



# Children at Risk

**A Fact Book  
on Children's Issues**

*They are all ours.*

*Children at Risk*

San Antonio, Bexar County, Texas

City of San Antonio ★ Texas Department of Human Services ★ Alamo Area Council of Governments ★ & others



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Sponsored by the *Children at Risk* Committee

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# Introduction

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*In Texas, of the 57,067 victims of child abuse in 1987, 34,425 children needing services received none due to budget restraints... and over 100 have died.*

*In Bexar County, of the 3,807 confirmed victims of child abuse in 1987, 2,665 were targeted as needing services. DHS was actually able to provide services to only 558 of the children.*



The *Children at Risk* Project is about children, and it is about you and me. At the heart of the project is the commitment that, as individuals, we can improve the quality of life for all children in this community. The catalyst that converted commitment into action was an address by Michael Petit, former commissioner of the Department of Human Services for Maine. When he spoke to the Interagency Child Abuse Network, in November 1987, Petit's message was clear: The health, safety and welfare of children will improve only with wide public awareness, direction and stamina. The reaction to his presentation was immediate: If Maine could do it, so can we.

The Project was begun in December, 1987, with the support of the Alamo Area Council of Governments. The first goal was to establish a statistical profile of the reality of children now.

*Which factors prevent healthy growth and learning?*

*Where are the gaps in services for children?*

*How do the problems interact to threaten the stability and safety of this community?*

*What needs to be done to break the negative cycle of neglect, hunger, abuse, pain and violence that threatens children daily?*

*How do we get the data to the community and convert individual strength, energy and expertise to action?*

The data speaks loudly. The goal is awareness, thought, action and improvement. It is often one adult, one decision, that gives a child the consistent nurturing and support to stabilize and realize the promise of his or her future. We know corrective political decisions will affect many. It really is up to you. To borrow from Maine:

***These are powerless children in need of powerful friends.***

- Pamela Dalglish, chair  
*Children at Risk*

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## ACKNOWLEDGEMENTS

### **The *Children* at *Risk* Committee**

<b>Pamela Dalglish</b>	Northeast ISD, Chair
<b>Bonnie Blayne</b>	Save Our Children from Abuse & Neglect
<b>Alice Diamant</b>	U.S.A.A.
<b>Sgt. Bill Ewell</b>	San Antonio Police Department, Homicide
<b>Mae Fjelsted</b>	St. Philip's College
<b>Kathleen Fletcher</b>	Partnership for Hope
<b>Tom Gaines</b>	Community Guidance Center
<b>Marlyn Gibbs</b>	Family Focus
<b>Luba Hansin-Jones</b>	Texas Department of Human Services
<b>Debra Holt</b>	Alamo Area Rape Crisis Center
<b>Mardi Huck</b>	WHO, Mental Health Association
<b>Karyn F. Matson</b>	Matson Multi-Media
<b>Mary T. Moncivias</b>	Bexar County Adult Probation
<b>Diane Nieto</b>	Senator Cyndi Taylor Krier's Office
<b>Dianne Quaglia</b>	City of San Antonio, Children's Resources Division
<b>Rita Siegle</b>	City of San Antonio, Children's Resources Division
<b>Billie Smithson</b>	Alamo Area Council of Governments
<b>Marna Watson</b>	Salvation Army Home for Girls
<b>Judith Werking</b>	Alamo Area Council of Governments

### **The Children**

The children photographed were selected from favorite photos of members and friends of the *Children at Risk* Project. The guideline was simply to select photos reflective of children's natural enthusiasm for life, laughter and love. As the data on children's issues is reviewed, it is our hope that the beautiful children pictured will keep us mindful of our shared commitment to, and goals for, all children.

### **The Content**

The material included in this book may be shared and reproduced freely; but we request that credit be given. Copies of this book may be obtained from the *Children at Risk* Committee, c/o Alamo Area Council of Governments (AACOG), 118 Broadway Suite 400, San Antonio, Texas 78205, or call (512) 225-5201. We encourage you to share the *Children at Risk* Book with others, thereby increasing the community understanding of the vital role each of us can play in implementing changes for children.

### **AACOG's Role**

The *Children at Risk* Project has benefited tremendously from the support extended by the Alamo Area Council of Governments and Al Notzon, its Executive Director.

## ACKNOWLEDGEMENTS

This project is a good example of what community cooperation can accomplish. The Steering Committee gathered data about children in San Antonio and Texas, which was reviewed by some 130 community leaders at the initial Advisory Board meeting in June, 1988. On the final day of the Children-at-Risk Conference, August, 1988, the participants formulated recommendations for change to improve children's lives. At a second meeting of the Advisory Board in November, 1988, members prioritized the recommendations and set the goals for change. Many individuals contributed to the project, and their expertise is reflected in the data and recommendations presented here. The editing of this publication was done by Pamela Dalglish, Billie Smithson and Judith Werking.

The visual representation of materials was accomplished through an in-kind contribution of St. Philip's College, Alamo Community College District. A very special thanks to Dr. Stephen R. Mitchell, president of the college, for allowing Jim Dalglish, public information officer, to prepare this publication. Printing of the book was provided by a corporate sponsor who asked to be anonymous. Binding was provided at a large discount by Universal Book Bindery. A portion of the books were copied and bound by Southwestern Bell Telephone Company.

Gratitude is extended to KMOL-TV, Channel 4, and Community Affairs Director Linda Tafolla for their continued support of children's issues and this project.

Thanks also to Marise McDermott, columnist, and the San Antonio Light for focusing community attention on children's issues and and on San Antonio's families at risk.

In addition, the following individuals and groups have been special friends to the *Children at Risk* Project: AT&T, Christian Firefighters Association, Save Our Children from Abuse and Neglect, Jim Matson and his staff at Matson Multi-Media, Richard Coursshene, Trinity Baptist Church, Levi-Strauss Co., City of San Antonio, Gini Carvajal, the Honorable Cyndi Taylor Krier, Valero Energy Corp., Photo Arts and the Texas Department of Human Services.

The individuals and agencies at national, state and local levels who have contributed unselfishly of their time also deserve recognition. The statistics they have shared over the past twelve months have proven invaluable. Without their contributions, the reality our children face could not have been so graphically profiled.

The ACOG Executive Committee created an elected-officials task force on Children at Risk at the suggestion of member San Antonio City Councilwoman Maria Berriozabal. The task force will study implementation of the recommendations. We salute their efforts on behalf of children.

### Selection of Material

(Jan. 1988-Jan. 1989)

### Presentation of Materials

### Other Important Contributions

# Children at Risk Project

## GOALS

- Improve the quality of life for all children
- Enhance the community's stewardship of its children

## THROUGH

- Providing leadership in the advocacy of children
- Presenting, through a statistical profile, the realities many children face today
- Increasing, through community education, the understanding of actions needed to effect change
- Empowering the individual to act on behalf of children
- Facilitating linkages between individuals, corporations and business, education, service providers and policy makers sharing priorities for children

## FACT BOOK CONTENTS

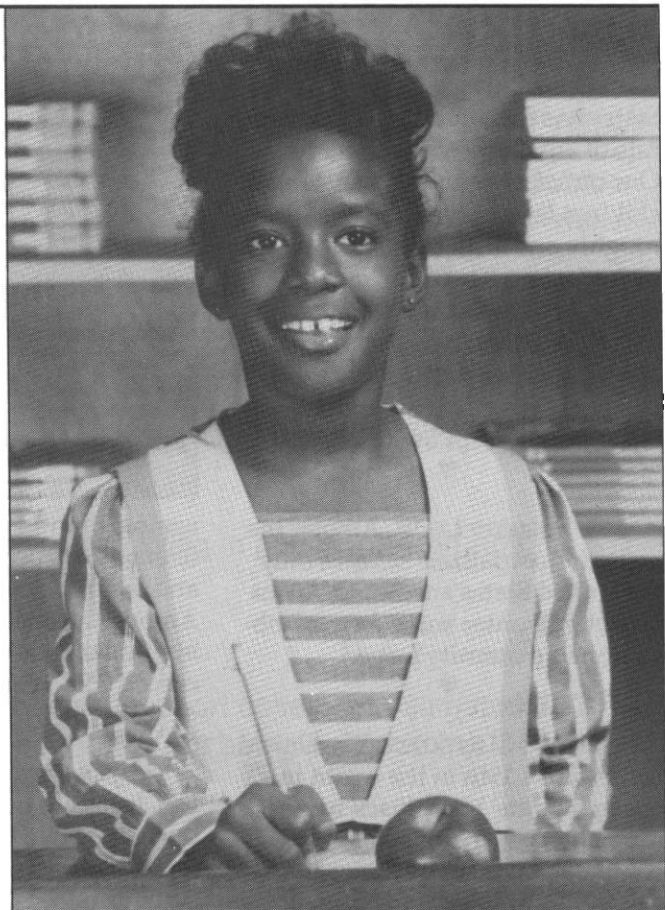
Texas Ranking on Selected Variables .....	1
United States Ranking on Children's Issues .....	2
Poverty .....	3
Child Health .....	5
Child Abuse .....	10
Child Death .....	15
Child Care .....	18
Teen Issues .....	20
Runaways/Homelessness, Substance Abuse, Crime, Education, Pregnancy, Death	
What You Can Do .....	32
<b>The Children's Initiative, Recommendations for Change</b> .....	<b>33</b>
Successful Preventive Investments in Children .....	40
Advisory Board Members .....	42
A Day in the Life of American Children .....	44
Sources .....	45



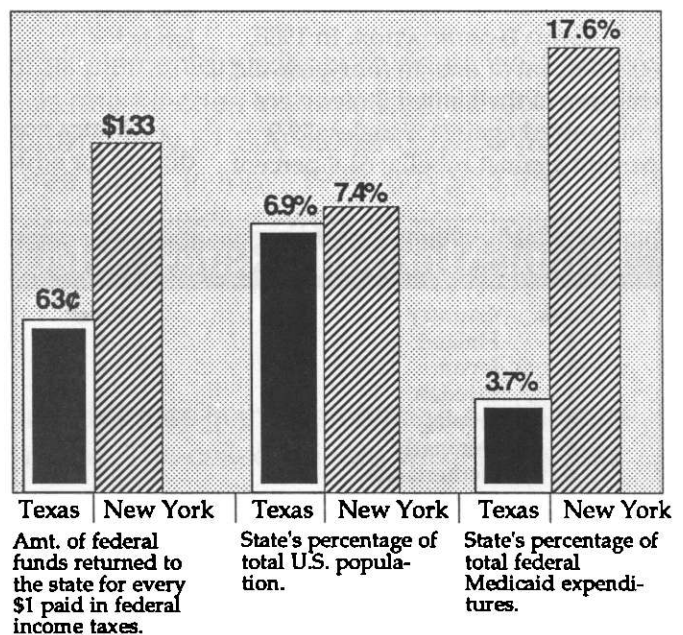
# Where does Texas rank with other States?

## HOW TEXAS COMPARES NATIONALLY RANK ON SELECTED VARIABLES

Variable	State Rank
Births to girls 14 years and younger .....	1st
Number of children killed while riding in bed of pick-up truck.....	1st
Number of corporal punishment victims in school setting .....	1st
Births to teens, ages 15-19 .....	3rd
Percent of births to teens out of wedlock .....	4th
High school drop outs .....	8th
Infant mortality rates .....	18th
Unemployment rate, 16-18 year olds .....	33rd
Per pupil expenditure .....	34th
Collection of child support payments.....	39th
Per capita spending on Medicaid .....	45th
Citizen literacy .....	47th
Percent of women receiving adequate prenatal care .....	48th
Level of AFDC Payment .....	48th
Per capita spending, public mental health services .....	48th
Income level for Medicaid eligibility .....	49th
Overall state and local spending on "public welfare" .....	50th
(Texas average \$140.55 spent per capita, U.S. average \$309.64 spent per capita)	
Ability to draw down federal funds .....	50th
<b>Per capita income .....</b>	<b>26th</b>



*How Texas fared with federal funding:*



*Texas consistently ranks last among states in drawing down federal spending.*

In 1985, for every dollar received from the federal government, Texas sent \$1.59 to Washington; New York sent 75¢; Montana sent 59¢.

# Where does the United States rank with other Nations?

**CHILD POVERTY.** The United States has the highest child poverty rate of any industrialized nation. One out of every five American children is poor.<sup>1</sup> By contrast, roughly one in 10 children is poor in the United Kingdom and only one in 20 in Sweden.<sup>2</sup>

Further, the United States spends less per poor family with children than any other industrialized nation except Switzerland.<sup>2</sup>



**MATERNITY LEAVE.** Among the major industrialized nations, only the United States and South Africa do not guarantee some form of job-protected maternity leave.<sup>2</sup>

against diphtheria, pertussis and tetanus; 55.3 percent against polio; and 58.8 percent against mumps. Among European democracies, immunizations rates generally exceed 75 percent.<sup>2</sup>

were adding up to a smaller percentage of the Gross National Product (only 5.5 percent) than those of Sweden (8.5 percent of GNP) or the Soviet Union (6.6 percent of GNP).<sup>5</sup> In an analysis of international mathematics testing for the most advanced 12th-grade mathematics students, U.S. students ranked next to last, 12th out of 13 nations compared.<sup>2</sup>

**INFANT MORTALITY.** The United States ranks 19th in the world in saving infants' lives. Black babies in our nation are dying at a rate comparable to that of babies in Costa Rica (see accompanying chart).<sup>3</sup>

**TEEN PREGNANCY.** Although U.S. teens are no more likely to be sexually active than European teens, the pregnancy rate among American teens is twice as high as rates in Great Britain, France or Canada; three times that of Sweden; and seven times that of the Netherlands.<sup>4</sup>

**CHILD IMMUNIZATION.** In 1985, 60.8 percent of one- to four-year-old children in the United States were immunized against measles; 59.9 percent against rubella; 64.9 percent

**EDUCATION.** U.S. public expenditures for education as of 1983,

<sup>1</sup>U.S. Census Bureau

<sup>2</sup>U.S. House of Representatives' Select Committee on Children, Youth and Families

<sup>3</sup>United Nations Children's Emergency Fund (UNICEF)

<sup>4</sup>The Alan Guttmacher Institute

<sup>5</sup>United Nations Educational, Scientific & Cultural Org. (UNESCO), Paris, *Statistical Yearbook*; and U.S. Department of Commerce, Bureau of the Census, *Governmental Finances*, 1983.

## Infant Mortality Rates, Selected Countries, 1985

Rank	Country	Rate*	Rank	Country	Rate*
1	Finland	6	14	United Kingdom	10
1	Japan	6		U.S. (White)	10
1	Sweden	6	19	Austria	11
4	France	8	19	Italy	11
4	Denmark	8	19	United States (Total)	11
4	Netherlands	8	22	New Zealand	12
4	Norway	8	23	Israel	13
4	Switzerland	8	24	Greece	14
9	Australia	9	25	Cuba	15
9	Belgium	9	25	Czechoslovakia	15
9	Canada	9	27	Bulgaria	16
9	Hong Kong	9	28	Costa Rica	19
9	Singapore	9	28	Poland	19
14	German Democratic Republic	10	28	Portugal	19
14	Germany, Federal Republic	10		U.S. (Black)	19
14	Ireland	10			
14	Spain	10			

\*Deaths per 1,000 live births

SOURCE: United Nations Children's Emergency Fund (UNICEF)

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# Poverty

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*'The poorest of the poor have dignity. It is terrible in our city. Some of our neighborhoods have third-world conditions.'*

- San Antonio City Councilwoman Maria Berriozabal

## SAN ANTONIO

San Antonio has the highest poverty level of the state's largest metropolitan areas.<sup>1</sup>

There are 32,500 children younger than five living in poverty in San Antonio.<sup>2</sup>

## BEXAR COUNTY

According to a study of Bexar County child support cases, an estimated \$60 million a year in court-ordered child support is not being paid, forcing thousands of Bexar County children to live in poverty.<sup>3</sup>

In Bexar County in 1986, 27,971 indigent pregnant women and their children, birth to 4 years, were eligible for the federal Special Supplemental Food Program for Women, Infants and Children (WIC); of those eligible, 18,973 (67.84%) actually participated in WIC.<sup>4</sup>

In one local school district, 79.43% of all elementary school students were financially eligible to receive free or reduced rate lunches in the federal school lunch program. In this district 43,122 of approximately 61,600 students came from families poor enough to qualify for a free lunch. In May, 1988, 804,965 free lunches were served, but only 368,779 free breakfasts were served though the food was available for eligible children.<sup>5</sup>

## TEXAS

In 1985, Texas ranked 42nd in the United States in the percentage of child support cases in which a collection was made. The collection rate was slightly less than 7%.<sup>3</sup>

Texas ranks 48th in the nation in the amount paid out by Aid to Families with Dependent Children (A.F.D.C.)<sup>6</sup>

Texas ranks 48th in the percentage of women who receive adequate prenatal care, 49th in income level for Medicaid eligibility and 45th in per capita spending on Medicaid.<sup>6</sup>

## Poverty

In Texas, a family of three with an ANNUAL income of more than \$2,208 does not qualify for aid.<sup>6</sup>

Texas is one of 22 states in which a 2-parent unemployed household is not eligible for AFDC.<sup>7</sup>

Texas, with a rejection rate of 50%, leads all southern states in turning down applicants for AFDC and Medicaid, according to the Southern Governors' Association.<sup>8</sup>

In Texas, 67% of the 320,000 AFDC and non-paying AFDC child support cases filed with the Attorney General's Office do not have established court orders for support.<sup>9</sup>

In Texas, of the 33% (or 100,000) which do have an established court order for child support, only 30,000 are in paying status.<sup>9</sup>

Overall, only 10% of the total caseload (320,000) are in paying status.<sup>9</sup>

Approximately 1,209,000 Texas children live below the poverty line.<sup>10</sup>

### NATION

According to the United States Department of Education, on the average, each year a child lives in poverty increases the likelihood by 2 percentage points that he or she will fall behind a grade level.<sup>11</sup>

Nationally, the 1986 poverty rate for children under 6 was 22.2%; for Hispanic children it was 40.6%.<sup>1</sup>

Nationally, 11.4 million children live in poverty - nearly 1 child in 5.<sup>12</sup>

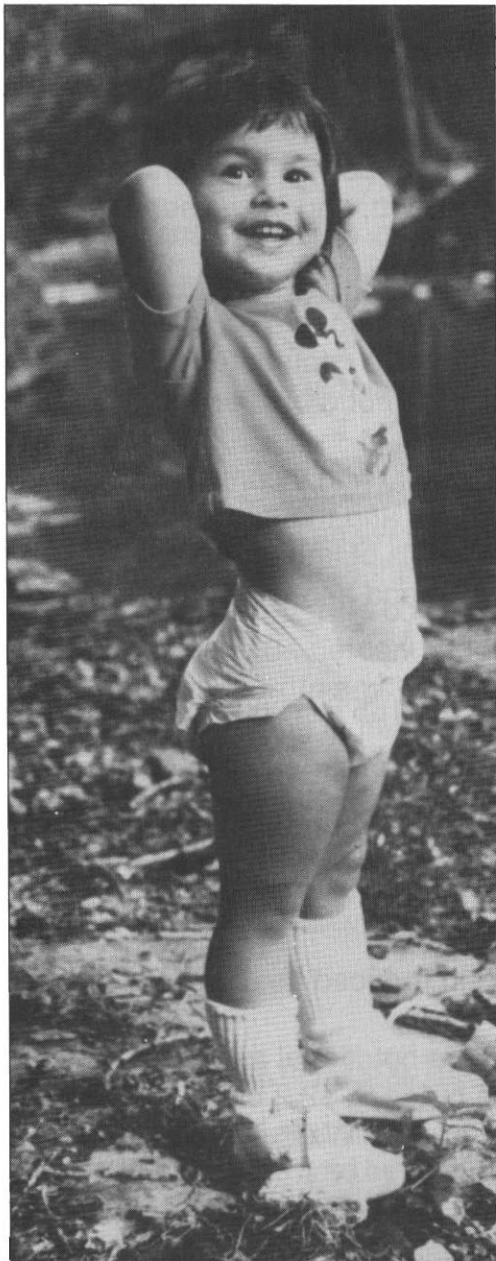
Nearly 1 in 3 families headed by women live in poverty.<sup>12</sup>

75% of all children in single-parent households receive no support from the absent parent.<sup>13</sup>

Child support often falls largely on the mother while the father is typically allowed to retain the majority of his earnings for himself.<sup>14</sup>

More than half, (54%) of the children in single-parent, mother-headed families are living below the poverty line.<sup>15</sup>

In 1988, the official poverty line for a family of three was \$9,690 annually. The official poverty line for a family of four was \$11,650 annually.<sup>16</sup>



# Child Health

*'The United States and South Africa are the only two industrialized nations without some form of national health care.'*

*- New England Journal of Medicine, 1/12/88*

In 1987, 28% of the women delivering in Bexar County had late prenatal care or no prenatal care at all, but in the poverty neighborhoods, as many as 46% of the women received late or no care.<sup>17</sup>

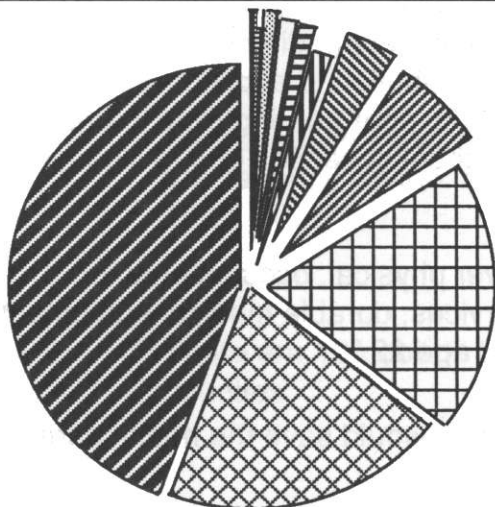
In the crucial first three months of pregnancy seven out of 10 pregnant teens in Bexar County receive no prenatal care.<sup>18</sup>

Teenagers are likely to have late prenatal care, and their babies are more likely to be born premature leading to serious - and expensive - lingering health care problems.<sup>19</sup>

In 1987, 7.5% of the births in Bexar County were of low weight and 56 infants died due to low birth weight.<sup>17</sup>

Comprehensive prenatal care costs \$600 per mother, while neonatal intensive care for a low-birthweight baby averages more than \$1,000 a day.<sup>6</sup>

## Handicapping Conditions



Deaf & Blind	7*
Visually Handicapped	192*
Autistic	193*
Hearing Impaired	264
Pregnant	323
Multi-Handicapped	346
Orthopedically Handicapped	458
Other Health Impaired	1,082
Mentally Retarded	2,113
Speech Handicapped	6,122
Emotionally Disturbed	6,318
Learning Disabled	13,628

**Total:**  
31,046

\* Relative numbers make these three groups indistinguishable on the accompanying pie chart.

**Educational Service Center, Region XX (Bexar County) by Handicapping Condition**

Number of handicapped children, infant-21 years, served in public education (15 school districts) as of June 1, 1988  
Report to Texas Education Agency

## Child Health

Each dollar spent on prenatal care, including nutritional supplementation, can save more than \$3.00 in a child's first year of life alone as a result of the reduced need for intensive hospital care, and up to \$11.00 (for each dollar spent) over a child's lifetime when long-term health, special education, and social service costs are included.<sup>6</sup>

Persisting iron deficiencies and nutritional imbalances among a sizable number of pregnant women and youngsters have been known to contribute to risks at birth, attention problems in school, and increased likelihood of infection.<sup>20</sup>

Family income and the educational level of the mother (with income held constant) are strong predictors of both child health status and the appropriate use of health services—with poor children having lower levels of immunizations, dental care, treated bacterial illnesses, screening for vision and hearing and good nutrition.<sup>21</sup>

In Texas, a family of three with a monthly income of \$185 in 1986 would have failed to financially qualify for AFDC and Medicaid.<sup>7</sup>

Medicaid and the Federal Special Supplemental Food Program for Women, Infants, and Children (WIC) reach fewer than half of all children and women in need.<sup>20</sup>

Every \$1 invested in WIC saves an estimated \$3 in reduced health costs.<sup>20</sup>

Every eligible mother and child must be assured the nutritional supplements provided by WIC. The FY 1988 cost would be \$4 billion, a \$2.2 billion increase over current levels. This is what the nation spent on Star Wars (the Strategic Defense Initiative) in FY 1988.<sup>21a</sup>

Five states (Alabama, Arkansas, Kentucky, Louisiana, and Texas) maintained eligibility levels less than 30 percent of the federal poverty level.<sup>16</sup>

Health status is associated with school achievement both directly and indirectly. Certain health conditions make a significant contribution to explaining variation in school achievement and IQ, with low birth weight, poor hearing (due to untreated otitis media), uncorrected or poor vision and school absences due to illnesses among the major contributing factors.<sup>21</sup>

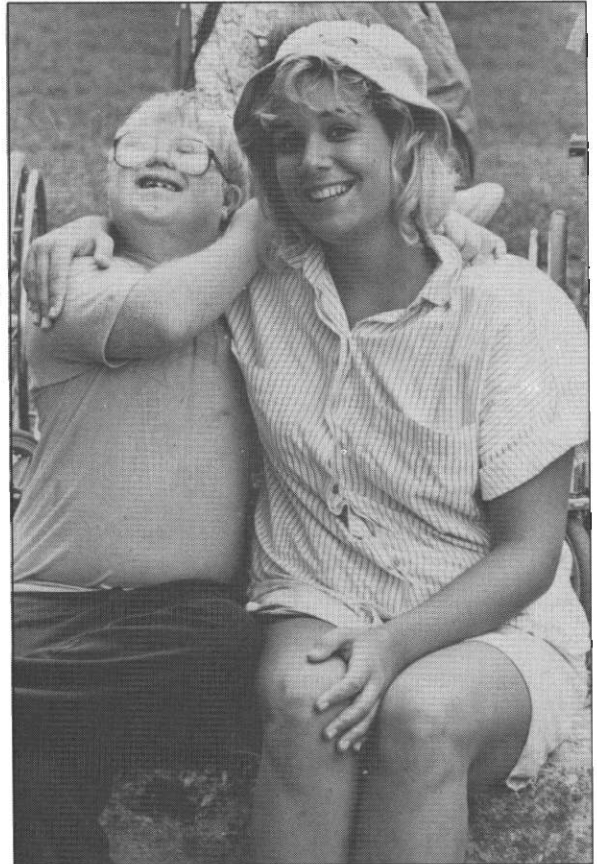
The Medicaid Program in Texas does not cover physical, occupational, or speech therapy; routine dental care; clinic services; durable medical equipment; or inpatient psychiatric care for persons under age 22.<sup>6</sup>

Every low birth-weight birth that could be averted would save the health care system between \$14,000 and \$30,000.<sup>7</sup>

*'Texas remains 48th of 50 states in per capita funding of its public mental health services.'*

*- Mental Health Association in Texas, Sept. 1988*

In 1985, only about one-half (51 percent) of children living in families with income less than the federal poverty standard reported coverage from Medicaid; 34 percent reported no coverage from any source. Among children living in near-poor families (between 100 percent and 125 percent of the federal poverty standard), 13 percent reported Medicaid coverage; 37 percent reported no coverage from any source.<sup>22</sup>



### **MENTAL HEALTH/MENTAL RETARDATION**

Eleven months after the state (Texas) averted massive court-ordered fines by promising to improve conditions at schools for the retarded, the number of deaths at the facilities has risen. Twenty-one people have died in three area schools since August 13, 1987. In addition, 37 confirmed cases of abuse have been re-

ported by the state for the same period. Confirmed cases of neglect rose from four to 20 in the same period. "It's unfortunate for the court to be told we're not doing what we said we'd do," said the deputy commissioner for retardation services, Texas Department of Mental Health and Mental Retardation.

*From an article by Melinda Henneberger,  
Dallas Morning News, 7/27/88*

Mental health services in the public sector, to serve children without insurance, are severely limited. Bexar County MHMR was able to serve only 498 children in 1987.

Josie Gonzales, Unit Coordinator, Children's Services,  
Bexar County MHMR (1988)

There are 10 publicly funded inpatient beds to serve young children from 32 counties.

Ibid.

# Child Health

## Center Budget and Count Comparison for Children's Services

<u>Unduplicated Number Served</u>	<u>County</u>	<u>Total Budget: Children's Serv.</u>	<u>County \$ In Budget</u>	<u>%</u>
1,731	Harris	\$3,299,417	\$1,140,438	34
1,354	Dallas	3,019,566	1,866,133	62
1,266	Travis	634,000	111,148	17
498	Bexar	365,000	0	0

Texas Department of Mental Health and Mental Retardation (1988) Survey of Community Mental Health Centers, unpublished data, TDMHMR, Austin, Texas.

### COMMUNICATIVE DISORDERS

Investigators estimate that 7-12% of all newborns are at risk for hearing impairment. In addition to infants who are at risk, infants with no known risk factors may have or develop hearing impairment.<sup>23,24</sup>

Hearing and speech problems affect 1 out of every 10 Americans or 10% of the population.<sup>24</sup>

One out of every 20 Americans has a speech or language impairment - 5% of the population. About 1/4 of those with speech problems are between the ages of 5 and 21.<sup>25</sup>

Approximately 2/3 of the children who have otitis media will develop normally. For those children who will have hearing loss, speech, and language disorders, auditory processing problems, and/or academic problems in school, the incidence of otitis media was detected between the ages of 0-3.<sup>25</sup>

A successful program of early identification of hearing impairment in infants includes three components: 1) Parent/caregiver education, 2) audiologic evaluation, and 3) follow-up and management systems.<sup>23</sup>

Most people with communicative disorders could be helped - medically, surgically, through amplification, or through rehabilitative treatment.<sup>24</sup>





*"Children want what all human beings want. They want to feel that they belong; to feel significant through their contributions; and to feel that they count for something in the group or family. They want to feel a sense of growth; to believe they have moved from a minus to a plus; and to be taken seriously as worthwhile persons."*

*-Foster Care Journal, January 1987*

# Child Abuse

*'There are confirmed victims of child abuse that we are doing nothing about, for lack of resources.'*

*- David Reilly, Regional Director, Child Protective Services, TDHS- Region 9*

*In Texas, of the 57,067 known victims of child abuse in 1987, 34,425 children needing services received none due to budget constraints... and over 100 have died.<sup>9</sup>*

## BEXAR COUNTY

In 1987, TDHS found 3,807 confirmed victims of child abuse in Bexar County. Of those, 2,665 were targeted as needing services. TDHS was actually able to provide service to only 558 of the children.<sup>26</sup>

Calendar Year	Investigated Reports, DHS	Per Cent Change	Per Cent Confirmed	Per Cent Sexual Abuse
1983	3219	—	—	—
1984	3481	8%	—	—
1985	4856	40%	—	—
1986	5450	12%	59%	22%
1987	4809	-12%	53%	23%
1988	5241	9%	—	22%

The 33-county study by TDHS, Region-09, shows Bexar County is second in the state in the number of abuse cases investigated but ranks 22nd in the county's contribution to the TDHS budget.<sup>26</sup>

(Since this report was presented to Bexar County Commissioners, the county appropriated an additional \$380,000 to increase service levels.)

## County Child Abuse Budgets

The following lists the seven most populous counties and their budgets for the Child Protective Services Division of Texas Department of Human Services for fiscal year 1987. Listed are the number of child abuse referrals investigated (number cases checked); the combined amount of state and federal funds for each county; the amount contributed by each county (Net county money); and the percent of each county's contribution to the 1987 budget for the program (Percent county pays). Statistics were compiled by the Bexar County office of TDHS.

County	Number cases checked	State/federal money	Net county money	% county pays
Harris .....	9176	\$25,335,667	\$6,411,804	25.31
Dallas .....	4630	11,719,602	1,181,416	10.08
Bexar .....	5586	7,669,245	258,106	3.37
Tarrant .....	3898	4,432,468	533,310	12.03
El Paso .....	2793	4,012,666	342,251	8.53
Travis .....	1492	3,987,522	293,386	7.40
Hidalgo .....	1295	2,158,357	153,598	7.10

27

# Child Abuse

Bexar County's Department of Human Services received more money from the county in the late 1970s than it did in 1987-88.<sup>26</sup>



## CHILDREN IN CONSERVATORSHIP

	Avg./Month	Per Cent Change
1985	358	—
1986	394	10
1987	478	21
1988	540	13

## CHILDREN ENTERING CONSERVATORSHIP

	Avg./Month	Per Cent Change
1986	19.7	—
1987	16.8	-15
1988	23.0	35

## IN-HOME SERVICES

	Avg./Month	Per Cent Change
1986	79.8	—
1987	127.3	60
1988*	124.3	-2

\* Year to date 9/30/88

## FOSTER CARE

	No. Foster Homes	Per Cent Change
As of October, 1986	98	—
As of October, 1987	116	18
As of October, 1988	110	-5

Based on the significant increase in children needing foster care, a minimum of 75 more homes are needed in Bexar County. Specifically, more Hispanic, Black and homes for children with special problems are needed.<sup>28</sup>

## Child Abuse

In 1987, there were five child homicides, two years and younger, in Bexar County. Two of those children were beaten to death. There were 305 validated cases of physical abuse to children younger than 1 year; 602 instances to children 1 and 2 (14% of total cases). The greatest number of cases were broken bones, hemorrhages, concussions and malnutrition.<sup>29</sup>

In 1987, the local rape crisis center saw 565 children (age 17 and under) who were victims of sexual assault. From January 1 of 1988 to the end of June, 1988, they report 346 new cases of child victims of sexual assault. Forty-eight of these were male. The age of the youngest victim was 8 months. About 10 percent of these victims were assaulted by someone 17 or under.<sup>30</sup>

### TEXAS

There has been a 103% increase in abuse cases from 1976 to 1988 but only an 11% increase in staff. TDHS is dealing with more severe cases and communities have a higher expectation of TDHS services, and expect that decisions be absolutely right.<sup>31</sup>

Life endangering (PRIORITY I) and physically endangering (PRIORITY II) cases are investigated by the Texas Department of Human Services. Of those cases investigated, TDHS is able to serve only 34.4 percent due to staff shortages and the increased number of reports.<sup>32</sup>

Very few PRIORITY III (children not actually in danger, but in a potentially harmful environment, including older children) cases are investigated. None receive services beyond investigation.<sup>32</sup>

Requested funds of \$11,700,000 for PRIORITY III children beginning in 1985 to enable TDHS to investigate 50 percent of PRIORITY III cases were denied.<sup>31</sup>

Although common sense tells us that many children involved in "status offenses" (running away or truancy) or juvenile delinquency have a personal history of abuse and neglect, insufficient funds cause many children to be picked up by servicing agencies too late - when their behavior qualifies them for services from the juvenile justice system. The result is that costs escalate sharply for services to these children who are victimized, as they are damaged emotionally, and often physically, requiring more intensive services from a variety of sources.<sup>33</sup>

Not all Texas children abused or neglected will be involved in the juvenile justice system, but there is too much evidence to ignore the linkage between abuse and neglect, and subsequent status offenses and juvenile delinquency. Many of these children are bound to act out, treating others as they have been treated themselves.<sup>33</sup>

Between 1985 and 1986, the number of child deaths due to maltreatment rose an average of 23% in 34 states (including Texas).<sup>34</sup>

# Child Abuse

## NATION

Between 1976 and 1985, overall reporting levels of abuse and neglect increased 188%.<sup>34</sup>

In 1985, nearly 2 million children were reported to state child protective service agencies as victims of abuse and neglect - a 12% increase over 1984 when 1.7 million children were reported.<sup>34</sup>

In 1986, more than 1,300 children in the United States died from abuse, and 65% were 2 years or younger. Many more are suspected, but not recorded as abuse deaths.<sup>34</sup>

Child abuse and neglect occurs in all socioeconomic, ethnic, and racial groups. This problem may be more visible in low income families than in those with higher incomes, as lower income groups are more likely to come to the attention of public agencies for other reasons.<sup>34</sup>

Statistics indicate that the average number of females abused by a single abuser is 30. The average number of males abused by a single abuser exceeds 200.<sup>35</sup>

Recent studies show that children who have been abused often treat animals cruelly. This symptom is frequently correlated with later behavior problems and violence toward others.<sup>36</sup>

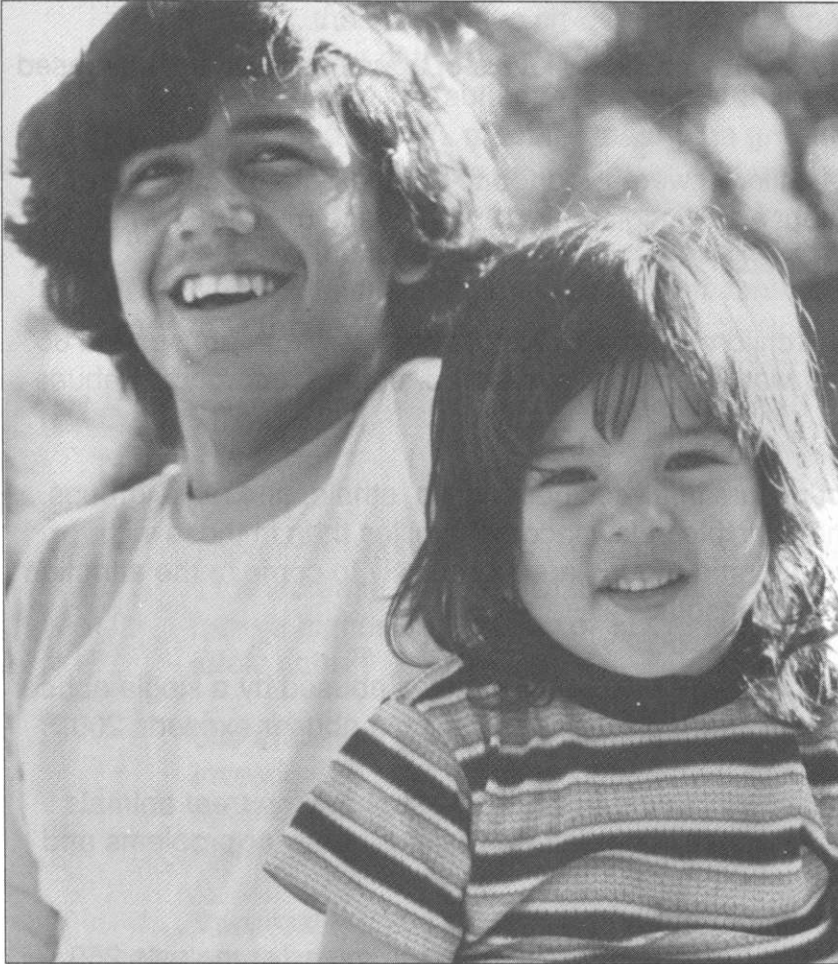
"Sixty-five million Americans are children. The average molester molests 250 kids during his life and nothing is being said by our presidential candidates, nothing, zero." (Kenneth Wooden, 1988)<sup>36</sup>

Adolescents were the perpetrators in more than 50% of the molestations of boys and at least 15-20% of the sexual abuse of girls, . Many of the adolescent perpetrators were victims of child abuse.<sup>37,38</sup>

*"...sexual deviancy may develop over time, and may progress to include additional behaviors;... hands-off offending may precede hands-on;... non-violent may precede violent."*

*Juvenile and Family Court Journal,  
1988, Vo. 39, No. 2, p.31.*

## Child Abuse



*"We need to create a climate of conscience so that it becomes intolerable to brutalize children, just as it is impossible to do so in our own families. And so that the measure of a country's civilization is judged according to how well or ill it treats its children."*

*-Tarzie Vittachi, Deputy Executive Director  
(External Relations) of UNICEF*

### RELATED

Major factors contributing to the incidence of child abuse include lack of parenting and coping skills, acceptance of hitting as a reasonable means of discipline, and lack of understanding of child development which leads to unrealistic parental expectations of child behavior.<sup>39</sup>

A major source of frustration among professionals is services to these families are so seldom preventative. Instead we try to rehabilitate. But the high rate of recidivism among abusive or neglectful parents is ample evidence that this approach is inadequate. Services must extend to child and family and continue in a supportive way to rebuild both the spirit of the child and family.<sup>39</sup>

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# Child Deaths

*"It is a shocking fact that, in saving the lives of babies, America ranks 15 among nations in the world."*

*President Lyndon B. Johnson, 1968  
(What is shocking is that 20 years later, we rank 19.)*

## BEXAR COUNTY

In 1987, Bexar County's infant mortality rate was 8.7 deaths per 1,000 live births.<sup>40</sup>

The infant mortality rates for each ethnic group in Bexar County in 1987 were as follows:

<u>Race</u>	<u>Rate (per 1,000 live births)</u>
Anglo	9.3
Hispanic	7.6
Black	14.5

40

In 1987 Bexar County's neonatal death rate (deaths of all infants up to 28 days of age) was 5.3 per 1,000 live births.<sup>40</sup>

In Bexar County in 1987 of the 196 infants who died before reaching one year of age, 120 (61%) died before 28 days. Of these 196 infants, 74 (38%) lived less than one day. The major cause of death for these infants was either congenital anomalies (44 or 22% of the total 196 deaths) or severe prematurity (59 or 30% of the total 196 deaths).<sup>40</sup>

Five children under the age of two were the identified victims of homicide in 1987. Three of the five were under the age of one. Over a five-year period, there were 28 identifiable child homicides in Bexar County, mostly to children age 2 and under.<sup>41</sup>

*"Head injuries killed 10 children in Bexar County last year and possibly intellectually maimed another 58."*

*Dr. Dennis Matthews,  
Childhood Brain Injury Symposium, 12/3/88  
San Antonio, Texas*

# Child Deaths

## TEXAS

The Texas neonatal death rate in 1986 was 6.0 deaths per 1,000 live births.<sup>40</sup>

In 1986, Texas had an infant mortality rate of 9.5 deaths per 1,000 live births.<sup>40</sup>

Texas leads the nation in the number of children killed riding in the back of pick-up trucks.<sup>42</sup>

## NATIONAL

Between June, 1981, and December, 1988, more than 1,300 cases of pediatric AIDS (children aged 0-12) had been reported. 750 of them have died.<sup>43</sup>

Of the 12 states with the highest infant mortality rate (including Texas), 10 are in the South.<sup>7</sup>

## Suicide

Nationally, a teen attempts suicide every 90 seconds, and one completes suicide every 90 minutes.<sup>44</sup>

In 1988, in Bexar County, 27 youth committed suicide. The youngest was 12 years old.<sup>45</sup>

In 1987, 17 youth aged 15-19 died from self-inflicted injuries.  
22 persons aged 20-24  
13 persons aged 25-29  
14 persons aged 30-34

In Bexar County

40

79 percent of the suicides were males, with 75 percent of the suicides in the age 15-19 category being male.<sup>40</sup>



# Child Deaths

## 1987 DEATHS BY CAUSE BEXAR COUNTY SELECTED AGE GROUPS

Cause	Age < 1 Year		Cause	Age 1 - 4	
	Age	% of Total		Age	% of Total
Prematurity & Other Prenatal Conditions	84	43	Motor Vehicle Accidents	13	28
Congenital Anomalies	44	22	Accidents Other Than Motor Vehicle	7	15
SIDS	16	8	Cancer	5	11
Autopsy Pending	9	5	Congenital Anomalies	5	11
Pneumonia	5	3	Diseases of Pulmonary Circulation	3	6
Diseases of Pulmonary Circulation	5	3	Pneumonia	2	4
Homicide	5	3	Other Disease of C.N.S.	2	4
Accidents Other Than Motor Vehicle	4	2	Meningitis	1	2
Septicemia	3	2	Chronic Liver Disease & Cirrhosis	1	2
Parasitic Diseases	3	2	Renal Failure	1	2
Syphilis	2	1	Respiratory Failure	1	2
Valve Disorders	2	1	Autopsy Pending	1	2
Immune Disorders	1	1	AIDS	1	2
Acute Bronchitis	1	1	Hereditary Diseases of C.N.S.	1	2
Cancer	1	1	Other Diseases of Respiratory System	1	2
Diseases of Intestine & Peritoneum	1	1	Enteritis & Colitis	1	2
Hernia of Abdominal Cavity	1	1	Other Diseases of Biliary, Intestinal Tract & Pancreas	1	2
Renal Failure	1	1	<b>Total:</b>	<b>47</b>	<b>100</b>
Asphyxia	1	1	<p><i>"The test of a nation is how it cares for children in the dawn of life." Brooke Elizabeth English-Kelly</i></p>		
Respiratory Failure	1	1			
Hereditary Disease of C.N.S.	1	1			
Other C.N.S. Disease	1	1			
Enteritis & Colitis	1	1			
Liver Abscess	1	1			
Inflammation of Female Pelvic Organ	1	1			
<b>Total:</b>	<b>196</b>	<b>100</b>			

Cause	Age 5 - 9	
	Age	% of Total
Cancer	8	35
Congenital Anomalies	4	17
Accidents Other Than Motor Vehicle	4	17
Motor Vehicle Accidents	3	13
Rheumatic Fever	1	4
Disease of Pulmonary Circulation	1	4
Immune Disorders	1	4
Homicide	1	4
<b>Total:</b>	<b>23</b>	<b>100</b>

Cause	Age 10 - 14	
	Age	% of Total
Motor Vehicle Accidents	3	30
Cancer	2	20
Congenital Anomalies	1	10
Other Diseases of C.N.C.	1	10
Accidents Other than Motor Vehicle	1	10
Suicide	1	10
Homicide	1	10
<b>Total:</b>	<b>10</b>	<b>100</b>

Cause	Age 15 - 19	
	Age	% of Total
Motor Vehicle Accidents	19	33
Suicide	15	26
Homicide	13	22
Cancer	5	9
Accidents Other Than Motor Vehicle	2	3
Autopsy Pending	1	2
Pneumoconioses	1	2
Unspecified	1	2
Skin Infections	1	2
<b>Total:</b>	<b>58</b>	<b>100</b>

San Antonio Metropolitan Health District  
1987 Data

# Child Care

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*'A mother cannot work without child care and skills. The cost to provide both nationally is manageable: \$3-4 billion over the next five years. The cost of not doing it is far greater.'*

***Half the Nation's Children:  
Born without a Fair Chance.***  
*New York Times, 9/25/88*

The estimated under five population in Bexar County in 1987 was 121,145. Based on this figure, there is a need for approximately 60,000 child care slots. (Based on 1980 Census Data with growth factor projections.) Although there are approximately 31,200 child care slots in licensed centers and registered homes, they meet half the actual need. Of those 31,200, 2,780 are infant slots.<sup>46</sup>

In 1986, there were 2,076 handicapped at-risk children between the ages of birth and five, but there are less than 60 full-time child care slots for handicapped children in child care centers.<sup>46</sup>

Of mothers who work full time, 70% have school-aged children, 62% have pre-school children.<sup>46</sup>

The estimated under five poverty population in Bexar County in 1987 was 32,866. (1980 Census Data with growth factor projections.) That same year the estimated number of low income child care slots in Bexar County amounted to only 3,700. The estimated need for low income slots is an additional 16,000 slots.<sup>46</sup>

The number one need identified by the KidCare Referral Line is infant care - 35% of all requests are for infants. There is also a critical need for special hours care: Only nine centers in the City provide evening care for shift workers, or others needing special hour care.<sup>46</sup>

60% of AFDC recipients could not work because of lack of child care.<sup>46</sup>

## Child Care

The YMCA estimates that there are approximately 40,000 children between the ages of 6 and 14 in Bexar County who are unsupervised for at least part of the day. (Yet there are approximately only 3,400 after school slots in Bexar County. Police reports indicate that children as young as five years old are left in unsupervised settings.<sup>47</sup>

Child care is comparatively cheap in San Antonio: Infant care costs \$50 per week - The national average is \$83. Toddler care costs \$45 per week - The national average is \$75. But salaries are low and a single parent with two dependents earning minimum wage cannot afford the cost of child care and quality care costs money. Only six centers have NAEYC (national) accreditation. The primary obstacle is the cost of providing quality care.<sup>46</sup>

On any given day there are between 900 and 1,000 names on waiting lists for Title XX care.<sup>46</sup>

Level of income is an important factor associated with both what families pay and how big a bite it takes. The poor pay a smaller total amount for child care than those who are not poor, but they pay a larger proportion of their incomes. For example, mothers spend 9 percent of their income on child care if they are not poor, but they pay 23 percent if they are poor. The younger the child, the more spent on child care, and the larger this is as a proportion of their total income.<sup>22</sup>

Day care has become a crying need for families of all income levels. But no one needs good, developmental day care more than poor families. And beyond the toddler stage comes preschool, which should mean Head Start, where 17% of eligible 3-5 year olds are in full-year Head Start programs. Full funding is the issue.<sup>47</sup>

Half the families in the U.S. with children younger than 3 have mothers working outside the home.<sup>48</sup>

40,000 kids in San Antonio are latchkey kids. National studies reveal 2/3 of latchkey kids are afraid to be home alone.<sup>47,22</sup>

Corporate America benefits tremendously from women in the work force, yet one in 20 of the total work force is absent from work each day because of child care problems.<sup>49</sup>

## Runaways/Homelessness

*'Running is a desperate plea for help.'*

TDHS-09

### NATION

There are more than two million children living on the streets of U.S. major cities, a lost tribe of runaways.<sup>50</sup>

Whatever problems, such as sexual, physical or psychological abuse, drove them away from home, rather than runaways and bad kids, we should be saying throwaways, as 68% of parents contacted (children who want to go home) say "You keep the kid."<sup>51</sup>

Street kids die quickly and quietly. More than 5,000 teenagers are buried annually in unmarked graves.<sup>50</sup>

80% of first time runaways stay within 300 miles of home.<sup>51</sup>

One in three street kids is lured into prostitution within 48 hours.<sup>51</sup>

75% of runaways on the street more than two weeks will have begun to support themselves by theft, drugs, prostitution or pornography.<sup>51</sup>

Runaways and homeless teens thought crack, prostitution and violence were the worst street life could do to them. That was before AIDS.<sup>52</sup>

Most kids are running from dysfunctional families, many from physical/sexual abuse.<sup>52</sup>

Kids are fleeing from stressful environments; 70% from homes where there is abuse, alcoholic/drug abusing parents or stepfamily problems, 20% from short term crises including divorce, a death or school problems.<sup>53</sup>

70% of kids making it to shelters have been severely physically abused or sexually molested.<sup>53</sup>

Only half of the kids in shelters considered returning (to a dysfunctional) home as an option.<sup>53</sup>

85% of runaways in an L.A. outpatient clinic were found to be clinically depressed, while 21% had other serious mental health problems.<sup>51</sup>

## Teen Issues

Homeless kids often have handicaps from the moment they are conceived. Obstacles include: substance-abusing teenage mothers, inadequate prenatal care and nutrition, premature birth and low birth weight, poor infant nurturing and health, few successful school experiences, and poor role models.<sup>54</sup>

### TEXAS

Only 11% of identified runaway children are receiving (and will receive thru 1990-91) services due to lack of federal and state funding.<sup>53</sup>

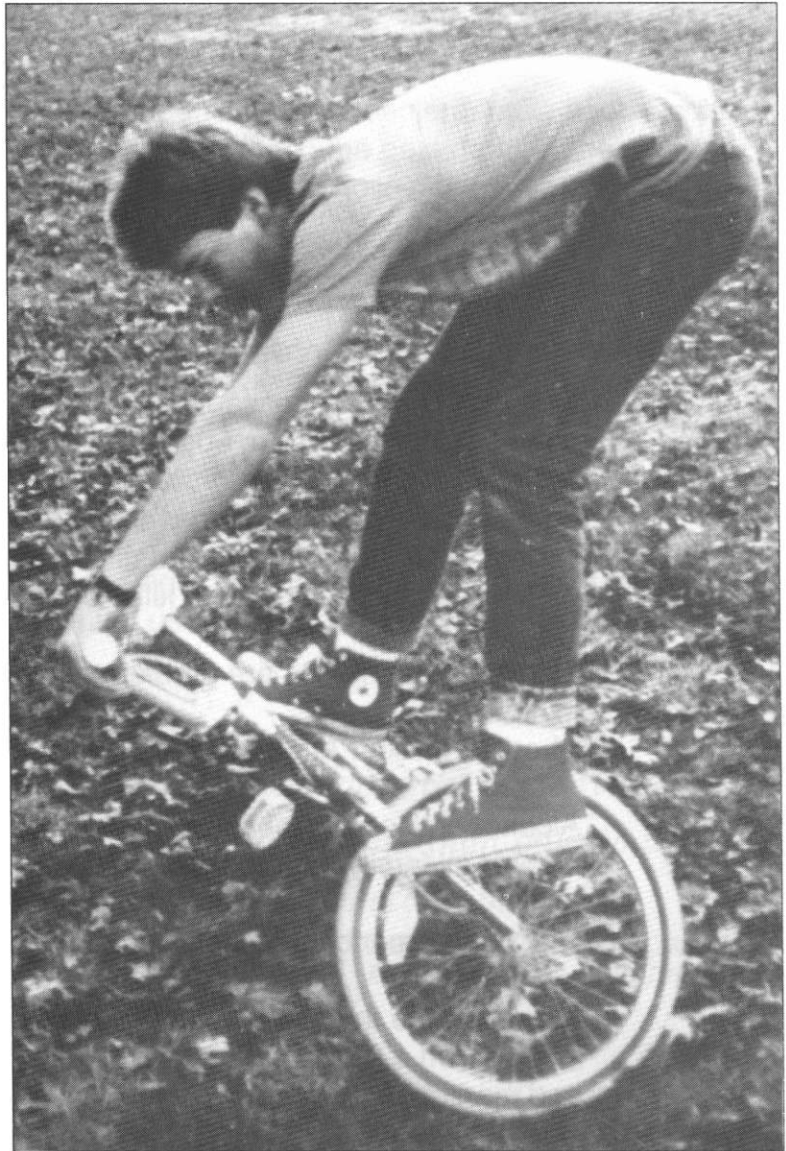
Without corrective legislation, runaway children younger than 10 years cannot receive shelter from public funds.<sup>53</sup>

Only 8% of kids run once they are in a shelter.<sup>53</sup>

18% of homeless in Texas are estimated to be children, 90% of whom are 11 years or younger. Their incidence of illness is five times the average. Many have never had a normal life.<sup>54</sup>

### SAN ANTONIO

At least 250 children are housed in four San Antonio Shelters (on average) each night. 90% are under 11 years of age, 60% under 6 years. It is often noted that the 12-17 year olds are absent from the families in San Antonio shelters.<sup>54</sup>



# Teen Issues

## Substance Abuse

*'National surveys indicate that the mean age for the first drink of alcohol is around 12.3 years.'*

*Metropolitan Life Insurance Company*

### ALCOHOL

Alcohol, according to FBI statistics, is involved in: 66% of fatal accidents; 70% of all murders; 41% of assaults; 53% of fire deaths; 50% of rapes; 60% of sex crimes against children; 60% of child abuse; 56% of fights and assaults in homes; 37% of suicides; 55% of all arrests; 36% of pedestrian accidents; 22% of home accidents; 45% of drownings; and 50% of skiing accidents. Alcohol is responsible for more hospital admissions than any other cause. Alcohol has been determined the number one killer of people under 25.<sup>55</sup>

18 million Americans are problem drinkers.<sup>56</sup>

About 12 million Americans are addicted to alcohol.<sup>57</sup>

Alcohol abuse is responsible for 15% of all health-care costs and is a factor in 40% of all family court problems.<sup>55</sup>

28 million Americans under age 20 have at least one alcoholic parent.<sup>55</sup>

Alcohol is the third leading cause of birth defects. Alcohol abuse costs society \$140 billion a year. The alcohol industry spends 1.4 billion annually to advertise and market its products. <sup>55</sup>

### DRUGS

Drug abuse on the job costs the economy about \$60 billion annually. Estimates are 10-25% of American workers abuse drugs on the job.<sup>57</sup>

Americans spend about \$50.6 billion a year on illegal drugs. About 20 million people use marijuana regularly; between 5 and 6 million use cocaine regularly; a half-million are addicted to heroin.<sup>57</sup>

79% of Texas inmates are incarcerated for crimes relating to drug and alcohol abuse.<sup>58</sup>

80% admit to having an alcohol or substance abuse problem after admission to prison. Two-thirds of these inmates are released without receiving any treatment. Currently, Texas has 1 substance abuse counselor for each 1,667 addicted inmates.<sup>58</sup>

## Teen Issues

75-85% of all Bexar County fatalities due to suicide are alcohol or drug related.<sup>45</sup>

76% of all Texas secondary school students, 86% of seniors, have used alcohol during their lifetime, with 43% reporting use within the past month. The average senior who drinks consumes an average of 41 alcoholic drinks per month.<sup>59</sup>

### INHALANT ABUSE

One study suggests that toxicant inhalant-use serves as a common “gateway” drug for many Mexican-American youth, who later go on to use other types of drugs. “Relatively few of the youth (studied) continued long-term chronic use of inhalants, but an alarming number went on to heavy alcohol abuse and to intravenous use of illegal drugs.” (Dr. D. Dwayne Simpson)<sup>60</sup>

Use of inhalants is higher among younger students, with 28% of seventh-graders in one Texas study reporting inhalant use compared to only 17% of seniors.<sup>59</sup>

## Crime

*“Can we continue to ignore the present needs of today’s at-risk children and plan only to imprison them when they become adults?”*

*Unlocking the Future of Texas, 1989  
Lt. Gov. Bill Hobby, 71st Legislature*

### NATION

Crime squeezes taxpayers \$39.6 billion a year just in costs for the criminal justice system. Americans spend an additional \$13.4 billion on private security.<sup>61</sup>

Americans stand an 83% chance of being victims of a violent crime at some point in their life; 52% will be victimized more than once.<sup>61</sup>

According to the U.S. Justice Department, 53,503 juveniles were held in publicly-run facilities or institutions in 1987, the highest number since a census began in 1981 and despite a shrinking juvenile population. Nearly 60% of those held in long-term, state-operated facilities used drugs regularly prior to arrest.<sup>62</sup>

The Justice Department survey reports 18,226 juveniles were residents in long-term, state-operated facilities in 1987. Nearly 50% of the 18,266 were under the influence of drugs or alcohol when they committed the offense leading to youth correctional facility placement.<sup>62</sup>

More than 50% of those surveyed (2,621 in 26 states) reported a family member also had been imprisoned at least once.<sup>62</sup>

## Teen Issues

Approximately 39% of those studied were incarcerated for violent crimes, and 42% had been arrested more than 5 times. 6% were arrested for a rape or other sexual assault.<sup>62</sup>

The total annual expense for state and local governments operating public juvenile facilities reached nearly \$1.46 billion, up 32% between 1982 and 1986.<sup>63</sup>

### TEXAS

One in every 34 adults in Texas is currently in jail, in prison, on probation or parole. This is double the national average.<sup>64</sup>

### SAN ANTONIO

About 4,000 juveniles (children between the ages of 10 and 17) are arrested each year for felonies or serious misdemeanors. Of that 4,000, 900 are on probation. 3,000 are diverted from the court and placed under voluntary supervision, ordered to make monetary or community service restitution, referred to counseling or placed in child-care facilities.<sup>65</sup>

3 of 4 juveniles released to return to Bexar County from state reform schools (Texas Youth Council) are back in trouble within 3 years.<sup>65</sup>

Bexar County has the highest juvenile recidivism (return to crime) rate of any major metropolitan area in the state.<sup>65</sup>



*"At our best level of existence, we are part of a family, and at our highest level of achievement, we work to keep the family alive."*

*Maya Angelou*



## Teen Issues

The average cost per juvenile in 1986 (facility placement) ranged by state (and needed services) from \$16,500 to over \$78,000 per year.<sup>62</sup>

<u>Juvenile Office Report</u>	<u>Annual 1987</u>	<u>Sex</u>	<u>Sub-total</u>	<u>Total</u>
Total number of juveniles investigated by San Antonio Police Department Juvenile Office		Males	4588	6190
		Females	1602	
Total number of transferees to Bexar County Juvenile Probation Office		Males	3318	4241
		Females	923	
Juvenile Offenders from Broken Homes		Males	3006	4135
		Females	1129	
Juvenile Offenders, First Offenders		Male	2368	3411
		Females	1043	
Juvenile Offenders, Repeat Offenders Prior Police Records		Males	2213	2779
		Females	566	

*San Antonio Police Dept., 1988*

## Education

*'Unless a child's basic needs are consistently met, and the child is valued, learning cannot begin.'*

*-Pamela Dalglish, Cable Channel 5 interview, 2/25/88*

### NATIONAL

Education is a \$300 billion-a-year enterprise in the United States. Average expenditure in 1988 was \$4,434 per student in public schools per year. Yet, 4,000 American children drop out of school daily.<sup>66</sup>

One-third of America's 1988 senior class dropped out. The estimate is, for each year's school dropouts, the country loses \$240 billion in missed earnings and foregone taxes. Crime control, welfare, health care and other social services cost needless extra billions.<sup>66</sup>

### TEXAS

In Texas, education's share of the state budget dropped more than 6% from a high of 53% in 1985 to 46.7% in 1988. The last time a smaller slice went to education was 1971.<sup>67</sup>

## Teen Issues

In 1986, an estimated 86,000 students dropped out of Texas schools prior to graduating with their class. This is a 33% attrition rate for a single group of high school students over a three-year period.<sup>68</sup>

The projected loss in tax revenue over their lifetime averages \$58,930 per dropout. The average cost to keep them in school is \$3,859 per dropout.<sup>68</sup>

Each \$1 invested in retaining a dropout averages a return of \$9 over a lifetime. In addition, the state would realize a savings of \$652 million in social expenditures related to crime, welfare, incarceration and unemployment costs.<sup>68</sup>

The total cost to the state is \$17.12 billion for each class of dropouts over a lifetime in total expenditures.<sup>68</sup>

### DROPOUTS/PUSHOUTS

Texas ranks 41st in the nation in its ability to retain students in high school through graduation.<sup>68</sup>

Texas ranks 34th in per-pupil expenditures.<sup>68</sup>

Only four San Antonio-area school districts exceeded the national average of expenditure of \$4,434 per student in 1986-87.<sup>72</sup>

Data shows that per-pupil expenditure is directly linked to the holding power of a campus to keep students in school. Local dropout rates range by school district from a low of 7.7% to a high of 42%.<sup>69</sup>

While the national attrition (dropout) rate decreased from 1980-84 (from 28.1% to 25.9%), in Texas it increased for the same period (29.6% to 33.8%).<sup>69</sup>

From 1985 to 1986, the overall attrition rate for Texas high schools was 33%. For Hispanics, the rate was 45%; for Blacks, 34%; and for Whites, 27%. Migrant dropout rates are estimated to be in the 60 to 90 percent range.<sup>68</sup>

It is estimated that 19% of all dropouts are gifted students who are not sufficiently challenged by the schools.<sup>68</sup>

About 85% of Texas dropouts were born in the U.S.<sup>68</sup>

School organizational variables have been shown to have a higher correlation with dropping out than geographic location or student ethnicity.<sup>69</sup>

In Texas, almost half of the students identified as emotionally disturbed drop out of school before their senior year.<sup>70</sup>

## Teen Issues

*"It appears that school failure begins to occur at very early ages, and that once failure occurs, other events begin to take place such as substance abuse, minor delinquent offenses, and early sexual activity."*

*CDF Reports, Vol 10, No. 4, p. 5*

Three out of ten Texas dropouts had completed fewer than nine years of schooling. Among Hispanic dropouts, almost half had discontinued schooling before completing the ninth grade.<sup>68</sup>

Many students do not actually drop out of school, but instead are actively advised or encouraged by campus personnel to leave. These individuals are often referred to as "pushouts." This practice is particularly prevalent with respect to students who are above the age of compulsory attendance.<sup>69</sup>

The majority of Texas school dropouts left school because of poor grades, marriage/pregnancy, or financial problems.<sup>68</sup>

Teen mothers are more likely to drop out of school than their peers. Only half of the teenagers who have a child when they are younger than 18 finish high school, compared to two-thirds of those who have their first child when they are 18 to 19, and nine out of 10 of those who wait until they are at least 20 to have a child.<sup>15</sup>

Young women between the ages of 16 and 19 who have low basic academic skills are - regardless of race - three times more likely to give birth while in their teens than are those who have average and above average basic skills.<sup>15</sup>

Young men between the ages of 20 and 24 who had not completed high school suffered the largest percentage drop in their real annual earnings during the 1973 to 1984 period - 42%.<sup>72</sup>

### CORPORAL PUNISHMENT

Texas schools were responsible for one-fourth of the children victimized by corporal punishment in the United States last year (1987).<sup>73</sup>

Texas is one of 38 remaining states that legalizes corporal punishment. It has been abolished in all communist bloc countries, most of Europe, Japan and numerous other countries. New Jersey outlawed corporal punishment in 1867, the Soviets over 70 years ago.<sup>73</sup>

## Teen Issues

*'Texas has the dubious distinction of hitting more students than any other state in the union.'*

- Bob Richmond, San Antonio Educator  
& San Antonio Light Columnist, 11/5/88

### The 10 states which paddle the most students per year:

Texas .....	260,386
Florida .....	111,194
Georgia .....	93,006
Alabama .....	77,949
Tennessee .....	65,308
Arkansas .....	64,444
Mississippi .....	55,673
Oklahoma .....	51,306
Ohio .....	43,626
Louisiana .....	38,730

73

An educational definition of corporal punishment is: The purposeful infliction of pain by an educator upon the body of a student as a penalty for doing something which is disapproved of by the punisher.<sup>74</sup>

Schools are the only institutions in the U.S. in which hitting another person is allowed and condoned. It is considered too severe for felons and too demeaning for soldiers, sailors, servants, and others.<sup>75</sup>

Most Americans believe that hitting is an appropriate way to change children's behavior. This belief not only supports the extensive use of corporal punishment for discipline, it also contributes to child abuse at home and in institutions. Recognition of this relationship has resulted in a modest but earnest effort to convince the public to give up the use of corporal punishment in favor of more effective and humane types of discipline.<sup>77</sup>

A review of various studies indicates that corporal punishment only temporarily suppresses the undesirable behavior, causes psychological problems of various degrees, teaches aggressive behavior through modeling, and contributes to fear and violence in schools.<sup>76</sup>

Effects include sleep disturbances, enuresis, encopresis, temper tantrums, aggressive behaviors, headaches, fear of school and school personnel, frequent crying and withdrawal. Such patterns approximate those indicating post-traumatic stress disorder.<sup>76</sup>

The majority of data reveals that corporal punishment interferes with learning, decreases self-esteem, cuts off communication, can lead to school dropout and may produce further misbehaviors.<sup>76</sup>

# Teen Issues

Corporal punishment can produce counter-productive behaviors. Emotionality, anxiety and fear are not conducive to learning. The worst consequence may be the destruction of self worth. Yet positive self esteem is one of the most important ingredients in a child's development.<sup>77</sup>

Minority and poor white children are victims of corporal punishment four to five times more than more affluent white children.<sup>74</sup>

*'The most deadly of all sins  
is the mutilation of a child's  
spirit.'*

*Erik Erikson*

## ILLITERACY

One-quarter of San Antonio lives daily with the stigma of being illiterate.<sup>79</sup>

20 percent of the current adult Texas population lacks sufficient command of basic skills to function productively.<sup>80</sup>

17 percent of the people in the 18-25 category in San Antonio are illiterate.<sup>81</sup>

18 percent of Texas adults have not completed the 8th grade.<sup>80</sup>

75 percent of the unemployed are illiterate.<sup>82</sup>

## Medical

### AIDS/SEXUALLY TRANSMITTED DISEASES

Nationally, sexually active teens between the ages of 15 and 19 have the highest overall rates of sexually transmitted diseases.<sup>83</sup>

Among sexually active teens, the risk of contracting sexually transmitted diseases is estimated to be two to three times higher than for individuals over 20.<sup>83</sup>

Teens also face risk of AIDS infection because of high-risk sexual and drug behavior. To date, 111 cases of AIDS have been diagnosed in the population age 13 to 19 years. However, because AIDS does not appear immediately, many 21- to 23-year-olds may have become infected as teens.<sup>83</sup>

Minority populations, particularly Black and Hispanic populations, are at increased risk of AIDS. While Blacks make up only 12 percent of the U.S. population, they constitute 25 percent of all persons with AIDS. Six out of 10 children with AIDS are Black.<sup>83</sup>

## Teen Issues

*'Perhaps AIDS will bring us to our senses about communicating with our young about the consequences of too-early and unprotected sexual activity in a way that a million teen pregnancies each year have not.'*

*Children's Defense Fund, 1987, Adolescent Pregnancy (see Source 83)*

### Pregnancy

In 1987, there were 1,620 babies born to mothers 17 and younger in Bexar County - 7.2 percent of the total births.<sup>17</sup>

Teenagers are likely to have late prenatal care, and their babies are more likely to be born premature leading to serious - and expensive - lingering health care problems.<sup>84</sup>

It is estimated that, in the crucial first three months of pregnancy, seven out of 10 pregnant teens in Bexar County receive no prenatal care.<sup>17</sup>

Half of all teenagers have sex before they are 17, and 1 million girls a year get pregnant in this country.<sup>83</sup>

In Bexar County 98% of teen mothers keep their babies, 85% remain unmarried.<sup>84</sup>

49% of teen mothers have a repeat pregnancy within the first 2 years.<sup>84</sup>

80% of teen mothers drop out of school.<sup>18</sup>

75% of teen mothers are on some type of welfare.<sup>83</sup>

The estimated cost of teen pregnancy in Texas is \$12,000 per birth in the first year.<sup>85</sup>

Texas led the nation in the actual number of births to girls 14 and under in 1984.<sup>85</sup>

In 1987, 17% of teen mothers ages 17 and under already have from one to six other children.<sup>83</sup>

1981 data indicate that Texas has the third highest pregnancy rate per 1,000 females ages 15-19 in the nation.<sup>85</sup>

Texas has the highest pregnancy rate to girls 14 and younger.<sup>85</sup>

## Teen Issues

Medicaid Family Planning Services for a teenager cost TDHS (Texas Department of Human Services) less than \$55.00 per year.<sup>86</sup>

Nationally, the income of young teen moms is half that of those who first gave birth in their twenties.<sup>83</sup>

## Death

Bexar County's suicide rate in 1987 for individuals age 15 to 24 was 20.1 suicides per 100,000 population.<sup>40</sup>

In 1987, in Bexar County, out of 261 Hispanic males age 15 to 39 who died, 78 (30%) were homicide deaths and 63 (24%) were due to accidental causes.<sup>40</sup>

In Bexar County in 1987, out of 40 Black male deaths to individuals age 15 to 39, 16 (40%) were victims of homicide.<sup>40</sup>

In 1987, Bexar County's homicide rate for black males age 15 to 24 was 54.0 deaths per 100,000 population.<sup>40</sup>

Among the Anglo male population aged 15 to 39 in Bexar County in 1987, out of a total of 155 deaths, 50 (32%) were due to accidental causes and 32 (21%) were suicide.<sup>40</sup>

# *What can you do?*

1. **Be informed. Know that there are many ways to make a difference.**
2. **Identify your priorities for children and apply your experience and expertise to effect change.**
3. **Share the Children at Risk book with friends, or better yet, let us know you need more copies.**
4. **ACT in whatever way you will be most effective to improve children's lives.**
5. **Share your ideas and information with community networks.**
6. **Be enthusiastic about your role, it's contagious!**
7. **Know your government leaders' priorities and keep up with policy decisions affecting children and families.**
8. **Vote for and support candidates who commit to children's issues, and urge others to do the same.**
9. **Share your strengths and join with others who share your priorities.**
10. **Don't be overwhelmed with what remains to be accomplished for children. We can't lose. Each step is progress!**

*Some resources that you might find helpful, in addition to the many listed in the Sources Section:*

**Michael Petit, Human Services  
Consultant**

**Michael Petit Associates  
P.O. Box 1071  
Portland, Maine 04104  
(207) 623-3530**

**Children's Defense Fund  
122 C. Street, N.W.  
Washington, D.C. 20001  
(202) 628-8787**

**Child Welfare League of America  
440 First Street, NW #310  
Washington, D.C. 20001  
(202) 638-2952**

**Children's Trust Fund of Texas  
P.O. Box 160610  
Austin, Texas 78716-0610**

**CARE Coalition  
511 N. Akard  
Dallas, Texas 75201**

**Volunteers Involved Through Abuse  
Legislation (VITAL)  
San Antonio Cares  
1411 N. Main St.  
San Antonio, Texas 78212**

**Interagency Child Abuse Network  
also, Interdistrict Task Force on Abuse  
and Neglect  
Alamo Area Council of Governments  
118 Broadway, Suite 400  
San Antonio, Texas 78205  
(512) 225-5201**

*These are just a few of many groups who share priorities and commitment to children and their potential.*



## INTRODUCTION

These recommendations grow out of the Children At Risk conference and the problems presented in the fact booklet compiled for that conference. The data in the fact booklet indicated a very large number of our children growing up in poverty and deprivation, high rates of births to very young mothers, school drop-out rates unacceptable in a community which is striving to attract business, and problems with numbers of children who abuse substances or otherwise engage in self-destructive behavior.

The recommendations were prioritized at a meeting of the Community Advisory Board for the Children At Risk Project on November 16, 1988. More than 100 community leaders labored to select actions which they felt would have the greatest impact upon the lives of children in south Texas. The priorities are presented first, but the committee would like included the other recommendations, all of which can have a positive effect.

It has been the consensus of the steering committee, and was confirmed by the Advisory Board, that meeting children's basic human needs is the first essential step. Unless a child is adequately nourished, safely housed, and protected from disease and preventable disability, the child will not be able to take full advantage of an education and will be less likely to successfully negotiate the transition to productive adult life.



### GOAL

Improve Children's Lives

### NECESSARY ELEMENTS

Employment Opportunities  
Competitive Education  
Secure Child-caring Options  
Adequate and Safe Housing  
Family Support Services  
Management of Health Risks  
Access to Health Care

### POVERTY LINE

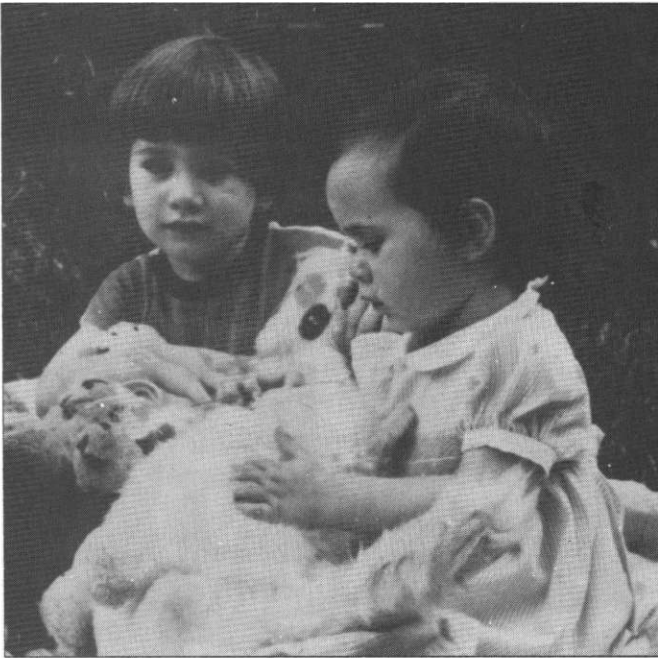
Child Support Programs  
AFDC and Related Social Services  
Medicaid

*"A major revolution to be won in the immediate future is the dissipation of man's illusion that his welfare can be separated from others."*

*Saul Alinsky*



## Recommendations



*"Early intervention in the lives of poor children offers the best opportunity to break the cycle of poverty. Spending public funds for these young Americans is not wasteful; it is wasteful not to invest in medical attention, the education and job training that will provide poor children with a share in the American opportunity."*

*American Agenda:  
Report to the 41st President of the United States*

### POVERTY

1. Raise the income level of poor children, whether by increases in AFDC or better collection of child support, to lift them from poverty.
2. Increase access to Medicaid and AFDC by making the system "user friendly"; eligible persons should not be screened out by restrictive paperwork requirements.
3. Provide match funding or expand the match pool so that Texas can utilize optional services under Medicaid.
4. Secure an appointment to the TDHS board by someone in this region.

### CHILD HEALTH

#### Health Care Delivery and Disease Prevention

1. Because low Medicaid reimbursement rates and high medical malpractice insurance rates have reduced the number of physicians willing to provide prenatal and delivery services, especially in the rural counties, the Texas Department of Health should be mandated to provide such services in the absence of other providers.
2. Fund inpatient and outpatient mental health services for children, including guidance center services for parents, crisis stabilization services for children whose behavior requires immediate evaluation, and long term residential treatment services in the public sector.
3. Increase immunization levels to 100% in children below age five.
4. Provide free vitamins with fluoride supplementation for poor children up to age 12 or provide fluoride in another source.

#### Health Education/Health Promotion

1. Require health education in the public schools for all students and continuing education for all teachers, to include basic and non-threatening courses on AIDS and other sexually transmitted diseases; health risks of pregnancy, especially among teens; health risks of smoking, alcohol use, and dietary habits; uses of exercise and other health promotion techniques; basic mental health concepts, including dealing with depression, suicidal thoughts and life transitions.

## Recommendations

2. Provide car seats for mothers delivering at public institutions.
3. Encourage the practice of breast feeding among low income women, and include routine instruction and support through public health clinics and ambulatory health clinics.
4. Expand the school lunch program to 1980 levels of service.
5. Provide home visitation services for high-risk mothers delivering in public institutions.

### Health Planning & Political Action

1. Conduct a statewide study of the health delivery system serving the poor and the barriers to their care, using the information to redesign the system to maximize utilization of desired services. A similar study at the local level should concentrate on the barriers to preventive care: prenatal, early childhood screenings, dental care and family planning services.
2. Utilize schools for health screening of children and adolescents. Even with affordable, accessible services, some parents with low levels of education will not utilize these services on behalf of their children. Protecting children from disease and disability is a public health problem and should not be left entirely to the discretion of parents.
3. Connect the education, health and social services systems together effectively to support children with disabilities/special health care needs and their families, and assess systematically the availability and gaps in services for children with disabilities and unusual health care needs.
4. Increase the number of public health nurses at both the state and local level.
5. Expand the Medical Practice Act in Texas to encourage the use of Certified Nurse Midwives and Pediatric Nurse Practitioners.

*'When you have a city with streets fit for children, you have a city fit for adults. If the child is safe, everyone is safe.'*

*- G. Campbell Morgan  
"The Children's Playground in the City of God"  
The Westminster Pulpit, P. 262, circa 1908*

## CHILD PROTECTION

1. Child abuse perpetrators who are sentenced to prison should have mandatory appropriate treatment. Perpetrators who are placed on probation should be maintained on probation long enough to ensure completion of treatment as determined by a qualified treatment professional.
2. Mandatory parenting training should be provided through the public schools.
3. Establish special courts with specially trained judges and attorneys to hear abuse and neglect cases.
4. Devise a computerized tracking system so that a suit affecting a child in one court would be known to other courts. Courts should be required to check prior to making a decision regarding the child.

## Recommendations

5. Guarantee and fund a certain level of services for each confirmed case of child abuse/neglect and ensure a realistic, effective caseworker/client ratio.
6. Extend to child witnesses the same protection afforded child victims when testifying in court about abuse to their siblings.
7. Increase the legal penalty for possession, production or distribution of child pornography.

### OTHER PRIORITIES RANKED:

8. Expedite court cases involving child victims of abuse, neglect, or abandonment (including consistent truancy) by having them leap frog all other cases except homicides.
9. Expand definition of a perpetrator of child abuse to include non-resident significant others.
10. Create a continuum of care for adolescent sex offenders, from basic information on appropriate sexuality and social skills to inpatient treatment.
11. Protect children through the phases of family restructuring and counseling.
12. Develop a monitoring system for convicted sex offenders of children.
13. An ad litem, or other advocate should be appointed to represent the children in all contested custody cases at the parents' expense. T.D.H.S. should be involved only if there is abuse or neglect.
14. Abolish corporal punishment of children and youth in all private and public educational systems and residential child care institutions in Texas.
15. Develop a system to address (treat) long term effects of child abuse and neglect of children.
16. Make it possible for state employees to politically advocate on children's issues.

## *CHILD CARE*

1. Increase availability and quality of low income child care by providing a portion of State funds for Title XX day care and exploring other alternatives, such as the Welfare Reform Act.
2. Continue to provide for payment of child care to JTPA participants in training through a broker system using Title IIA funds. Seek expansion of these funds and include provisions to assure optimum transition into workforce.
3. Improve the overall quality of child care by 1) encouraging NAEYC accreditation, 2) encouraging enforcement of minimum training requirements for all caregivers by the Texas Department of Human Services, and 3) educating parents to recognize and become advocates for quality child care.
4. As part of the Employee Benefits Programs of all employers in Texas, a Dependent Care Benefit should be added to the normal work benefits package. Such a dependent care benefit could be used to provide for child care, as well as for care for an aging parent, or for handicapped individuals, either within the home or at another site.

# Recommendations

## TEEN ISSUES

Until a child's basic needs are met, a child cannot approach normal, healthy development and learning. Basic needs include nurturing, safety, nutrition, health care, adult guidance and protection. Any unmet need diminishes learning capability. Happiness through self-esteem and achievement is not a reality for the child at risk. Development toward responsible adulthood is often beyond the child's capability. Failure to attain, at minimum, a high school education has lifetime implications at a cost dear to the child and the community. Each failure perpetuates negative cycles of predictable poverty, stress and low self-esteem. The struggle to have a balance in life becomes overwhelming. Considering the broad range of teen issues, the following recommendations were prioritized by the Advisory Board as having the greatest chance of improving children's lives in this community.

### Education

1. The community must prioritize public education as the delivery system for development, teaching, and preparation of children for responsible adulthood.
2. At the earliest point of entry to public education, intervention and support services based on the assessed needs of the child should become a community responsibility.
3. Educators should be integrated with parents, business, health and service providers, and government leaders to deliver support services necessary to stabilize and prepare the child for learning.
4. Educator training should have increased emphasis on: recognition and response to a child's needs as they influence learning; community services; child advocacy; and alternative motivation and learning methods successful with the child at risk.
5. Reinstate mandated 6 hour/annual educator in service to include substance abuse; child abuse and neglect; suicide and intervention; and intervention techniques for at-risk students.
6. Each campus should have a full-time certified counselor and nurse to address the needs of children, becoming advocates for children's issues in public education and serving as ombudsmen for students.

### ELEMENTARY CURRICULUM

1. Self-esteem and self-concept enhancement can only be achieved through a child's experience of success in classroom achievement. Early identification of individual needs must be emphasized in the elementary grades, with immediate intervention initiated through community services.
2. Anti-victimization education should be mandatory in elementary curriculum at age-appropriate level. (Example: We Help Ourselves (WHO) curriculum has been successfully taught to over 300,000 children in South Texas in recent years. It is available through the Mental Health Association.) Prevention training can reduce the incidence of abuse at slightly more than \$1.00 cost per child in the WHO program.
3. Age-appropriate life skills curriculum should be mandatory in elementary grades. The curriculum should include basic health, first aid and emergency skills, personal grooming, personal safety skills, self-help skills and social awareness skills. Content on family dynamics or family relationships should be included.

### MIDDLE SCHOOL CURRICULUM

1. Mandate the existing Life Skills Management curriculum taught by trained home economics educators.

## Recommendations

2. Increase a student's self-concept and self-understanding with appropriate vocational assessment during 8th grade year to identify student aptitudes (potentials), interests and most efficient learning modes.
3. Anti-victimization education should be mandatory and age-appropriate. (Example: We Help Ourselves (WHO) training)
4. A course on Teen Sexuality and Responsible Behavior should be mandatory at the age-appropriate level. The approved curriculum is available through the Texas Education Agency.

### HIGH SCHOOL CURRICULUM

1. Anti-victimization education should be mandatory and age appropriate (Example: We Help Ourselves Training.)
2. A course on Teen Sexuality and Responsible Behavior should be mandatory at the age-appropriate level. The approved curriculum is available through Texas Education Agency.
3. Mandate the currently approved curricula in Life Skills Management, Child Development, Family Relations, and Parenting Skills. All curricula are within Home Economics curriculum area.
4. Mandate currently approved psychology curriculum to increase self discipline, coping skills, and problem solving skills.
5. Driver's Education available to all students desiring course. Student cost is now \$185.00. We believe the training cost should be subsidized with state and federal dollars. The curriculum should reflect emphasis on driver responsibility in: substance abuse; injury and death by auto statistics; and the economic costs of auto related factors including insurance, injury, death, theft and litigation to the state and taxpayer.

### COMMUNITY

1. Provide through existing educational structure, innovative parent and family support services provided through educational districts that include instruction in parenting skills, child development, community services utilization, and behavioral coping skills. Referrals can be made to adult training programs for educational and/or vocational training to improve the financial status of the family.
2. Identify, through appropriate vocational assessment, a child's aptitudes and interests, and train, through high school or adult community education, vocational education options, to maximize each child's earning potential prior to entry in the work force.
3. Abolish the use of corporal punishment in educational systems and child-care facilities accredited in Texas.

## Shelter

1. Emergency placement (up to 60 days) should be guaranteed within each community for all infants and children (through legal adult age) and teen mothers with children.
2. Shelter options should be well publicized within the community, well known to service providers, educators and law enforcement personnel and should be easily accessible to the child seeking help.
3. Increase state funding to develop additional shelter facilities and foster homes. Increase the daily rate for foster care and institutional care to reflect actual costs.

### EXTENDED PLACEMENT

1. Expand the Foster Family Care Program through community education programs.
2. Increase per diem expense from current \$11.00 rate to \$15.00 or \$20.00/day if foster parent(s) work, to provide quality day care and/or supervision appropriate to child's current need(s).
3. Develop legislation to allow a charge-back system to employed parent(s) not providing an acceptable environment. A

# Recommendations

sliding scale fee with a pay-out plan, and fine(s) for noncompliance with fiscal responsibility should be developed for employed parent(s).

4. Maximize the draw down of federal dollars by providing state matching funds in children's services.

## CENTRALIZED INFORMATION SYSTEM

1. Develop a child-sensitive Centralized Information System which integrates with the information available on at-risk children in public education through the Texas Education Agency.
2. The system should include information on all confirmed cases of child abuse and neglect.
3. The system should provide information on referral and resources available, including available support services, health care, counseling, education, etc.
4. Child support payments should be maintained through an existing state agency. All court ordered child support would be included in data bank, collected and distributed by the same agency.
5. Third-party liability for medical expense of legal dependents should be filed against employed parents prior to child accessing the social service system.

## Additional Recommendations

### MEDICAL

1. Increase state participation in Medicaid to cover women up to 150% of poverty for prenatal, delivery and well-baby services.  
(Prenatal care is one of the most effective preventive services, and Texas does not take full advantage of available federal funds. This increases the burden on local governments and hospital districts, and decreases access to care in the rural areas of our state.)
2. Cover pregnant women for prenatal care while eligibility is determined.  
(Many women do not apply for services immediately, so if they must wait additional months for eligibility determination, they may not see a physician until the crucial first trimester is past.)
3. Increase the Medicaid reimbursement rate in Texas to equalize access by poor women and children.  
(Many providers will not participate in Medicaid because the rates do not cover costs, especially for delivery services surgical or specialty services. In rural areas and areas with few providers, the poor woman or child may not receive needed health care.)
4. Study the use of EPSDT in other states, since the literature suggests that this program is underutilized in Texas and can be used in innovative ways to expand services to poor children.
5. Prioritize local health spending for maximum gain, with an emphasis on screening, prevention and early treatment.
6. Expand WIC services in Texas.
7. Lower the legal blood alcohol level for adolescent drivers and make mandatory the year-long loss of driver's license for the DWI offense.

### CHILD SUPPORT

1. As a condition of doing business in Texas, require insurance companies to cover "pre-existing conditions" in children, whether natural or adopted.
2. Adequately fund and staff the child support enforcement office to increase the rate of collection on behalf of poor children.

# Recommendations

3. Improve the establishment of court orders for child support at the time of divorce or paternity determination

## **AFDC AND RELATED SOCIAL SERVICES**

1. Raise the AFDC rates in Texas to the median level for the nation. (Texas is currently 47th).
2. Continue AFDC-related benefits for a time after the mother finds employment in order to transition her to secure independence.
3. Provide day care only in certified and licensed centers.

## **ENVIRONMENTAL**

1. Protect health and development by strict monitoring of heavy metals, pesticides and other carcinogens in the air, water, and the food chain.



# Successful Preventive Investments In Children

Programs	Benefits for Children	Cost Savings	Current Participation	Steps Needed Now	Goal
Special Supplemental Food Program for Women, Infants, and Children (WIC)	Reduction in infant mortality and births of low-birthweight infants; improved nutritional outcomes for children in the first six years of life, including reduced anemia rates and better growth rates.	\$1 invested in the prenatal component of WIC has saved as much as \$3 in short-term hospital costs. Improved early nutrition has been shown to be effective in preventing retardation.	Only 40 percent of those potentially eligible received services in 1987.	Full funding for WIC. The FY 1988 cost would be \$4 billion, a \$2.2 billion increase.	Full participation of all eligible low-income mothers, infants, and children in FY 1989.
Medicaid, with Early and Periodic Screening, Diagnosis, and Treatment Services for Children (EPSDT)	Earlier prenatal care, increased birthweight, decreased neonatal and postneonatal infant mortality and morbidity, and fewer abnormalities among children receiving comprehensive services under EPSDT.	\$1 spent on comprehensive prenatal care saves \$3.38; 10 percent lower annual health care costs for children receiving EPSDT services.	In 1987 less than half of all poor pregnant women and children were covered by Medicaid.	Extend Medicaid coverage to all uninsured pregnant women and children with incomes below 185 percent of the poverty line. Total cost of the expansion is \$1.8 billion in FY 1989.	Routine prenatal and pediatric care for all low-income women and children.
Childhood Immunization Program	Dramatic declines in the incidence of rubella, mumps, measles, polio, diphtheria, tetanus, and pertussis; reduction in consequent impairments and institutionalization.	\$1 spent on the Childhood Immunization Program saves \$10 in later medical costs.	In 1985 fewer children younger than two were fully immunized than in 1980. Only one-half of all black preschoolers were adequately immunized.	In FY 1989, full funding for Childhood Immunization Program (\$126 million, an additional \$40 million).	Immunization of 90 percent of American children by 1990.
Child Care	More supportive child care as well as increased safety of child care for children who otherwise would be left untended or in potentially harmful arrangements. Increased well-being of children through higher parental earnings and self-sufficiency.	Child care reimbursements cost the public a small fraction of what monthly welfare payments to a family without a working parent cost. In addition, employers and parents report less absenteeism and greater productivity if there is adequate child care.	Child care under the Title XX Social Services Block Grant serves fewer than half a million children. In 1987 there were 4.8 million children younger than six who were poor. At least 2 million children younger than 14 are left without adult supervision for all or part of their parents' working day. More than 200,000 mothers not in the labor force turn down job offers each month because child care cannot be found or afforded.	Enact and fund the Act for Better Child Care Services (ABC) bill pending before Congress (H.R. 3660, S. 1885). FY 1989 cost is \$2.5 billion.	Safe and affordable child care for America's families. Enactment in 1988 of the Act for Better Child Care Services bill.

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Based in part on data from the House Select Committee on Children, Youth and Families.

Programs	Benefits for Children	Cost Savings	Current Participation	Steps Needed Now	Goal
Head Start	Increased school success and eventual employability	\$1 invested in quality pre-school education returns \$4.75 because of lower costs of special education, public assistance, and crime.	Head Start serves fewer than one in five eligible children.	Increase Head Start funding by \$400 million annually for each of the next five years.	Extend Head Start to at least half of the poor three-to five-year-olds by 1992.
Chapter 1 Compensatory Education	Achievement gains and maintenance of gains in reading and mathematics while in the program.	Investment of \$600 for a child for one year of compensatory education can save \$4,000 in the cost of a single repeated grade.	In FY 1985, Chapter 1 served 4.9 million children-about half of those in need of services.	Add \$500 million (in real dollars) in each of the next five years, totaling an additional \$2.5 billion by 1992.	Fully fund the Chapter 1 program to reach all eligible educationally disadvantaged children by 1992.
Education for All Handicapped Children	Increased number of students receiving services, increased availability of appropriate services, and less restrictive settings in which services are provided.	Early educational intervention has saved school districts \$1,560 per disabled pupil.	During the 1984-1985 school year, 4.4 million children were served under this program.	Increase the federal share of program costs from its present level of less than 10 percent of local school costs, and in exchange insist on a restoration of the program's original quality and focus on individual student needs met in the least restrictive environment.	A free and appropriate education for every child, regardless of disability.
Minimum Wage Increase	Increased parental earnings and financial incentives to work.	Reduced expenditures for income support programs targeted on low-income families; increased personal income and payroll tax revenues associated with increased employment and earnings.	The minimum wage has not been raised to keep pace with inflation since 1981. A full-time, year-round job at the minimum wage now provides earnings equal to only 72 percent of the poverty level for a family of three. More than 10.6 million workers in 1985 earned too little to lift a three-person family out of poverty.	Raise the minimum wage to \$3.95 per hour in 1988, \$4.25 in 1989, and \$4.65 in 1990 to restore its real 1979 value after inflation. Adjust the minimum wage annually in succeeding years to maintain its real value.	Preservation of a "family wage" that allows parents to earn enough to keep their children out of poverty.
Youth Employment and Training, Job Corps	Gains in future employability and earnings for teenagers and young adults.	Every \$1 invested in Job Corps yields \$1.45 in benefits to American society. Other youth employment and training programs have raised post-program employment rates by nearly a fourth and annual earnings by more than \$1,300 per participant.	Job Corps currently serves only 3 percent of the 1.4 million teenagers officially counted as unemployed. Other training programs funded through the Job Training Partnership Act reach less than 5 percent of the estimated eligible population.	Add \$200 million for Job Corps to serve an additional 25,000 youths, and provide federal matching funds for states that establish school-to-work transition programs for non-college-bound youths.	Provide every young person not going on to college a training opportunity that leads to a stable job with adequate wages.

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Based in part on data from the House Select Committee on Children, Youth and Families.

# Advisory Board Children at Risk

Aaron, A.M. "Sam"	Bexar County Women's Bar Assn.	Ferrier, Maria	Communities in Schools, Nimitz
Agah, Lucy	Wesley Community Center	Forland, Ellnor	Child Advocates San Antonio
Agnese, Lou	Incarnate Word College	Fortner, Marjorie	Texas Department of Human Services
Agullar, Sister Maria A.	Worden School of Social Work	French, Nancy	Youth Alternatives
Alegria, Lydia	KSAT-TV	Fritz, Adellne	Parent/Child, Inc.
Alvarado, Richard C.	United Way	Gaines, Tom	Community Guidance Center
Anderson, Donna	Gateway Therapeutic Halfway House	Gallegos, Christine Q.	Parents Anonymous
Anderson, John	San Antonio Fire Fighters	Garcla, Orlando	State Representative
Azlos, Victor	The Casey Family Program	Garrett, Donna	Texas Department of Human Services
Baughman, Sharon	Big Brothers and Sisters	Garza, Felix	Firefighters Christian Fellowship, SAFD
Beaugh, Michael	S. A. Community of Churches	Garza, Marti L.	Bexar County Adult Probation Dept.
Boniface, Sister Mary	Healy-Murphy Center	Garza, Yolanda	Healy Murphy Center
Bonner, C. Tom	Kelly AFB, 2851st AB/FS	Geppert, Sandra	Individual
Boyd, Frankie	Judge, Municipal Court	Glenney, Karen	Bexar County Hospital District
Brandes, James W.	Alamo Area Council of Governments	Goldsmith, Toni	Individual
Briseno, Alex	City of San Antonio	Gonzales, Dan	Parent Child, Inc.
Brodeur, Barbara	S. A. Food Bank	Gonzalez, Josie	Bexar County MHMR
Bruce-Gonzalez, Henry	Texas Worknet Project	Grant, Richard	Children's Service Bureau
Burns, Charles	S. A. Police Dept.	Grantham, Kathy	S. A. Area Council of Girl Scouts
Burns, David	Sen. Cyndi Taylor Krier's Office	Gritzer, Anne	Individual
Butler, Helen	Mayor's Commission on Status of Women	Guerra, Fernando	Metropolitan Health District
Bux, Robert C.	Medical Examiner's Office	Gutierrez, Eliza	Bexar County Women's Center
Campos, Hector J.	Bexar County Hospital District	Haberman, Carol	Judge, 45th District Court
Cardenas, Gus	Parent Education Early Intervention Project	Hanson, Don	Bexar County Juvenile Probation Dept.
Cardenas, Monica	Parent Education Early Intervention Project	Hargrove, Randi	Bexar County Women's Center
Carter, Glen	Jewish Family Service	Harshberger, Bina	Levi Strauss & Co.
Cernoch, Jennifer M.	Project ABC	Henderson, Dwight E.	University of Texas at San Antonio
Chavira, Juan Antonio	District Attorney's Office	Hesler, Shelley	HCA Hill Country Hospital
Chumney, Candes	Funding Information Center	Hicks, H. Harrell	Mental Health Association
Coleman, Joyce	Battered Women's Shelter	Hoyt, Julia C.	Bexar County Child Welfare Board
Contreras, Jose A.	Boys and Girls Clubs of S. A.	Ingle, Priscilla	VIA Transit
Contur, Margaret	Project C.O.P.E.	Johnson, Tim	Judge County Court No. 5
Cornyn, John	Judge, 37th District Court	Jurek, Dianne	San Antonio Assoc. for the Education of Young Children
Cortez, Carmen P.	Avance	Kelsey, Carmen	Bexar County District Attorney's Office, Juvenile Division
Cox, Susan	Planned Parenthood	Klinbeck, Liz	KLRN-TV Channel 9
Cunningham, Samuel	BAMC, Ft. Sam Houston	Kolb, Sara	Incarnate Word College
Dalglish, Bob	Grandfather	Kossman, Steven	Bexar County Juvenile Probation Department
Dalglish, Jim	St. Philip's College	Larson, Betty	San Antonio Association for the Education of Young Children
Dannahort, Doug	Paine Webber	Le Blanc, Frank	Boy Scouts of America
Davidson, Jane	Harry Jersig Center	Lee, Bob	Bexar County Commissioner
Davis, Lloyd E.	Catholic Family Services	Leonards, Ramona	Bexar County MHMR
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Draper, Darlene	Bexar County Pct. 4		
Duggan, Dennis	SAMM Shelter		
Dumas, Sylvia	Healy Murphy Child Care Center		
Ewell, Patty S.	A. T. & T.		
Farrington, Maria	Communities in Schools		

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Ortiz, Amadeo	S. A. Police Dept.	Tucker, Keith	Incarinate Word College Counseling Center
Owen, Patricia	St. Mary's University	Vera, Patricia L.	Mission Road Developmental Center
Patterson, Arline	North East Independent School District	Walsh, Patricia	S. A. Police Dept.
Peterson, Natalie	Family Services Association	Washington, Roy	Texas Youth Commission
Porto, Maurine D.	S. A. Metropolitan Health District	Whatley, Judith	UT Health Science Center - Department of Pediatrics
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Richnow, Douglas	Sen. Judith Zaffirini's Office/ Austin		
Rives, Patsy	Junior League		
Rodriguez, Homero	Texas Dept. of Human Services		
Rodriguez, Julian R.	SANYO		

# One Day in the Lives of American Children

16,200	women get pregnant	9	children die from guns
2,753	of them are teenagers	5	teens commit suicide
1,099	teenagers have abortions	7,742	teens become sexually active
367	teenagers miscarry	609	teenagers get syphilis or gonorrhea
666	babies are born to women who have had inadequate prenatal care	1,868	teenagers drop out of high school
695	babies are born at low birth-weight (less than 5 lbs. 9 oz.)	988	children are abused
44	babies are born at very low birthweight (less than 3 lbs. 5 oz.)	3,288	children run away from home
72	babies die before one month of life	1,736	children are in adult jails
110	babies die before their first birthday	2,269	children are born out of wedlock
27	children die because of poverty	2,989	children see their parents divorced
		36,057	people lose jobs

- Children's Defense Fund, 1988  
National Newsletter, *CDF Reports*

National statistics indicate that about 3.76 million children are born in the United States each year.<sup>87</sup>

Children make up 29.3% of the Texas population.<sup>85</sup>



*In some places children dance to the joyous music of life and elsewhere they only cling to existence.*

*They are all ours.*

# Sources

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Every effort has been made to cross validate each cite. Where multiple sources were used, the primary source is cited.

1. United States Conference of Mayors. (1988) These are A Status Report on Children in America's Cleaned up Cities: A 52-City Survey. U.S. Conference Versions of the "Fact Booklet" Sources of Mayors, Washington, D.C., October, 1988.
2. United States Department of Commerce-Bureau of the Census. (1988) Poverty in the United States, 1986. Current Population Reports, Consumer Income Series P-60, Nv 160, Table 2, "Poverty Status of Persons. . . Under 18 years. Washington, D.C. (poverty index) Texas Department of Health-Population Data System. (1986) Population Projections, revised 7/31/86. Austin, TX. (calculations by AACOG)
3. United States Department of Health and Human Services-Office of Child Support Enforcement. (1986). Tenth Annual Report to Congress: Period Ending September 30, 1985, Washington, D.C. (Calculations by Children's Defense Fund. Includes both AFDC and non-AFDC cases.)
4. United States Department of Agriculture-Center for Budget and Policy Priorities. (1987) Women and Children Served with Federal and State WIC Funds. Washington, D.C., September, 1987.
5. San Antonio Independent School District-Food Services Department. (1988) Personal communication to K. Fletcher, Partnership for Hope, San Antonio, Texas, June, 1988.
6. The State of Texas-Lt. Governor's Select Committee on Medicaid and Family Services. (1988) Report and Recommendations. Austin, Texas, June, 1988, p. 17.
7. Children's Defense Fund (1987). The Health of America's Children: Maternal and Child Health Data Book. Washington, D.C., 1987, p. 177.
8. S. A. Light (1988) State's Welfare Application Rejection Rule of 50% Leads the South. San Antonio, TX, June 5, 1988.
9. The State of Texas. (1988) Final Report of the Joint Interim Committee on Child Support. Austin, Texas, April, 1988.
10. Rickhoff, Tom. (1988) Crimes Against Our Children. The San Antonio Light, San Antonio, Texas, Thursday, April 14, 1988, E5.
11. United States Department of Education. (1986) Factsheet on Children and Families in Poverty: Report of the House Select Committee on Children, Youth, and Families. Washington, D.C. 1986.
12. Children's Defense Fund. (1982) Children and Their Families: Key Facts. Washington, D.C., 1982, p.3.
13. United States Department of Commerce-Bureau of the Census. (1979) Child Custody and Child Support. Special Series No. 84, June, 1979.
14. Weitzman, Lenore. (1986) The Divorce Revolution: The Unexpected Social and Economic Consequences for Women and Children in America. A 10 year study conducted by Harvard professor Weitzman quoted in a public hearing jointly sponsored by the California State Senate Task Force on Family Equity and the California Senate Judiciary Committee, Sacramento, California, October 16, 1986.
15. Children's Defense Fund-Adolescent Pregnancy Prevention Clearinghouse. (1987) Child Support and Teen Parents. Washington, D. C., November, 1987, p. 14.
16. United States Government Printing Office. (1988) The Federal Register. Washington, D.C. February 12, 1988, p. 4214.
17. San Antonio Metropolitan Health District. (1987) Vital Statistics: 1982-1987., and Maternal Health Indicators by Bexar County Census Tracts-1987., San Antonio Metropolitan Health District, 332 W. Commerce Street, San Antonio, Texas, 78285, 1987.
18. Texas Family Planning Association, (1988). Confirmed by data from San Antonio Metropolitan Health District Demographic Study of Health Needs for San Antonio.
19. Kever, Jeannie (1988). Adult Panel: Self-esteem Is At the Root of Teen Pregnancies. The San Antonio Light, San Antonio, Texas, Thursday, February 25, 1988, D1, D20.
20. Dwyer, J. (1981) Nutrition Education and Information. In Better Health for Our Children: A National Strategy, (Vol. 4), Report of the Select Panel for the Promotion of Child Health, (DHHS, PHS, Publication No. 79-55071.) Washington, D.C. Government Printing Office, 1981.
21. Butler, J., Starfield, B., & Stenmark (1984) Child Health Policy. In Child Development and Social Policy, Vol. 1, edited by Harold W. Stevenson & Alberta Siegel, University of Chicago Press, Chicago, Illinois, 1984.
- 21a. Children's Defense Fund. (1988) A Call For Action To Make Our Nation Safe For Children: A Briefing Book On The Status of American Children in 1988. Washington, D.C., 1988, p.V

# Sources

22. Hoffert, Sandra L. (1987) America's Families in Tomorrow's Economy. Hearing before the Select Committee on Children, Youth and Families, United States House of Representatives, Washington, D.C., July 1, 1987.
23. Jacobson, J., and Morehouse, R. (1984) "A Comparison of Auditory Brainstem Response and Behavior Screening in High-Risk and Normal Newborn Infants." Ear and Hearing, 5 (4), 247-253.
24. Coplan, J. (1987) "Deafness: Ever Heard of It? Delayed Recognition of Permanent Hearing Loss." Pediatrics, 79 (2), 206-213.
25. Council for Better Hearing and Speech. (1988) "Better Hearing and Speech Month Fact Sheet," Washington, D.C. 1988.
26. Texas Department of Human Services - Region 09. (1987) Status Report. Prepared for the September, 1988 budget hearings before the Bexar County, Texas, Commissioner's Court. Report is available from David Reilly, Regional Director, TDHS-09, P.O. Box 23990, San Antonio, Texas, 78223-0990.
27. Fox, Kym. (1988) Low Funds Prompt Abuse Case Neglect. San Antonio, Texas, The Express-News, Monday, July 11, 1988, p.A-5, quoting the Status Report, note 26.
28. Texas Department of Human Services. (1988) Children in Care and Children Receiving In-Home Services. Report prepared especially for this publication, June, 1988. (Children-at-Risk Fact Booklet). Data on cases in Region-09 can be obtained from David Reilly, Regional Director for Services to Families and Children, TDHS-09. P.O. Box 23990, San Antonio, Texas 78223-0990.
29. Texas Department of Human Services. (1987) Validated cases TDHS-09, compiled by AACOG.
30. Alamo Area Rape Crisis Center. (1987) Monthly Report: June, 1988. San Antonio, Texas, June, 1988. Statistical reports available from AARCC, P.O. Box 27802, San Antonio, Texas, 78227.
31. Hamilton, Kathleen, Assistant Commissioner, TDHS. (1989) Presentation to Child Protective Services Task Force, State of Texas. January 16, 1989.
32. Texas Department of Human Services-Region 09. (1987) Status Report, see note 26.
33. Texas Coalition for Juvenile Justice. (1986) Status Report on Children's Needs, TCJJ, 2906 Maple Avenue, Suite 204, Dallas, Texas, 75201.
34. Children's Presidential Campaign, '88. (1988) Fact Sheet-Child Welfare League of America, 440 First Street, N.W., Suite 310, Washington, D.C. 20001-2085.
35. Burgess, Ann (1988) Lecture, Crisis Intervention: Services for Victims. Reducing Trauma of Victims While Increasing Effectiveness. University of Texas Health Science Center, School of Nursing, November 30, 1988.
36. Wooden, Kenneth. (1988) National Coalition for Children's Justice. Study, November, 1988.
37. Showers, J. Farber, E.D., Joseph, J.A., Oshins, L., and Johnson, C.F. "The Sexual Victimization of boys: A three year survey." Health Values & Achieving High Level Wellness, 7:15-18 (1983).
38. Rogers, C.M., and Terry, T., "Clinical Intervention with Boy Victims of Sexual Abuse." In Victims of Sexual Aggression: Men, Women and Children, I.R. Stuart and J.G. Greer (eds.), pg. 91-103. Nostrand Reinhold, NY (1984).
39. Holm, Marilyn Franzen. (1986). "The Children Whose Hearts are Broken." Excerpted from Shall The Circle Be Unbroken. Marilyn Franzen Holm, 1986. Bookmakers Guild, Inc.
40. Highly, Scott. (1988) Information provided especially for this publication from the Vital Statistics computer files, San Antonio Metropolitan Health District, 332 W. Commerce Street, San Antonio, Texas, 78205.
41. Bux, Dr. Robert. (1988) Personal communication based on research in the files of the Medical Examiner's Office, Bexar County, Texas, 422 N. Leona, San Antonio, Texas, 78205.
42. Ban open-vehicle riding for Texas youngsters, (1989) Editorial, The San Antonio Light, San Antonio. Texas, Thursday, January 26, 1989, p. B10.
43. Center for Disease Control., Weekly Surveillance Report, January 20, 1989.
44. Linsalata, Mark. (1988). Guide to help fight youth suicides. Quote by Morley Shaw, Clinical Psychologist, The San Antonio Light, San Antonio, Texas. Thursday, December 29, 1988. p. B5.

## Sources

45. Guerra, Fernando, M.D. (1988) Public Health Implications of San Antonio's Changing Demographics. San Antonio Metropolitan Health District, 332 W. Commerce Street, San Antonio, Texas, 78285.
46. Quaglia, Dianne. (1988) Information from the office of the Child Abuse Prevention Program, Department of Human Resources, City of San Antonio, 115 Plaza de Armas, 230, San Antonio, Texas, 78285.
47. McDermott, Marise. (1988) Minimum Standards Often Not Enough. The San Antonio Light, San Antonio, Texas, Sunday, April 10, 1988, p. A6
48. The Candidates and Poor Children, An Issue for the No-Issue Campaign. The New York Times, Sunday, September 25, 1988.
49. Shaffer, David J. (1988) Child care seen as major issue for businesses. The San Antonio Light, San Antonio, Texas, Friday, September 16, 1988, p. F1.
50. Axthelm, Pete. (1988) Somebody Else's Kids. Newsweek, April 25, 1988.
51. Hersch, Patricia. (1988) Coming Of Age On City Streets. Psychology Today, January , 1988..
52. Texas Department of Human Services. (1988) Running away... a plea for help. (1988) Brochure. Texas Department of Human Resources-09.
53. Texas Coalition for Juvenile Justice. (1988) Fact Sheet: Funds For Runaway Children. (1988). Texas Coalition For Juvenile Justice, Austin, Texas.
54. Linsalata, Mark. (1988) Children among homeless skyrocket here, across U.S., The San Antonio Light, San Antonio, Texas, Wednesday, November 16, 1988.
55. Federal Bureau of Investigation. (1988) Alcohol Blamed: The Number One Killer of Young Adults, 1988. The San Antonio Light, San Antonio, Texas, Sunday, December 19, 1988. p. A1.
56. Bell, Peter (1988) Address to Second National Conference on Alcohol, San Diego, Calif., Dec. 5, 1988, Reported by Sue Rusche, San Antonio Light, Dec. 6, 1988. F4.
57. Rukeyser, Louis and Cooney, John, (1988). Drugs become big business, San Antonio Light, San Antonio, Texas, Friday, Sept. 16, 1988.
58. San Antonio Light. State cons get little help with booze, drug abuse, (1988). San Antonio, Texas, Sunday, Dec. 19, 1988. A1.
59. The San Antonio Light. (1989) 75% of students admit boozing, snorting fumes. The San Antonio Light, San Antonio, Texas, Tuesday, January 31, 1989. p. A14.
60. Simpson, Dr. D. Dwayne, Psychologist, Director, (1988). A&M Study on Mexican-American Youth and Inhalant Abuse, December, 1988.
61. American Crime Study, (1987), U. S. Justice Department annual study, 1987, Washington, D.C
62. Children in Custody Census (1987), U.S. Justice Department Annual Study, 1987, Washington, D.C.
63. San Antonio Light, Number of juveniles in custody rises 10%, (1988), San Antonio, Texas, Monday, October 24, 1988. A7.
64. Unlocking the Future of Texas, The Anti-Crime Plan of 1989, Lt. Gov. Bill Hobby, 71st Legislature.
65. San Antonio Light, Sisk, Mack. (1988) Bexar Kids Returning to Crime, San Antonio, Texas, Tuesday, November 15, 1988. D1.
66. San Antonio Light, Henry, Tamara (1988). Advocacy for Education., San Antonio, Texas, Sunday, October 30, 1988. C1
67. San Antonio Light, Sills, Edward M., (1989). Shifting emphasis cuts education funds 6%, San Antonio, Texas, Wednesday, January 18, 1989. A4.
68. Intercultural Development Research Association. (1986) Texas School Dropout Survey Project: A Summary of Findings. I.D.R.A., 5835 Callaghan Road, Suite 350, San Antonio, Texas, 78228, October 31, 1986.
69. Texas Education Agency. (1987) Alternatives to Social Promotion, a report prepared for the Texas State Board of Education, Austin, Texas, March, 1987.



# Sources

70. Texas Education Agency. (1987) Superintendent's Annual Report: Part Three, 1985-86, Austin, Texas
71. Sexton, P. (1985) Trying to Make It Real Compared to What? Implications of High School Drop Out Statistics. Journal of Educational Equity and Leadership, 5:2 (Summer, 1985) pp. 92-106, cited in the 1987 TEA publication Alternatives to Social Promotion.
72. Loverude, Dave. (1988) Most Bexar County Schools spend less than U.S. norm, The San Antonio Light, San Antonio, Texas, August 30, 1988, p. A1.
73. National Coalition to Abolish Corporal Punishment In Schools. (1988) Corporal Punishment Factsheet, National Coalition to Abolish Corporal Punishment In Schools, 750 Brooksedge, Suite 107, Westerville, Ohio 43081
74. Elementary and Secondary School Civil Rights Survey, 1986, U.S. Department of Education.
75. CARE Coalition 1989 Legislative Agenda, Fact Sheet on Corporal Punishment, CARE Coalition, 511 N. Akard, Dallas, Texas 75201.
76. Fjelsted, Mae F. (1987) Discipline in the Schools: Corporal Punishment and Alternatives, an unpublished position paper, St. Philip's College, San Antonio, Texas.
77. The National Center for the Study of Corporal Punishment and Alternatives in the Schools, Temple University, Department of Psychology, 833 Ritter Hall South, Philadelphia, Pennsylvania, 19122.
78. Eisenberg, Ann (1988) Why is it OK to spank in schools? San Antonio Light, San Antonio, Texas, Wednesday, February 10, 1988. D5.
79. Loverude, Dave (1989). Reading the future, San Antonio Light, S.A. Texas, Sunday, February 5, 1989. A1.
80. State of Texas. (1987) Literacy as a Strategic Resource: A Challenge to Texas. Report of the Governor's Task Force on Literacy, Austin Texas, March, 1987.
81. Cardenas, J., Jackson, S., and Ramirez, D.G. (1983) The Status of Illiteracy in San Antonio, a report prepared by the Intercultural Development Research Association in cooperation with the United San Antonio Literacy Committee, San Antonio, Texas, August, 1983. Report available from I.D.R.A., 5835 Callaghan Road, Suite 350, San Antonio, Texas, 78228.
82. The Greater San Antonio Literacy Board. (1988) What Price Adult Illiteracy? Fact Sheet. The Greater San Antonio Literacy Board, P.O. Box 15738, San Antonio, Texas, 78212.
83. Children's Defense Fund. (1987) Adolescent Pregnancy: Anatomy of a Social Problem in Search of Comprehensive Solutions, the January, 1987, Adolescent Pregnancy Prevention Clearinghouse, Children's Defense Fund, Publications, 122 C Street, N.W., Washington, D.C. 20001.
84. Planned Parenthood of San Antonio. (1987) Teen Pregnancy Statistics, factsheet prepared by Planned Parenthood of San Antonio, 104 Babcock Road, San Antonio, Texas, 78201.
85. Friedholm, DeAnn and Team, Linda. (1988) Current Spending & Future Trends in Health & Human Services for the State of Texas. Requested research by Texas State Committee on Tax Equity. People First, c/o Texas IMPACT, 1212 Guadalupe, #105, Austin, Texas, 78701.
86. Texas Department of Human Services. (1986) Year to Date Summary of Family Planning Payments, Report MI-606-01, Texas Department of Human Services, Austin, Texas, 1986, p. 112.
87. Wegman, M. (1986) "Annual Summary of Vital Statistics-1985", Pediatrics, 78 (6), pp. 983-994.
88. Texas Foundation for Human Services. (1987) Recommendations for Action: Individual, Community, and State. From the Teen Pregnancy Forum, February 9-10, 1987, Austin, Texas.
89. The Alan Guttmacher Institute. (1981) Teenage Pregnancy: The Problem That Hasn't Gone Away, New York, New York, the Alan Guttmacher Institute, 1981.
90. Planned Parenthood Federation of America, Inc. (undated) Factsheet on Teenage Pregnancy, P.P.F.A., Inc., 810 Seventh Avenue, New York, New York, 10019.
91. Children's Defense Fund. (1987) The Health of America's Children, Washington, D.C., Table 2.21B, "Percent of All Births to Mothers Under 20, for Cities of 500,000+ Population, White, 1984," p. 87.

## **We would appreciate your help and suggestions.**

The *Children at Risk* project has just begun. Its objective is singular and simple: To help children. However, there is no single or simple way to solve all the problems.

If you can lend help or suggestions toward this effort, please let us know by returning this response form.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_

Organization \_\_\_\_\_

- I would like to get involved.
- I would like more information about the project.
- Please include me on your mailing list for updates and notifications of upcoming events.
- I would like \_\_\_\_\_ copies of the Fact Book sent to me.

**Mail to:**

*Children-at-Risk* Committee  
c/o Alamo Area Council of Governments  
118 Broadway, Suite 400  
San Antonio, Texas 78205

Please use the space below for additional comments.

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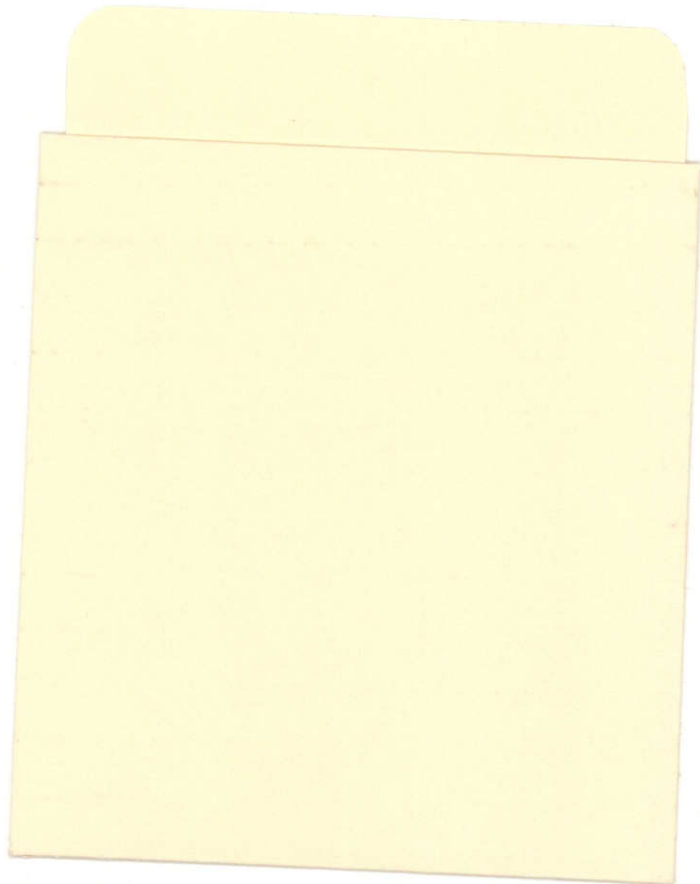
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