BEYOND BABIES
AN INTIMATE LOOK AT HOW INFANTS AND TODDLERS ARE DOING IN HARRIS COUNTY AND OPPORTUNITIES TO IMPROVE SYSTEMS OF CARE

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Introduction

A child’s brain experiences rapid development from birth to three—producing more than a million neural connections each second which become the foundation for learning, health, and well-being. While genetics provides a foundation for early brain development, environmental influences play a critical role in supporting brain growth and health. Every day interactions and experiences with parents and caregivers help to shape how the brain becomes hardwired to learn and interact with the world around them. Thus, early experiences, both positive and negative, build the foundation of health and development.

When talking about healthy development of infants and toddlers, it is important to understand the interconnectedness of developmental domains. Early brain development is dependent on the formation of healthy attachment relationships, as relationships becomes the vehicle through which children explore the world around them. Early biological systems are strengthened by supportive interactions with adult caregivers. Everyday interactions that take place in the context of nurturing, responsive relationships enable the developing brain to focus efforts on organizing and processing information and experiences.

Yet, the early experiences of infants and toddlers are impacted by the experiences and realities of the important adult caregivers in their lives. Therefore, the social and physical environments that encompass the world of very young children and their families (e.g., parents’ mental health, access to resources, social support) are incredibly important to the health and development of the child.

Social Determinants of Health is defined as “the structural determinants and conditions in which people are born, grow, work, and live.” It recognizes that factors such as race, education level of parents, income, and access to health care as well as the access and participation in positive social supports affect the overall health and wellbeing for children from birth.

Infants and toddlers also spend significant amounts of time with caregivers other than parents such as child care teachers, relatives, home visitors, and intervention specialists. Just as it is important to support a parents’ ability to be present and participate in meaningful interactions with their child, it is also critical for children to receive that same level of high-quality interactions from the other adults in their lives.

Many services such as Medicaid, Early Head Start, Home Visiting, and Early Intervention, seek to support the healthy development of infants, toddlers, and their families by addressing specific areas of development such as physical health, early education, or developmental delays.

In an ideal world, a family would be welcomed into a comprehensive system of care that bridges multiple service sectors and integrates the inherent strengths of the community and families it seeks to serve. Such a system would be a living, breathing ecosystem that continually adapts in response to the needs, feedback, and participation (or lack thereof) of the families it serves.

The reality is that early childhood services exist within several non-coordinated, fragmented systems of care based on the small developmental area they seek to address and spend little efforts linking to other pieces of the child’s care. Despite the fact that you cannot readily separate early physical health, social-emotional development, or early learning from one another in a developing child, by and large, this continues to play out as the reality of silos families have available to them.

The following report is meant to provide an understanding of recent data trends that serve to reflect the health and well-being of infants and toddlers. Additionally, it serves to identify emerging community strengths, needs, and opportunities to advance the healthy development of infants, toddlers, and their families in Harris County.
Who lives in Harris County?

Harris county covers 1,777 square miles and boasts a population of 4.5 million. It is larger than the state of Rhode Island and comprises 16% of the Texan population. Some of the largest cities wholly or partially contained within Harris County include: Houston, Pasadena, The Woodlands, Baytown, Webster, West University Place, Bellaire and Humble.

Figure 1: Map of Harris County, showing neighborhoods, highways, and size

A Young and Diverse Population

A Youthful County

The average age of Harris County residents (32.8 years) is relatively younger than the United States (37.6 years). Harris County has a “youth bulge” with approximately 16.2% of the population between the age of 25-34; compared to the state of Texas (13.6%) or nationally (13.6%). The population under the age of five equates to 7.8% which is relatively higher than the state (6.2%) and nation (6.2%).

Race & Ethnicity

Harris County is one of the most racially and ethnically diverse places in the United States due to the unique combination of location, opportunity, and economy. The county population’s racial and ethnic breakdown is as follows: 42% Hispanic (1.9 million); 31% White, not Hispanic (1.4 million); 18.6% Black or African American (880,000); and 6% Asian (312,000). The demographics of new births reflect an increase among the Hispanic population while that of the White population is decreasing. The racial demographics among children 0-4 years of age is: 40.6% Hispanic, 21.3% White, 18.3% Black and 19.8% Other, Asian or Mixed (see Figure 2).
Foreign Born Population

Of the 1.1 million foreign-born residents, an estimated 730,000 are not citizens, and 369,000 are naturalized citizens. Undocumented residents and those who have “temporary stays” status (e.g. Delayed Action for Childhood Arrival (DACA)) represent a significant bloc of residents in Harris County, with an estimated population of 400,000.

Of the nearly 350,000 children in Harris County under the age of 5 in 2015, approximately 12,000 were foreign born residents (3.4%); this can be contrasted to the 35-44-year age group, where 44% of the 650,000 residents are foreign-born. The top three countries of origin of immigrants were Mexico, El Salvador and Vietnam.

Refugee Resettlement Population

In 2014, Texas resettled 13,785 refugees. Harris County, a center for refugee resettlement, resettled 5,285 (38%) of the population. While the county is a center for resettlement, a sizeable portion of the population eventually resides within the city of Houston. For example, in 2016 the City of Houston settled 2,110 of the 8,351 refugees arriving in Texas from 49 different countries.

10% of the resettled population (13,785) were under five (1,608). The country of origin varies, an element which has been used to inform support services. For example, of the new arrivals screened by the HCPH in 2016, 64% were from Cuba, followed by Iraq (9%), Afghanistan (8%), Congo (5%), Burma (3%), and Syria.

Language

In Harris County, 145 languages are “spoken at home”. This rate of linguistic diversity ranks third in the nation, following only New York and Los Angeles. As a result, 62% of persons over the age of five “speak English only” at home, 32% “speak Spanish only” and 4% speak an Asian language only, making English and Spanish the most commonly home spoken languages.

While “English fluency” should be distinguished between “English spoken at home”, it is worth noting how ESL learners will encounter services, supports and resources in their neighborhood and beyond.

Quality of Life in Harris County

Context is important to examine the conditions of infants, toddlers and primary caregivers (parent or guardians) during the early phase of child development (zero to three). Caregivers’ (e.g. parent or guardian) quality of life and state of well-being (e.g. mental health, physical health etc.) are critical concerns which impact the potential quality of life for infants and toddlers. Caregivers’ ability to a) attain and maintain employment, b) secure resources and services necessary for a decent standard of living and c) receive supports.
in the event of a crisis or disruption are all critical factors which should be considered when assessing infants and toddlers’ well-being and safety. Additionally, the community in which the child is raised is of importance as we examine access to resources, supports and services. The following sections will examine adults of childbearing age and caregivers’ access to critical resources and conditions.

**Economic Well-Being**

Harris county is a vital economic center of the United States. Houston’s top industries are centered around oil and gas, advanced manufacturing and technology, aerospace and aviation, biotech and life sciences and distribution and logistics. As of 2017, 20 of the Fortune 500 companies were headquartered in Houston and were primarily focused on oil and gas. The Port of Houston is the busiest in the nation and receives the most foreign cargo. Interstate-10 bisects the county horizontally, permitting east travel to Florida and west travel to California. Interstate-45 runs roughly north-south, permitting travel into Dallas-Fort Worth (another state economic center). These two major interstates contribute to the logistical ease of commerce and physical cargo in the Southwest and Southeast of the United States. Such a logistical ease contributes to the development of the local and international commerce of the county and city.

The unemployment rate in Harris County was slightly higher than the country average in 2016 and 2017 at 5.7% and 5.2% compared to 5.0% and 4.5%, respectively a lag that has been attributed to the oil industry and the diversification of energy sources. Figure 3, demonstrates that the labor participation rate of most racial and ethnic groups is relatively similar, while unemployment rates (reflects the population actively seeking employment) of African Americans are twice that of Whites and nearly three times that of Asians.

The median household income in Harris County is $54,457 (2011-2015), slightly higher than the national average of $53,889.

**Poverty**

The 2015 Census estimates that 25% of all Harris County children live in poverty with 24.4% of children under the age of 5 without regard for race or ethnicity. A closer examination reflects the rate of kids living below the poverty line is highest for Blacks, Hispanics and Other races at 30-31% and lowest for Whites at 7.5%. When examining births into poverty among children born in the past 5 years, 71% of the women were Hispanic, 18% black, and 8% white. 33% of the women were from the US, 45% from Mexico, and 9.4% from El Salvador. 38% of the woman and child’s homes are English speaking only, 38% Spanish speaking only, 1%
Vietnamese, and 22% some other language. 28% of the women are single and 33% didn’t complete high school or get a GED.

When examining neighborhoods in Houston, primarily Black neighborhoods such as Sunnyside (91% Black) and Acres Homes (52% Black) are among the highest for childhood poverty. Both Sunnyside and Acres Homes have nearly twice the rate of Harris County child poverty at 52% and 40%, respectively\textsuperscript{14}. When examining predominately Hispanic neighborhoods Gulfton (71% Hispanic), Greater 5th Ward (74% Hispanic) and Greenspoint (75% Hispanic), childhood poverty is nearly three times that of the County; 61%, 48% and 57% of children are living in poverty, respectively.

Harris County’s residential patterns are clustered by race/ethnicity and poverty. The White majority neighborhoods lie to the near west and suburban perimeters of the county center. Majority Black neighborhoods, historically black neighborhoods, such as Sunnyside, Acres Homes and South Park lie to the south. Majority Hispanic neighborhoods are scattered throughout the city with a large population in the eastern middle portion of the county, along the I-10 corridor.

Figure 4: Demographic Breakdown by Zip Code, Harris County, 2015. Source: Kinder Institute\textsuperscript{15}
Early Learning & Parenting Supports

High quality early learning interactions and opportunities are critical to healthy brain development and essential to providing a strong foundation for social, emotional and cognitive development. Community programs and services provided to the child directly as well as to the parent/guardian can create additional means to support the health and development of young children. Parent support programs are defined as initiatives designed to promote the flow of resources and supports to parents that strengthen functioning and enhance the growth and development of young children.

Childcare: The State of Texas

The Growing Up in Houston report (2017), informs us that there are more than 2,350,000 children ages 0-5 in Texas. Of which, 59% live in households where all parents are currently working. Additionally, of all children in Texas, more than half are considered economically disadvantaged.

In Harris County, there are approximately 360,000 children between the ages of 0 and 4, with a childcare capacity to serve approximately 185,000 children (reflects licensed or registered child care facilities).

While current capacity is unable to accommodate the current demand for children 0-5 in child care, that demand continues to increase. This increase reflects both parents as participants in the workforce, and the growing Houston population.

The lack of capacity hurts infants and toddlers most, as 80% of brain development occurs between birth to three. As a result, the access of quality childcare is critical for working parents. Of the 2,917 child care centers (inclusive of 212 licensed home providers) in Harris County only 1,535 accept infants and toddlers. Table 1 reviews the type and licensing status of the child care providers along with the ages accepted.

Childcare Quality

A child’s exposure to high-quality, responsive interactions with adult caregivers during the first few years of life is crucial to his or her long-term cognitive, social, and emotional development, and has been proven to positively contribute to a child’s readiness and academic outcomes. Additionally, high-quality early education and child care can improve children’s health and promotes their development and learning. Inversely, poor-quality care can have harmful effects on children’s language, social development, and school performance, particularly for those who are low-income and have low access to resources. Thus, the importance of the positive and collaborative energy around improving quality in early learning settings.

Table 1: Children in Child Care in Harris County 2016 Data

<table>
<thead>
<tr>
<th>Type of Center</th>
<th>Number of Centers</th>
<th>Infants</th>
<th>Toddlers</th>
<th>Preschool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Center - Before/After School Program</td>
<td>70</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Licensed Center - Child Care Program</td>
<td>1337</td>
<td>1067</td>
<td>1255</td>
<td>1328</td>
</tr>
<tr>
<td>Licensed Center - School Age Program</td>
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<td>0</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Licensed Child-Care Home</td>
<td>212</td>
<td>198</td>
<td>211</td>
<td>212</td>
</tr>
<tr>
<td>Registered Child-Care Home</td>
<td>1099</td>
<td>983</td>
<td>1052</td>
<td>1067</td>
</tr>
<tr>
<td>Small Employer Based Child Care</td>
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<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2917</td>
<td>2249</td>
<td>2518</td>
<td>2677</td>
</tr>
</tbody>
</table>

Source: Child Care Search Results Texas Health and Human Services for Harris County
Of the 2917 licensed or registered child care locations, 232 have completed the additional certification to receive accreditation of quality standards through the Texas Rising Star program (TRS). The Texas Rising Star program is a voluntary, quality-based child care rating system of child care providers participating in the Texas Workforce Commission’s subsidized child care program. TRS Certification is available to Licensed Center and Licensed and Registered Child Care Home providers who meet the certification criteria. The TRS Provider certification system offers three levels of certification (Two-Star, Three-Star, and Four-Star) to encourage providers to attain progressively higher certification requirements leading to a Four-Star level. Texas Rising Star partners voluntarily provide child care that exceeds the minimum standards as established by the State’s Minimum Child Care Licensing Standards. Figure 5 is a map of the Texas Rising Star locations in Harris County.

**Childcare: Disparities & Bias**

The impact and exposure to implicit bias begins early. For African American boys, it starts before they have entered a kindergarten classroom. Psychologist Walter S. Gilliam and colleagues at Yale University's Child Study Center, set out to explore the biases (e.g. racial, ethnic or gender) operating beneath a teacher’s awareness. At the Pre-K level, Gilliam found in state-funded Pre-K classrooms, 3 and 4 year-olds black boys were suspended three times as often as older students and expelled twice as often as Latino and white children for same or similar behaviors. This nursery-school “push-out phenomenon” does more than inconvenience parents and give “naughty” children a time-out away from classmates. Many researchers suspect it sets up a child early for school failure by eroding his engagement with teachers and classmates and sending the message that the student cannot be redeemed. As a result, The U.S. Departments of Health and Human Services and Education issued a policy statement and recommendations to assist states and public and private early childhood programs in partnering to prevent and severely limit expulsions and suspensions in early learning settings. In 2017 Texas passed House Bill 674 which bans school suspension of children below grade three. According to Dr. Gilliam, programs that seek to raise teachers’ awareness of their implicit biases and counter them are important. Mental Health Consultation is a national “best practice” approach to addressing the need for teachers to be trained in managing bias and challenging behaviors in the classroom.

![Figure 5: Map of Licensed Child Care Centers with Texas Rising Star Certification](image-url)
**Early Head Start and Head Start**

Head Start began in 1964 as a part of Lyndon B. Johnson’s War on Poverty and was developed as a “comprehensive child development program that would help communities meet the needs of disadvantaged preschool children.” Since its inception the program has served over 32 million children nationwide. There are 98 Head Start programs in the County of which 13 are Early Head Start programs. When examining the location of quality childcare centers (TRS 4), some of the most impoverished areas do not have access to such facilities and Early Head Start programs are sparsely located in such areas.

Early Head Start/Head start is divided among five major providers: Gulf Coast Community Services Association (1 program), AVANCE (4 programs), Neighborhood Centers Inc. (5 programs), Harris County Department of Education (1 program) and Galena Park (2 programs). Harris County Department of Education provides service primarily to the southeastern region of Harris County. AVANCE services the northern portion of Harris County between Aldine and Jersey Village. Neighborhood Centers services the south-western area of Houston including the Bellaire area of Houston. Gulf Coast services the southern, gulf region of Harris county. It should be noted that Early Head Start enrollment is increasing as new providers emerge within Harris County.

Children at Risk developed an online child care mapping tool which spatially identifies an array of “deserts” by County: child care deserts, subsidized child care deserts, Texas Rising Star deserts, and TRS 4 Star Deserts. Of the child 2917 childcare providers in Harris County, 59% do not accept childcare subsidies. Thus, the gap in demand compared to subsidy acceptance creates a challenge for securing placement among low income households. Of the 1,195 providers accepting subsidies, 35% are not TRS certified which creates a challenge pertaining to access to quality care for low income populations.

The most common reason for non-participation in subsidy programs is related to the low reimbursement rate. Such providers cater to children of high income families; thus, the rate of reimbursement is not consistent with their service cost. Children at Risk also conducted a demand/supply study and identified a capacity concern for low income children. There are 47,000 more low income children than subsidized seats (75% of the population is not being served among providers which accept subsidies). There are also 60,000 more low income children than TRS certified seats (95% lack access). Locational access is also of concern, 39 zip codes within Harris County have zero Texas Rising Star childcare providers. Harris County as a whole is a child care desert and a TRS child care desert.

**Home Visiting**

Home visiting is a prevention strategy used to support pregnant moms and new parents to promote infant and child health, foster educational development and

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**Figure 6: Enrollment in Early Head Start (Ages 0-3) in Harris County & Texas in 2016**

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school readiness, and help prevent child abuse and neglect. Nationally, the home visiting programs share a common objective to offer vital support to parents as they deal with the challenges of raising babies and young children. Participation is voluntary and families may choose to opt out at will. Home visitors consist of trained nurses, social workers, child development specialists, or community members. The structure of the visits spans a continuum including linking pregnant women with prenatal care, promoting strong parent-child attachment, and coaching of parents on learning activities that foster their child’s development. Programs also reinforce and support parents’ role as their child’s first and most important teacher. Home visitors also conduct regular screenings to help parents identify possible health and developmental issues.

Since 2012 (nationally), the number of home visits has increased fivefold, with more than 3.3 million occurrences over the last four years. The number of families served has quadrupled (from 34,200 families to 160,400 families served). Texas statewide capacity has experienced significant growth as well. In 2012, the service capacity totaled 19,213 families and funding for programs grew by over 46% (totaling over $69 Million) between 2012 and 2013. This increase in home visiting programs, allows more families to be served through this service. As of 2015, Home Visiting had the statewide capacity to serve 20,074 families in Texas; capacity has fluctuated over time because of funding streams but capacity consistently remains around 19,00-21,000.

Harris County (2015) has five Home Visiting Programs available:

- AVANCE
- AVANCE-Early Head Start
- Healthy Families
- Nurse-Family Partnerships
- Parents as Teachers

The total capacity (i.e. number of funded slots) for the programs was 780. The total number of families served equates to 656. This 656 is inclusive of the number of families who completed the program, families who dropped out of the program as well as new and returning parents (ex: a new baby added to a family).

**Early Childhood Intervention (ECI)**

During the period of funding cuts and policy changes from 2011 to 2016 there has been a downward spiral of support for young children with disabilities and developmental delays in the form of narrowed eligibility and reduced ECI enrollment statewide despite need. Vulnerable regions and communities are disproportionately impacted via increased staff caseloads that threaten program quality and reduced enrollment projections that have led to further decline in funding.

Overall there has been a steady decline in ECI enrollment (2011-2015): Black (-26.8%) Hispanic (-13.7%), White (-11.4%) (Figure 7). In contrast to the decline in enrollment, there has been a steady increase in new births and population size (e.g. via population migration from Midwest etc.). Specific population increases are: Black (+3%), Hispanic (2.1%), White (-2.9%) (Figure 12).

Of importance is that the decline in funding does not coincide with a decline of need. Mental health providers for those under 3 years of age are extremely rare. Additionally, the decline in funding and subsequently services during the earlier years of life may yield delayed diagnosis and exacerbate the impact on development delays. Thus, the service decline will impact those who are most vulnerable and under resourced.

Harris County is comprised of a variety of organizations supportive of healthy parenting, building the capacity of childcare providers, and supporting families seeking to secure critical resources. However, many organizations, support programs and initiatives are restricted by funding and/or operating at capacity yielding them unable to respond to the gap between supply and demand. Early learning supports are already strained with the most vulnerable communities disproportionately impacted leading to generational inequities.
A person’s state of wellbeing (i.e. physical, mental and economic etc.) is impacted by their sense of safety and security. Therefore, location matters as it impacts quality of life, life expectancy, access to critical resources and are determinants of generational poverty. Consequently, parental/guardian state of well-being is important to the care of young children.

Guardians of Children

Parent household

According to the 2016 Census, approximately 87% of Harris County households consisted of “with own children” under 18. Of that population, approximately 35% consisted of children under 6 years of age (does not disaggregate younger than 6 population in terms of household make up).

The presence of female head of household, no husband present families, equated to about 23% of total household structures. Of the female head of households, approximately 57% consisted of “own children” under 18 years of age and 11% under 6 years old.

Childcare facilities are especially important to single parent households. Given that low income neighborhoods are most under resourced with regards to child care, single parent households will be most impacted by access to childcare and quality (TRS) childcare providers.

Grandparents

Harris County and beyond, is witnessing an increase in grandparents as the primary caregiver. This trend witnessed the initial peak because of the Great Recession. During this time, low skilled and low-income parents were impacted by the economic downturn and grandparents as caregivers spiked. The role of grandparents in raising children has fluctuated over time. Grandparents are providing extended care due to financial and familial stress, the impact of the opioid crisis as well as an alternative to foster care. As of 2015, 8.9% of children under the age of 18 were living with a grandparent.

As Texas lawmakers confront a mounting crisis in the state’s foster care system the trend of grandparents as caregivers should be highlighted. Grandparents are now serving as the primary caregiver for five years or more. It is important to note that grandparents often have their own challenges, work well into retirement, or may have health issues. Additionally, the resources for grandparents supporting children are often difficult to secure in terms of eligibility. For example, TANF’s eligibility rules have not been updated since 1995. Thus, grandparents’ assets (e.g. retirement) yield them ineligible for benefits.

Harris County has the highest number of children living with grandparents (94,545), Dallas is second (59,307) and Bexar ranks third (49,369). 2015 ACS Map shows where households rely on help from grandparents to...
care for children. The areas do not necessarily reflect a pattern, thus allocation of services by geographic location cannot be substantiated by existing data.

Teenage Parents

Adolescent pregnancy can be harmful to both mother and child and carries additional risks to health, social, and educational development. Infants born to mothers under the age of 17 are more likely to be premature and/or of low birth weight. As of 2014, in Harris County, 2.8% (Texas 2.5%) of births are to adolescent mothers.

Teenage pregnancy has declined in Harris County (2010, 4%, 2014, 2.5%). While one of the cited contributing factors was the Statewide campaign- The Texas Campaign to Prevent Teen Pregnancy, teen pregnancy has declined by more than half nationwide, indicating other factors may also be at play.

Education of Mothers: Births into Poverty

In 2013, 25.4% of births were to mothers with less than 12 years of education, significantly higher than the United States average of 15.9%. Births to mothers with less than 12 years of education has been associated with parental income and employment stability. Education attainment is intricately connected to economic opportunity, financial stability as well as personal and community resources. A closer examination of the childbearing population with less than 12 years of education, when disaggregated, reveals a pattern which should inform policy and location of resources. For example, 45% of the mothers were Hispanic, 15.7% were Black, “Other” were 33%, and 6.3% were White.28,1

Housing and Homelessness

The Coalition for the Homeless of Houston/Harris County estimated in 2010 that there were 5,404 homeless children, but acknowledges that these numbers are likely to be underestimates29. The Texas Education of Homeless Children and Youth Program estimates that statewide in 2014-2015, 111,881 students or 2.17% of students were homeless, with 79% of living with multiple families, 11% in shelters, 7% in hotels and 3% unsheltered30. Of the 2.17% of homeless students, 7% were preschool age (aged 3-5). 15% of homeless students were from families with limited English proficiency and 12% of the population has one or more disabilities. No data was available specific to birth to three.

*In examination of the Texas Department of State Health Services, infants born to “resident” mothers who did not graduate from high school, in the same year (2013) differed. For example, 11% of infants were born to Black mothers, 5% of infants were born to White mothers, 81% of infants were born to Hispanic mothers, and 3% of infants were born to “Other.” This reinforces the need for greater data transparency in order to be accurate in policy and support services efforts.
to children 0-3.

Visibly homeless people and families are decreasing in Harris County, according to a recent “Point in Time” count performed by the Coalition for the Homeless. Their findings showed a 22% decrease in homelessness from 2016 to 2015, with 3,559 people still without permanent housing. Of those, 2,513 had sheltered housing, and 1,046 were unsheltered, or staying in a place not meant for human habitation. In 2015, there were 4,355 people without permanent shelter. Housing stability is critical to human development as it pertains to sense of security. A sense of security is critical because the absence of such anxiety and associated toxic stress permits the development of cognitive and social development.

Subsidized Housing
Subsidized housing is available through the Harris County Housing Authority. During 2015, 5,332 families were assisted, consisting of 13,864 individuals. The services provided were 3,901 Housing Choice Vouchers (formerly Section 8), 1038 Rental Assistance, 608 Homeless Veteran Vouchers, and 80 other units.

For those within the limits of the City of Houston, the Houston Housing Authority serves 58,000 residents, with 17,000 households using the Housing Choice Voucher program and 5,700 living within housing developments. In 2016, the Houston Housing Authority received 69,000 applications for 30,000 slots. Their waiting list had been closed for four years previously. No data was available on the number or age of children in the families served by the subsidized housing program. Housing stability and child welfare are intricately connected, a challenge faced by low income households.

Child Welfare & Intervention

Safety
Witnessing just one violent event can induce long-lasting trauma in children. Children experiencing Adverse Childhood Experiences (ACE) and trauma are more likely to abuse alcohol and drugs in adulthood and may have trouble succeeding in school, to the point of delinquency-or dropping out. Later in life, they are more likely to struggle with mental health disorders such as depression, anxiety, and PTSD. Almost 200,000 major crimes were reported in Harris County in the year 2016. This section will focus on those safety issues most pertinent for the youngest population.

Child Abuse and/or Neglect
The effects of childhood abuse and/or neglect can be felt throughout adulthood without intervention. From investigation to removal, interactions with the Department of Family and Protective Services can bring stress to family units. Over the past 8 years, the number and types of confirmed cases of child abuse and/or neglect are relatively stable within Harris County, (Figure 13) with the highest number of cases from neglectful supervision, physical abuse and physical neglect. Sex trafficking was added as a data point in 2015.

In 2016, the Department of Family and Protective Services reported 5,812 confirmed cases of child abuse in Harris County for all children under the age of 18, specifically 1,996 cases for children aged 0-3. There were 2,186 removals in the same year within Harris County. During FY 2015, CPS confirmed 6,360 children were abused or neglected in Harris County. Over 5,900 children were in DFPS custody from Harris County. In FY2015, there were 25 deaths related to child abuse or neglect in Harris county.

Children aged 0-5 are approximately 43% of total DPS protective custody services in Harris County (HCPS, 2016). All confirmed cases of abuse disaggregated by race and ethnicity reveals noteworthy concerns: African American cases for all ages under 18 equated to 2,036 cases; of those confirmed, 570 were ages 0-3. Hispanic confirmed cases for all ages under 18 equated to 2,297 cases; of those confirmed, 492 were ages 0-3. Whites confirmed cases for all ages under 18 equated to 1,085 cases; of those confirmed, 226 were ages 0-3. While we are aware that biases exist, this report does not explore the role of bias in determining “neglect or abuse”. Though Equity Specialists, who are housed within Texas Health and Human Services previously provided training to professionals to address biases (e.g. a low-income parent who uses the oven to heat a home is not negligent but is experiencing financial challenges and under resourced), there has not been a decline in disproportionality of “reported cases of neglect or abuse.”
As of July 2017, there were 3,180 children in foster care in Texas Region 006, of these, 2,419 children in were in Harris County (76%). Of the 3,180 children in Region 006, 1,358 (43%) were under the age of 5. Table 5 breaks down the children in foster care in region 006, by type of service, focusing on the under 5 age groups.

A Foster Care Needs Assessment conducted by TDPS in 2017 reported that during the 2015-2016 Fiscal year, 2,358 preschool aged children in Harris County required basic foster care services, with only 1,956 placements available, a shortfall of 402 placements. It is worth noting that the use of “preschool age children” (children under the age of 5) as a category as opposed to disaggregated by age (e.g. under 1 years of age), makes it difficult to provide a survey of conditions for the 0-3 age group. Nevertheless, when adjusted for availability in contiguous counties, within 50 miles of the child’s home county, the supply met the demand and sufficient placements were available.

**Parental Incarceration**
The effects of parental incarceration on young children can be profound. Loss of a parent, loss of a provider and/or caregiver is a traumatic event. Statewide, 477,000 children experienced this loss in 2011-2012. More recent numbers, including those specifically for Harris County were not available. The experience of parental incarceration has also contributed to the increase in grandparent guardianship. Additionally, the traumatic loss of a parent, is associated with toxic stress, social emotional well-being and feelings of safety. All which impede social and cognitive development.

**Family Violence**
Family violence offenses falls into five general categories: assaults, homicides, kidnapping/abductions, robberies, and sex offenses with assaults accounting for 97% of all offenses. A total of 41,862 family violence offenses were reported in Harris County during 2016. Harris County Sheriff’s office reported 13,908 family violence offenses and Houston Police Department reported 24,655, with an additional 3,300 offenses reported by smaller precincts. In 15.9% of offenses, the violence occurs between the parent and child. Children under 4 make up a small percentage of offenses, equating to less than 2% of the overall family violence victims (Figure 14). It is also worth noting, that the largest population of victims are females of child-bearing age. At present, we are unable to identify the family violence rate with reported current pregnancy status. Such an ability would allow stakeholders to be responsive to intimate partner violence in early stages.

**Family Intervention-Infant Toddler Court**
The Family Intervention Infant Toddler (FI-ITC) is a Family Drug Court which hears cases involving CPS and allegations of child abuse or neglect cases where substance abuse by the caregiver(s) is a primary factor in removal of the child(ren) from the caregivers’ custody. The FIC was founded in 2004, with the Infant-Toddler component added in 2009. The Court uses a phased approach to recovery and works with CPS to reunify
families, where possible, upon completion of treatment. The Court also uses an array of services for children and adults focused on healing of trauma and improving recovery and wellbeing of the children and their families. The range of services include: housing, adult and infant therapy, family/parenting coaching, substance use/recovery coaching, transportation, social support services to secure entitlements (e.g. health insurance eligibility) and trauma focused therapy. Family Intervention Infant-Toddler Court is unique in its focus on the parent-child relationship and the provision of services to “heal” that relationship. FI-ITC is a critical resource for the healthy early child development efforts; 75.5% of children seen in the court are under 3 years of age (26.8% under the age of 1). Post FI-ITC services, 50% of children showed a positive change in score from baseline as it pertained to improved child wellbeing, 55.1% of parents showed a positive change in score from baseline as it pertained to improved parenting. 100% of reunification occurred within 12 months within recent entry into foster care, a rate shorter than cases not referred to FI-ITC or accessed the provision of services. FI-ITC served a total of 41 children during the 2016-17 fiscal year, of the 41 children served 31 were ages 0-3. This dual generation approach coupled with the holistic “healing” approach is advantageous to the family unit and has lasting effects.

Parenting & Community Conclusions

Poverty & Immigration

Birth and rearing into poverty is associated with an array of social, health and developmental concerns. Approximately 27.6% of the population under 5 lives below the poverty line. When examining this population within the context of family poverty (own children household structure), 18.1% of the households have children under the age of 5.

A significant percentage of childhood poverty, specifically under age 5, is concentrated among the immigrant population. For example, of individuals earning less than 100% of the poverty line, 20.6% of the population are immigrants with own children under 18. Of the less than 125% of the poverty line, 27.6% of the population are immigrants with own children under 18. This may be of specific concern for child care providers to reflect the needs of potential clients but also as providers seek to prepare children for Pre-K. About a quarter (28%) of immigrant women are single. Of the women, 33% had not completed high school or obtained a GED. Therefore, workforce development and support services will be critical for immigrant mothers to stabilize family and subsequently impact the home environment. Some of the health obstacles experienced by this population could be resolved by modifying health eligibility policy. For example, non-citizens are ineligible for Medicaid and CHIP for the first five years of residency. States possess the discretionary authority to waive this five year wait period for children and pregnant mothers. Texas has waived this period for children, however, a waiver for pregnant mothers would likely contribute to healthy births (e.g. reduction in preterm births, reduction in low birth weight etc.).

Disparities

The Mayoral Taskforce (An Equitable City) and the subsequent publications of “Complete Communities”, highlights the importance of place based needs. Harris County consists of varied segregated pockets which result in 1) ethnic enclaves 2) economically depressed neighborhoods and 3) racially, ethnically and linguistically isolated communities. Such communities experience high levels of resource, program and services
absences which are detrimental to adult as well as infant and toddler well-being (e.g. mental health, physical health, nutritional, health care and maintenance etc.). As the infrastructure and economic well-being of these neighborhoods are improved, First3Years strongly encourages the integration of services, programs and resources which buttresses healthy early childhood development (e.g. quality childcare services, co-location of services for parents etc.). Such bundles of services must respond to the residents’ existing needs and connect residents to services outside of their neighborhood.

Health

Efforts to improve health in the United States have traditionally focused on reformation of the health care system as the key driver of health and health outcomes. While increasing access to health care and transforming the health care delivery system are important, research demonstrates that improving population health can provide large gains in achieving health equity. This section reviews the health and healthcare status of parents and guardians.

Health Insurance & Healthcare Access

Harris County is home to one of the largest medical service and research districts in the United States. The Texas Medical Center alone sees over 10 million patients per year and has the world’s largest children’s and cancer hospitals. In addition to the private medical centers, there is a public health care system (e.g. Harris County Public Health hospitals and wellness clinics) with locations throughout the county (Figure 11).

Currently, community clinics in both the private and public system are well distributed in Harris county’s areas of highest need (Episcopal Heath Foundation (EHF) 2015). Unfortunately, these clinics do not always meet patient needs. For instance, 100% of surveyed clinics in the area cited a great need for specialty care options (EHF 2015). And, as the population continues to grow, clinics may not be able to keep up with increasing demand, especially due to insufficient staffing of medical professionals (EHF 2015). 47% of clinics report being unable to accommodate growth in their existing facility with another 26% citing that they were already facing difficulties accommodating patients in their current space (EHF 2015).

As of 2016, 27% of the Harris County population was uninsured, as compared to 25% at the state level. In 2015, 42.3% of Harris County children were covered by Medicaid and 5.1% were covered by CHIP (TCH, 2016). Children under 6 with Medicaid in Harris County totaled 216,313 or 52.1% in 2016. For the same population, private insurance accounts for approximately 44%, or 190,000, of children under 6 during 2016. As of 2016, 670,822 children 0-17 were uninsured, an experience which disproportionately impacts Blacks and Hispanics.

Healthy Living & Accessibility

Across the state of Texas 14.9% of WIC participants aged 2 to 4 years of age were obese (2014). Among students in Harris County, 51% percent of children were classified as overweight or obese in 2013. The Harris County Healthy Living Matters Collaborative, a collective action network seeking to combat contributing and roots causes of childhood obesity in the City of Pasadena and two communities within the city of Houston (i.e. Near Northside and Fifthward/Kashmere Gardens). HLM informs us that the contributing factors (e.g. poor food choice, sedentary behavior etc.) are most pronounced in socioeconomically disadvantaged communities in the form of food deserts, lack of transportation and concentration of fast foods restaurants.
An estimated 43,000 households do not own a car and are more than ½ mile from a supermarket (Figure 12).

In Harris County, 24.9% of all children live in homes with food insecurity, which is lower than the state rate (25.6%) but higher than the national average (16.5%).

The U.S. Department of Agriculture (USDA) defines food insecurity as “limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways.” Children exposed to food insecurity are of concern given the implications and risks posed to a child’s health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases. Child-level food insecurity status in young children utilizing community-based data from the Children’s Sentinel Nutrition Assessment Program (C-SNAP) suggests an association between child level food insecurity and iron deficiency anemia, a clinically important health indicator with known negative cognitive, behavioral and health consequences.

**SNAP**

Supplemental Nutrition Assistance Program, or SNAP, provides additional funding for food for those under both income and asset limits. The funds are loaded onto a debit card and accessed at many places throughout the area. There are some limitations on usage. Hot foods are excluded, except in case of natural disasters such as after Hurricane Ike in 2008 and Hurricane Harvey in 2017. Only foods with a nutritional label can be purchased, so necessary items like personal care items, and household cleaners are not provided on this program. In Harris County in July of 2017, 145,905 children under the age of 5 received SNAP benefits, 14% of the total enrollees (1.03 million). The average monthly expenditure per client was $339 for Harris County.

**WIC**

The Women, Infants, and Children program provides nutritional assistance in the form of electronic vouchers like the SNAP program with more stringent purchase requirements depending on the nutritional needs of the pregnant/breastfeeding mother, infant, and child up to their fifth birthday. In Harris County 167,920 women, infants and children received WIC in 2015.

**TANF**

Temporary Assistance to Needy Families provides cash assistance to extremely low-income individuals with children, subject to means, asset, and employment tests. People with certain convictions, especially drug-related cases, are also barred from receiving TANF. Recipients receive their benefits on a state-is-
sued debit card, or the same one that they utilize for SNAP benefits. Participation in comparison to other public assistance programs is very low, with 2,748 families receiving benefits in July of 2017. The average monthly benefit was $197.

It is worth noting areas plagued by food inaccessibility also encounter difficulty in securing medical attention (via clinics, hospital and health centers). As a result, “Complete Communities” is well positioned to respond to the food inaccessibility crisis of low income and resource poor communities (Figure 13).

**Parent and Prenatal Health**

**Prenatal Care**

According to March of Dimes, in 2014, 56.1% of mothers in Harris County received early prenatal care, 25.4% received second trimester care, and 11.7% of women receive late or no care. The contributing factors cited were as follows: wait times at clinics, processing times for Medicaid coverage, and lack of transportation. Figure 14 shows a geographic clustering of births with no prenatal care in the eastern portions of Harris County, zip codes whereby the population is predominately Hispanic and Black.

**Infant Health: Preterm Births, Low Birth Weight & Mortality**

In Harris County, 12% of births were considered preterm, prior to 35 weeks, which is slightly higher than the state’s average of 11.8% in 2015. This percentage has decreased over the past four years from a County high of 13.7% during 2013. Preterm births were highest for Black or African-American women, followed by Hispanic women. The concentration of cases reflects a spatial pattern (Figure 15).

Low birth weight, defined as under 5.5 pounds, is also an issue of concern in Harris County. Low birth weight can be caused by several factors, but premature birth and fetal growth restriction are two of the most common. Severe health problems, neonatal intensive unit care, and intensive medical interventions are associated post birth needs in low birth rate cases. Despite advances in medicine for the smallest babies, this group is at the highest risk of infant mortality and long-term problems and disabilities. In Harris County, 8.6% of babies were delivered with low birth weights, slightly higher than the national average (8.0%). Of the 73,154 births in 2015, 6268 (8.6%) were low birth weight. This percent was lowest for White and Hispanic mothers at 7.0% and 7.3%, respectively, and highest for Black mothers at 13%.

The map of Harris County shows there is a cluster of babies born with low birth weight along the HWY 288 corridor, in the neighborhoods of South Acres, Greater OST / South Union, and Sunnyside, that overlaps with a section of Houston that is extremely poor and predomin-
Figure 14: Harris County Births with no Prenatal care

Figure 15: Preterm Births, Harris County, 2013
Inantly Black or African-American (Figure 16).

**Infant Mortality Rate**

Infant Mortality Rate (IMR) refers to deaths of infants who were born alive but died in the first year of life. This factor is often used as a proxy for community health. The U.S. rates is among the highest of industrialized nations. The IMR in Harris County is 6.0 deaths per 1,000 (nationally 6.1 per 1,000 deaths). A closer examination reveals alarming disparities. For example, Black IMR (12) are more than twice as high compared to Whites (5.5), Hispanics (4.4) and Other groups (3.5).57

**Maternal Morbidity**

The Reducing Maternal Mortality in Harris County Taskforce (UT Public Health School) has been convening since 2013. The task force educates about a range of contributing factors spanning a continuum (e.g. prenatal care, patient care quality and education, doctor practices etc.). While the rise in maternal mortality rates has occurred across all races and ethnicities, the greatest risk can be found in Black or African-American women with a mortality rate twice the average in can women with a mortality rate twice the average in 2014.

**Postpartum Health: Maternal & Infant Health**

Some of the most common complications of pregnancy are peripartum mood disorders.58 Peripartum mood disorders encompass any one or a combination of mood, anxiety, or depressive conditions that begin any time between pregnancy, delivery, or within a year after childbirth.

Almost half (48%) of women who experience depression after birth began experiencing symptoms such as anxiety, panic attacks, loss of appetite, and major depressive episodes while they were pregnant.60 Nationwide, fourteen percent of women will experience a perinatal mood disorder, and in Texas, this rate is seventeen percent, or one in six. This rate skyrockets among low income women and adolescent mothers with rates between 40 – 60%. Other risk factors for peripartum mood disorders include a family history of depression, previous bouts of depression, and high-risk pregnancies. Women who are suffering with a peripartum mood disorder can have severe difficul-

![Figure 16: Births with Low Birth Weight, Harris County, 2013](image)
bonding with and parenting their babies. In some extreme cases, a condition known as postpartum psychosis can develop, which raises the risk of harm to both the mother and the baby.\textsuperscript{61}

**General Health Assessment**

The Houston area average was 19\% for self-rated health of poor to fair. The areas reporting 32\% to 36\% were generally in the Near Northside and Northline areas in North Central Houston. The adults whether parents or grandparents need to be in good health to raise healthy children.\textsuperscript{62}

In 2010, according to the Health of Houston Survey 2010 (HHS2010) a greater number of residents in the East Houston and Channel View areas (21\%) reported the highest rate of symptoms of serious psychological distress compared to all other neighborhoods in the county (i.e. Gulfton-Sharpstown-Alief (13\%), Greater Heights-Washington (6\%)) based on the Kessler K6 Scale; indicative of the psychological strains of resource poor communities.\textsuperscript{63} While these are aggregations of people into areas, it is also notable that people are individuals and there is a range of capacity for dealing with stress. Kessler K6 scores have shown to be stable across different cultures, languages, and nationalities for determining non-specific psychological distress from serious mental illness.

**Risk Factors**

Pre-pregnancy maternal health impacts maternal health during pregnancy and pre-term births. Lung cancer, specifically from smoking, is the leading cause of cancer deaths for Cambodians, Koreans and Vietnamese. Avoidance of visits to physicians’ offices also may contribute to the unnecessary cancer burden. Asian Americans are the least likely of all racial/ethnic groups to have seen a physician in the last 12 months. This trend is reflective of both men and women. Unfortunately, during clinical encounters, physicians are least likely to counsel Asian Americans about smoking cessation. It is difficult to determine smoking cessation trends among this group. Only Hispanic women and women of ‘Other’ race/ethnicity (this category is not disaggregated in order to cross walk Asians and smoking cessation during pregnancy) are meeting the Healthy People 2020 target of at least 98.6 percent abstinence from smoking during pregnancy. This is worth noting, maternal smoking during and before pregnancy has the greatest impact on overall risk of infant death during the infant health risk period.

**Well Child Visits & Vaccinations**

According to a 2014 survey by the Center for Disease Control (CDC), an estimated 70.4\% of Houston-Area children were appropriately immunized at age 2 with the 4:3:1:3:1 series of vaccines, as compared to 64\% of Texas children and 71.6\% of US children.\textsuperscript{64} In 2014-2015, Harris County reported 0.6\% of the students obtained conscientious exemptions from vaccination. In Harris County, there are over 500 providers enrolled in the Texas Vaccines for Children Program (TVFC). The program guarantees vaccines would be available at no cost to providers to immunize children (birth - 18 years of age) who meet the eligibility requirements.

Well-Child Visits data is available at the state level from the 2016 National Survey of Children’s Health. In the zero to five age group, 80.9\% of children sampled in Texas had a preventative check-up in the last 12 months. thirty four percent of parents had completed
completed a development screening for children aged 10 months to 5 years and 26.6% of parents reported speaking being asked by a health care provider about their child’s learning, development or behavior for 0-5-year-old children. When examining the national average, we found that 68 percent of children younger than six who were not covered by health insurance had received a well-child check-up in the past year, compared with 92 percent of children who were covered by health insurance. The disaggregated rates, by coverage, were not listed for state level data.

Health Conclusions

Prenatal Care

A primary reason for late prenatal care among the uninsured was cost at 17.5%. Among privately insured women, late prenatal care was accessed because the women did not know they were pregnant (12.5%). Individuals with public insurance cited not having a Medicaid card (6.2%). Approximately 42% of both insured African Americans and Hispanics each reported “not knowing they were pregnant” as the reason for late prenatal care. Cases (e.g. New Jersey, Colorado, California, Louisiana) have demonstrated that time lag has been eliminated for prenatal care, and patients are seen under presumption of eligibility. There is emergent public policy conversation surrounding case studies and advocacy to “assume eligible for Medicaid” post-application submission to encourage immediate prenatal care. Transportation, as it pertains to accessibility, is commonly cited by scholars as an obstacle to prenatal care. However, medical coverage and affordability are most impactful as reported by March of Dimes.

In 2014, Texas ranked sixth in the nation for congenital syphilis with 74 cases, or 19.3 cases per 100,000 persons, accounting for almost one fifth of the total congenital cases reported in the U.S. Texas ranked 15th among states for primary and secondary syphilis case rates in 2014. The impact of congenital syphilis is most pronounced when women do not receive prenatal care, or receive prenatal care late in their pregnancy. If women can access timely prenatal care, low-cost interventions can avert potentially devastating health outcomes to the parent and fetus. In 2015, Harris County reported the largest number of cases (14). Bexar County followed with 10 and Tarrant County with 9. Other counties reporting cases include: Hidalgo (6), Dallas (4), Webb, Nueces, and Cameron (2 each).

Pre-Term Births & Infant Death

Black infants have a higher preterm birth rate than any other race/ethnic group. Fortunately, the past decade has seen the decline in preterm birth rates decrease most rapidly among infants born to Black mothers which has slightly narrowed this gap in preterm birth rates.

While significant gains have been made, there is still room for improvement. In 2015, the leading cause of death among Black infants was short gestation and low birth weight, whereas congenital malformation was the leading cause of death among infants of all other race/ethnic groups. Additionally, SIDS was nearly twice as prevalent among Black populations compared to Texas, Whites, Hispanics and other groups. In an examination of excess mortality, conducted during the infant health risk period, to determine the risk factors associated with infant deaths 28 days and older the following maternal demographic patterns were highlighted: smoking during pregnancy, adequacy of prenatal care, breastfeeding status at hospital discharge, and trimester prenatal care. Of the factors, breastfeeding at hospital discharge and smoking had the greatest impact on overall risk of infant death. Among infants 28 days and older, infants who were breastfed at hospital discharge had a 38% reduced risk of infant death. 5% of infant deaths were attributable to maternal smoking during pregnancy.

Maternal Health

Maternal Mortality rates are a nationwide concern. Some of the initial recommendations put forward by the Reducing Maternal Mortality task force include: ongoing, system-wide efforts; policy changes to address access to care and disparities; strong leadership (policy changes at the institution and organization level); data driven and community advisory boards/approach. The recommendations are a result of case studies which specifically examined communities with the lowest maternal morbidity rates. Those communities shared the aforementioned commonalities. Some of the system changes to eliminate variation in practice include: common training in best practices for OB and labor delivery nurses, standardized risk assessments, hospital employed OB on site 24/7, screening and care plans for pregnant women with substance use disorder, providing physicians with comparative quality outcome metrics.
Collective Call to Action

The preceding pages of this report provide a baseline of understanding of how infants, toddlers, and their families are doing. It highlights recent trends across domains related to race, ethnicity, neighborhood, social economic status, education, and employment.

Understanding that data only tells a piece of the overall story, First3Years conducted informal interviews with stakeholders from the philanthropic, government, non-profit and academic sector to further inform the findings at the local level. This resulted in a variety of insights that helped to inform promising opportunities to advance the healthy development of infants and toddlers. Key strategies are outlined below.

Build Systems of Care: An Interdisciplinary Approach to addressing Developmental Delays and Challenging Behavior in very young children

Developmental Delays and Challenging Behaviors in very young children can greatly affect their opportunities early in life as they not only interfere with how a child learns, but the type of interactions a child receives from important adult caregivers in their lives. Helping service providers to recognize and appropriately support families in overcoming systemic barriers to accessing the resources they need relies on the degree to which families are welcomed into a system that 1) places parents as a peer and expert in their child’s needs, 2) offers multiple points of entry to services, and 3) integrates those services across services providers despite a family’s neighborhood, health insurance or medical home, and early learning partners.

Harris County has shown increased commitment to both a) increasing screening and referrals for developmental delays and b) creating policies to prevent the expulsion of very young children from early education settings. These efforts would be strengthened by building the capacity of service providers across disciplines to integrate services, align approaches, and develop additional skills/services to support this population.

Building on existing efforts, First3Years intends to partner with service providers such as Home Visitors, Child Care, Head Start, and Early Childhood Intervention and local clinics to address the full lifecycle of successfully supporting families from referral to the successful completion of those services.

One avenue for this approach is to expand upon the current Touchpoints network that exists among the previously mentioned service providers in Harris County. Brazelton Touchpoints Center (BTC) provides comprehensive professional development programs that support learning and change of practice over time. The professional development programs have been shown to lead to scientifically sound, developmental, and relational practice from professionals in family-facing programs, organizations and systems of care. BTC’s professional development programs have been provided in the full range of early childhood settings, including pediatric health, maternal child public health, early care and education, child welfare and home based early intervention programs.

Collaboration with the above mentioned stakeholders and BTC will focus on the following capacity building efforts:

- Alignment of service providers toward Infant Mental Health Competencies and Endorsement® as well as Diversity Informed Infant Mental Health Tenants of the Irving Harris Foundation
- Understanding of other network providers and the benefits their services can provide to families
- Development of Early Childhood Mental Health Consultation Services
- Relationship Based Practices in Addressing the Developmental and Behavioral Concerns of Young Children
- Screening, referral, and follow-up: Understanding and troubleshooting the lifecycle of referrals

Connecting Partners to Increase Families’ Resiliency

Dual Generation Programming and Co-location of Services: Harris County is plagued with inequity across race when it comes to accessing jobs, education, food, and health services. Areas of high-employment align with areas where high-quality early education is sparse and food insecurity is high.
Dual Generation programs that address the needs of the adult caregiver to provide for their family such as job skills and ESL with early learning programs can be mutually beneficial in providing children with high-quality learning environments while providing parents with the comfort that their child is safe and access to peer supports with other adults experiencing similar struggles while striving to support their children’s healthy development.

Additionally, while data on mental health services was missing, stakeholder interviews confirmed the need for increased mental health services across age groups. In looking to expand access to mental health, programs should consider the value in co-locating mental health services with other providers. For example, behavioral health services to address PPD can be located within health clinics and mental health consultation to address challenging behaviors in young children should brought into the classroom and the home. Such practices increase the capacity on non-mental health specialists and clinicians to recognize, support, and refer when necessary the mental health needs of families they serve.

Home Visiting: Home Visiting has been highlighted in recent years as critical service to both prevent child abuse and increase school readiness. At the state and federal level, new funding streams have been developed resulting in an increase of home visiting programs across Harris County and Texas. At the same time, Collective Impact efforts have swept the state in efforts to align partners toward shared metrics meant to measure how the community is preparing and supporting children to be successful. Whether focused on health, “cradle to career,” Kindergarten Readiness, or other important metrics, home visiting programs struggle to fit. They are often excluded from early learning for their lack of dedicated centers and from health for their disconnection to the health system.

In our discussions with community stakeholders, we came across two common themes, that are not unique to Harris County, but are a nationwide trend:

1. Home visitors are siloed from one another as well as other service providers to children 0-3 years.
2. Home visiting data, especially of programs that privately funded, is hard to access and creates misunderstanding about their impact in the community. As a result, efforts tend to focus on increasing recruitment versus understanding retention.

Additionally, at the local level, home visiting programs in Harris County are not at capacity and this rationale is unclear. To address these issues, First3Years suggests supporting home visitors to:

1. Develop a network among home visiting programs that can:
   - Build capacity of programs to integrate infant mental health with their services and leverage resources to increase professional development opportunities
   - Connect home visiting programs to other community services such as child care and group parenting support programs that serve to build peer support among parents
   - Understand why families may leave a program and work to address those issues
   - Share and discuss data to better understand the demographics of who is being served through home visiting and where, as well as how the service areas align with the neighborhoods of need outlined in this report. Adjust as necessary.

2. Develop a shared referral system that:
   - Provides “no wrong door” to families seeking home visiting services
   - Places families into a program based on fit

Additionally, First3Years suggests that all home visiting programs report their data to TexProtects’ Home Visiting database to inform the county of Home Visiting’s overall capacity, service areas of focus, and results as related to child abuse and school readiness.

Support Neighborhood Efforts and Connect to the Broader Community: Neighborhood specific efforts, such as the Mayor’s Complete Communities, are critical to meeting the unique needs of those residents and provides opportunities for service providers to select or develop programming that is relevant and culturally adapted for different populations. It also enables active participation from the very individuals program services seeks to address. Given the rich diversity of Harris County, such an approach is critical to advancing the health and development of infants and toddlers.
Such efforts should also be supported in connecting families to broader opportunities outside the neighborhoods in which they live and work. It should also include shared learning opportunities for the providers themselves including professional development, continuous quality improvement, and investigation and understanding of data.

**Early Childhood Professional Development System:** A sustainable pipeline of qualified professionals is critical to building strong early learning environments and depends on the collaboration and coordination of public and private resources. Efforts to improve the quality of child care should include a systemic focus on professional development, including a career pathway that allows them to advance their skills and expertise in the field of early childhood.

**Support the Collection, Sharing, and Learning of Data for Children 0-3 Years of Age:**

Not surprisingly, an important conclusion of this report is that data on 0-3 is fragmented. This is important to note as this lack of data leads to:

- Misunderstanding and dismissal of the need for services focused on the 0-3 population
- Lack of a clear baseline for 0-3
- Lack of accountability for programs serving the 0-3 population
- Discourages collective action on 0-3 issues due to the “messiness”
- Lack of funding for the 0-3 population
- Lack of coordination and shared metrics across 0-3

To address this issue, First3Years suggests the community work to:

1. Place pressure on governmental agencies to invest in and be transparent with data. Numerous findings either were not available or impossible to disaggregate such as ECI services, parental incarceration rates, current infant mortality rates, PPD, well-child visits, among others. This can lead to a misinterpretation of the data such as, “Texas is doing well when Harris is struggling,” or “overall access to ECI is only slightly down” when data highlights the worsened disparity of services for black children.

2. Encourage funders to become a partner for transparent data. Funders should both a) provide fund

**Work to Understand and Support the Unique needs of Infants and Toddlers in Child Welfare**

Among children who have experienced abuse and neglect, children 0-36 months are most vulnerable due to their rate of development and sense of time. Contrasting the scientific knowledge about how children develop in healthy environments as well as how best to support them after trauma, infants and toddlers in child welfare still struggle to receive therapeutic services and relationship-based care.

Harris County currently has the highest population of infants and toddlers in care of the state, highlighting the need for collaborative efforts to take special attention to this population. While awareness of trauma-informed care is growing, this must be balanced with an understanding of developmentally appropriate care.

Opportunities on the horizon include collaborating alongside the existing Infant Toddler Court within the specialty Drug Court. This program is currently working to address the barriers in overcoming drug addiction of which many families suffer. Further work should focus on:

Infant and Maternal Mental Health Services: Families with young children in Foster Care are not given the appropriate services to heal and move forward from the abuse/neglect, and even less so to develop improved...
parenting skills. NO evidence based therapeutic services that focus on the relationship between parent and baby (the heart of it all) are available to children 0-36 months and their parents with state funding. In fact, new state screening (the CANS) on trauma completely overlooks how infants/toddlers may have specialized needs and/or display trauma differently than children with verbal skills.

Harris County service providers and funders should seek to maximize program services available to these families through increased coordination, braided funding, and pilot programming. Additionally, foster parents should be included as professionals at the table who are able to provide supports to the entire family toward reunification. Bringing birth and foster parents together during visitation is better for the child. Biologically, it allows their central nervous system to relax. It also supports birth parents in developing new parenting techniques during visitation and can provide much needed peer support. However, it is important to recognize that foster parents and birth parents need support in working together toward the best interest of the child. First3Years recommends the Fostering Relationships co-parenting model, as it is not only helpful for very young children, but children of all ages. Introducing Fostering Relationships to cases 0-36 months of age, could create further demand and interest to use the model across all age groups.

**Understand and Modify Programming Based on the Population Served**

Understanding and modifying programming meant to benefit infants, toddlers, and their families is critical. Programs, supports, and interventions must be adjusted to reflect the cultural norms, historical contexts, and present-day realities in which families live. All organizations and funders, despite records of past successes should regularly create opportunities for families to co-create, design and adjust programming so that it more effectively fits the needs of the families they seek to serve. Additionally, prior to introducing new programming to the community, local community members should be given the opportunity to discuss its relevance and participate in the development and implementation of the program locally.

Given the rich diversity of people and stark contrasts in opportunities available to individuals in Harris County, it is critical that programs do not assume uniformity across those in need nor in the manner to which the address the solutions.

**Notes on Interpreting this Report**

First3Years employed all reasonable efforts to ensure the accuracy of this report and the data contained here within. The data presented in this report was collected, gathered, and/or developed by parties outside of this organization. In such, there are instances where multiple data sets do not align. In these instances, First3Years presented the most reliable data set.
Citations
1. Harvard University. Center on the Developing Child, 2014
25. Chetty, Raj: see below
26. The Effects of Neighborhoods on Intergenerational Mobility I: Childhood Exposure Effects (with Nathaniel Hendren), Quarterly Journal of Economics, forthcoming
30. The Effects of Neighborhoods on Intergenerational Mobility II: County Level Estimates (with Nathaniel Hendren), Quarterly Journal of Economics, forthcoming
32. See Above
38. Coalition for the Homeless – 2016 PIT Executive Summary
First3Years’ mission is to educate, advocate, and collaborate to advance the healthy development of infants and toddlers. First3Years’ work focuses on building long-term, sustainable solutions to advance the health and development of young children and their families. Our programs:

• Increase awareness of the critical importance of the first three years of life,
• Support conditions that enhance the quality of infant and toddler/caregiver relationships,
• Advocate for policies and practices that support the healthy development of young children, and
• Educate the birth-to-three workforce in best practices.

A key component of our work is focused on developing innovative solutions to longstanding problems with overlooked populations in our community.

Focusing on the health and development of young children and their families, First3Years works with the community to bring the critical importance of 0-3 to the forefront while also demonstrating and advocating for innovative solutions. Through education, advocacy and collaboration we involve the broader community to work together in improving the lives of infants and toddlers, their families and communities in Texas.

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1 Public Information Request DARS ECI
5 Texas Department of Health Services

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First3Years is the only organization in Texas working across sectors to improve the quality of care for infants and toddlers through training and certification. Our programs increase awareness of the critical importance of the first three years of life; educate the birth-to-three workforce in best practices; support conditions that enhance the quality of infant and toddler-caregiver relationships; and advocate for policies and practices that support the healthy development of young children.

Annually, First3Years reaches 2,400 professionals whose work directly impacted 112,000 children. That’s nearly 10% of the total population of children under the age of 3 in the state.

Texas is home to 1 of every 10 babies born in the U.S., and more than 1.6 million children under the age of 3. By the time a child turns 3, 80% of his or her brain structure has been wired, predicting future life learning, and social outcomes. Science has shown that healthy, nurturing relationships help babies grow, and thrive.

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Won’t you join us? We invite you to LEARN MORE, GET INVOLVED, and to GIVE. Our Impact Lasts a Lifetime.
FIRST 3 YEARS
Our impact lasts a lifetime

www.First3YearsTX.org

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