding in a vehicle and children younger than 5 or under 36 inches tall to ride in a child safety seat. Substantial efforts were made during the 80th legislative session to implement a booster seat law requiring children up to age 8 to use an appropriate safety seat; unfortunately it was defeated in the last hours of the session. New state legislation requires all school buses purchased in Texas after 2010 to be equipped with three-point lap and shoulder seat belts. Charter buses contracted to carry students will require safety restraints by the end of 2011.

Texas has a graduated drivers licensing system for new drivers younger than 18 that includes a six-month learning permit, restricted driving after midnight and restrictions on passengers.

Unintentional Deaths of Children: Drownings

	1995	1997	1999	2001	2003	2004	2005
Rate	.9	0	0	.6	1.6	2.1	N/A
Deaths	1	0	0	1	3	4	N/A

Indicator:

Number of drowning deaths of children under age 20, and the rate per 100,000 children.

Data Source: Texas Department of State Health Services, Center for Health Statistics.

Drowning is the second leading cause of unintentional death among children ages 1 to 4 and 10 to 14, and it's the third leading cause of death among children less than 1 year old. Several children drown every year in Collin County. Some drown in their own backyards. One inch of water covering a child's

mouth and nose can cause drowning. Drowning areas of risk include home pools; spas and ponds; natural bodies of water; bathtubs, toilets and buckets; and any standing water. It's estimated that for every child who drowns, four children require hospitalization for a near-drowning.

New federal legislation passed in 2007 provides incentives for states to adopt comprehensive pool safety laws that will protect children from life-threatening injuries and death associated with dangerous pool and spa drains.

Unintentional Deaths of Children: Gunfire

	1995	1997	1999	2001	2003	2004	2005
Rate	0	0	0	0	0	0	1*
Deaths	0	0	0	0	0	0	2*

*2005 data is preliminary.

Indicator:

Number of gunfire-related deaths of children under age 20, and the rate per 100,000 children.

Child Homicide

	1995	1997	1999	2001	2003	2004	2005
Deaths	4	1	1	4	3	4	5*
Rate	3.7	0.8	0.7	2.4	1.6	2.1	2.5

*2005 data is preliminary.

Indicator:

Number of deaths from intentional injury of children younger than 20, and the rate per 100,000 children.

Data Source: Texas Department of State Health Services, Center for Health Statistics.

Five children were intentionally killed in Collin County in 2005; two of them were younger than 5, and three were 10 or older. Homicide deaths include children who were beaten, shot, abandoned or otherwise murdered. Measures to decrease child homicide include curfew enforcement and expanded community-based prevention and intervention programs targeting high-risk youths.

Runaway Reports

1996	1997	1999	2001	2003	2004	2005	2006	2007
169	209	158	166	89	151	149	200	127

Indicator:

Number of runaway reports received by Collin County Juvenile Probation Services.

Data Source: Collin County Juvenile Probation Services.

For most children, running away from home is a cry for help. According to the Texas Commission on Children and Youth, runaways often suffered from child abuse and neglect. Unfortunately, Child

Protective Services does not have enough resources to adequately serve abused or neglected children over the age of 10.

Sadly, many runaway children are only trading a bad situation for a worse one. Additional funding is needed for prevention and early intervention programs that serve children and youth and their families and to provide emergency shelter to runaway and homeless youth.

Children Referred to Juvenile Probation Services

1996	1997	1999	2001	2003	2004	2005	2006	2007
1,424	1,338	1,364	1,472	1,345	1,541	1,610	1,715	1,716

Indicator:

Number of referrals to Collin County Juvenile Probation Services.

Data Source: Collin County Juvenile Probation Services.

The number of juvenile crimes handled by the Collin County Department of Juvenile Services increased 28 percent from 2003 to 2007, well below the 36 percent increase in the population of county residents ages 10 through 16. Twenty percent of the juvenile offenses were felonies in 2007, including theft, burglary, aggravated assault, sexual assault and drug offenses. Seventy-one percent of the offenses were misdemeanors, and 9 percent were offenses such as truancy, runaway, liquor law violations or disorderly

conduct. Three-fourths of the offenders were male. Half were Anglo, one-third were black and 20 percent were Hispanic.

The juvenile justice system is designed to focus on rehabilitation of young people by providing educational assistance, family intervention, substance abuse treatment, mental health services and after-school programs. The major cities in Collin County are implementing an aggressive early-intervention program for young offenders.

Keys to controlling juvenile crime include earlier intervention; screening and treatment for mental illness; substance abuse programs; and communitywide efforts that bring the private and public sectors together in a comprehensive manner.

Juvenile Offenses by Type

	1997	1999	2001	2003	2004	2005	2006	2007
Felonies	353	327	351	310	349	344	367	336
Misdemeanors	630	610	648	699	786	766	810	1,227
Other	355	427	473	336	406	500	538	153
Total	1,338	1,364	1,472	1,345	1,541	1,610	1,715	1,716

Indicator:

Number of referrals by type.

Juvenile Probation Services provides psychological and psychiatric assessments and counseling for general behavioral adjustment, aggression management and substance abuse. Supportive and intensive outpatient treatment for juvenile sex offenders as well as intensive substance abuse treatment for identified juveniles is contracted with community providers for youth in the Juvenile Detention Center.

Commitments to the Texas Youth Commission

1995	1997	1999	2001	2003	2004	2005	2006	2007
6	13	15	16	15	17	17	18	17

Indicator:

Number of youth committed to TYC.

Data Source: Texas Youth Commission.

The most serious juvenile offenders are committed to the Texas Youth Commission (TYC). In 2007, 17 Collin County youth were committed to TYC, including one female. Three of them were known gang members. One-third were committed for burglary, theft or robbery, 42 percent for assault, and the remainder for offenses such as indecency with a child, resisting arrest or possession of unlawful weapons. Forty-seven percent of the youth committed to TYC were Anglo, 24 percent were black and 29 percent were Hispanic. Eighty-eight percent of the offenders had dropped out of school before completing the 10th grade.

TYC is responsible for the rehabilitation of young people committed to the commission by the juvenile court. Statewide, 41 percent of the young people committed to TYC in 2006 had serious mental health problems, and 46 percent were chemically dependent.

In early 2007 major problems were identified with the Texas Youth Commission, including reports of sexual and physical abuse of juveniles in custody. Gov. Perry placed TYC in conservatorship in March 2007. Subsequently the Texas Legislature passed a TYC reform bill with provisions for better training for staff, increased staffing and the creation of an Office of Ombudsman to increase oversight of the agency and investigations of alleged mistreatment. In addition, youth who have committed misdemeanors will no longer be sent to TYC, and community-based intervention programs will be increased through a regionalized, diversified treatment model.