Foreword

Safe Passages: Texas Teens on the Road to Adulthood was a research topic agreed upon by Senate Research Center staff, as there was general agreement that a report on the state of Texas teenagers could provide useful data and information for legislators when making policy decisions during the 77th Legislature. We chose the ages 12 to 18 to represent Texas adolescents and have attempted to provide statistics for that age group whenever possible. Some data, however, categorizes teens, or juveniles, or adolescents, by different age categories. In the juvenile justice system, for example, 17 is the ultimate age for a juvenile, as 18-year-olds are considered to be adults.

To a large degree, the economic future of Texas depends on our next generation being reasonably well-educated, healthy, and economically productive. By focusing on providing useful statistics and identifying concepts and programs that work, we have tried to point the way toward identifying what government can and cannot do and how our state dollars can best be invested to assure the future health and productivity of Texas youth.
Acknowledgments

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Executive Summary

Chapter 1
The Population at Issue:
Teen Demographics in Texas and the United States

The discussion of adolescent demographics points out two significant differences between Texas and America as a whole: Texas has a younger population than the rest of the country and Texas has a much larger proportion of young Hispanic teens. Hispanic teens make up a full third of the Texas group, but only 13 percent of the United States population. And, while the percentage for African-American teenagers is nearly the same (13 and 15 percent, respectively), white non-Hispanic teens comprise 67 percent of the total U.S. population but only 52 percent of the Texas population. In addition, while the poverty rate for older Americans has declined significantly, the poverty rate for young people throughout the United States has not improved since 1970. The recently released 1999 child poverty statistics from the U.S. Census Bureau did show a two percent decline, resulting in the smallest percentage of children in poverty since 1970. While this is an encouraging trend, the number is still higher than it was 30 years ago. The implications of these differences are important for Texas when seen in light of the youth risk factors identified by the census bureau and discussed below.

Establishing the Context:
Six Risk Factors Affecting Adolescents

Social research has identified various risk factors that can affect both the present and future well-being of adolescents. A 1996 Census Bureau survey identified six risk factors and reported on how American children are doing in relation to these factors. The six factors are: (1) poverty, (2) welfare dependence, (3) both parents absent, (4) one-parent families, (5) unwed mothers, and (6) parent who has not graduated from high school.

Risk Factor 1:
Poverty and its Many Consequences

Poverty levels among American children, especially among black and Hispanic children, remain unacceptably high. In 1970, the poverty rate for Americans under the age of 18 was 15.1 percent. In 1999, the poverty rate among young people had increased to 16.9 percent. The 1999 poverty rate for black and Hispanic kids remains much higher than the national average, at 33.1 and 30.3 percent, respectively.

The number of children in poverty is all the more startling when compared to the decreasing poverty rates among elderly Americans. In 1970, elderly Americans had the highest percentage of poverty of any age group, at 24.6 percent. By 1980, children for the first time made up the largest percentage of
low-income Americans. As child poverty rose, the poverty rate for the older population continued to fall. By 1995, the poverty rate for elderly Americans had fallen to 10.5 percent. While progress has clearly been made towards reducing elderly poverty, little progress has been made towards reducing poverty among young Americans.

Data compiled from the Texas State Data Center (TSDC) and the Texas Health and Human Services Commission (THHSC) indicate that the poverty rate for Texas children exceeded the national average in 1998. In Texas, 20 percent of all children between 7 and 18 live in poverty. Children six and younger make up 18.89 percent of those in poverty in Texas, while those 7 through 18 years make up 22.85 percent. In other words, 41.94 percent of the poor in Texas in 1998 were under the age of 18.

**Risk Factor 2:**
**Dependence on Federal Assistance**

In 1994, a total of 796,348 Texans were dependent on Aid For Dependent Children (AFDC). By March 1999, the total number dependent on Temporary Assistance for Needy Families (TANF) totaled just 313,823, a decrease of 61 percent compared to January 1994. As of December 1999, THHSC estimates that this reduction translated into 225,066 individuals under the age of 18 who received TANF assistance, only 4 percent of all the children who live in Texas.

**Risk Factors 3 and 4:**
**Single Parent, or No Parents**

The third and fourth risk factors for children discussed in the census bureau report were living in a one-parent or no-parent family. The percentages of these types of families in Texas mirror the national statistics, but with slightly fewer two-parent homes in Texas. Roughly 67 percent of children in Texas in 1998 were being raised with both parents at home, whereas single, divorced, or separated mothers raised approximately 25 percent of children.

When we look at the family structure of Texas children in poverty, the percentage of children living in one- or no-parent families is even higher. Only 39 percent of poor children live with both parents, while nearly 51 percent live with just their mother. Another five percent live with their father and almost five percent are with neither parent.

**Risk Factor 5:**
**Unwed Mothers**
*(A Higher Risk Subset of Single Parents)*

Between 1970 and 1998, the number of children living with a never-married mother increased more than 3,000 percent.

Texas has a smaller percentage of children living with a never-married mother than the nation as a whole: 6 percent versus 11 percent nationwide.
Risk Factor 6:  
Educational Attainment of Parents

The sixth and final risk factor identified by the census bureau is having a parent who has not graduated from high school. Nationwide, the number of children having this risk factor has diminished, but data from Child Protective Services show that Texas still has a high number of households with children under 18 headed by a parent with less than a high school education. In particular, Texas has an especially high number of family heads who have less than a ninth grade education, 10 percent versus 4.8 percent for the nation as a whole.

Correlating Poverty with Other Risk Factors

A comparison of the demographic profile of Texans in poverty outlined above with the other census bureau risk factors makes clear that, where one of the other risk factors is present, poverty is often present also. One could say that the last five risk factors are a subset of the first, poverty.

Welfare Reform as Variable in Reducing Teen Risk Factors

One potential avenue for reducing adolescents’ exposure to risks is through the recent welfare reform efforts of both the 74th Texas Legislature (H.B. 1863) and U.S. Congress (Personal Responsibility Work Opportunity Reconciliation Act of 1996, or PRWORA). For instance, PRWORA encourages parents to find employment, promotes two-parent families, and places restrictions on welfare assistance when family members (either parents or teens) drop out of school.

By focusing on family welfare issues, PRWORA could actually reduce, perhaps in some cases eliminate, many of the risk factors affecting Texas adolescents. In its most positive outcome, the welfare reform effort could assist parents in securing worthwhile employment and ultimately breaking the cycle of poverty.
Conversely, welfare reform could have detrimental effects on teenagers. According to the Urban Institute, “time limits for the receipt of welfare benefits and reductions in benefits for recipients who do not meet program rules, as well as the potential inability to obtain steady, well-paying employment, could prevent other families from escaping poverty.” Thus, welfare reform has the potential to either benefit or harm families and children, depending on how the program is structured.

Programs to assist teenagers in developing coping strategies could also be a strategy to reduce the effects of teen risk factors. Some coping strategies identified by the Urban Institute include personal characteristics, such as temperament, disposition, and behavioral and cognitive skills, as well as environmental characteristics such as social support from the community, parental warmth, adult monitoring and supervision, and positive role models. Yet, even when coping strategies are present, high levels of risk are found to be associated with poorer developmental outcomes for children. Thus, it is clear that teens confronting these risk factors deserve special attention by policymakers.

**Policy Implication:** Monitor the effects of welfare reform on mitigating the teen risk factors.

At this point, the effect of welfare reform on the teen risk factors is speculative. Hard data, with the use of sophisticated statistical models, will provide a more concrete understanding of the effects welfare reform is having on adolescents. A multiple regression analysis, along with a factor analysis, could be two statistical tests for isolating those specific variables influencing teen risk factors.

**Policy Implication:** Address the need for better Texas data.

In spite of extensive data gathering and analysis by the census bureau, TSDC, and government agencies such as THHSC, there are gaps in the data for Texas that hinder our ability to identify and target teenagers in need. While general statistics on the status of children are available, data at a higher level of detail, especially data relating just to adolescents, would be very useful to policymakers. For example, data on the race and ethnicity of Texas children in poverty is only available thorough the U.S. Census Bureau Current Population Survey. This sample is so small that data for the smaller population groups such as African-American children under age 18 is volatile and unreliable.
Chapter 2
Playing With Poison: Teenage Substance Abuse

Risky behavior patterns initiated in adolescence often cause preventable and costly health problems in adults. Adolescents who participate in risky behaviors are no longer regarded as “teens just being teens” or following a normal phase of development. Sociologists now consider risky behaviors as an indication of troubled youth.

According to the 1998 Texas School Survey performed by the Texas Commission on Alcohol and Drug Abuse (TCADA), the top five substances used by Texas teens are alcohol, tobacco, marijuana, inhalants, and cocaine. The teens surveyed were students in grades 7 through 12. Except for high school seniors’ use of marijuana, Texas secondary school students matched or surpassed the consumption rate for each of the five most widely-used substances when compared to national averages.

Preventing tobacco use among adolescents continues to be a significant policy issue, especially since the number of cigarettes smoked by teens daily has consistently increased in the last 10 years. Compared to national averages, Texas eighth graders have higher rates of marijuana usage. TCADA also reports that inhalant use among students is rising, and the use of inhalants begins earlier than other drugs. Powder cocaine replaced stimulants, such as amphetamines, as the fifth most widely-consumed substance among Texas school students in 1998. Lifetime use of powder cocaine and crack use by students between 1996 and 1998 increased by 31 percent, a faster rate of increase than for any other substance.

**Policy Implication:** Recent changes in Texas law show that Texas is committed to reducing smoking among its youth. Monitoring the efficiency of current smoking cessation programs, educating law enforcement and local judges in the benefits of the programs, and increasing the number of minors taking smoking cessation classes are the next steps.

One-third of the state’s teens use tobacco: 24 percent smoke cigarettes and 9 percent of high school males use smokeless tobacco. Each year approximately 85,000 children under 18 in Texas become daily smokers.

Texas has enacted legislation to reduce tobacco use among adolescents and has created the Office of Tobacco Prevention and Control (OTPC), housed in the Texas Department of Health (TDH). OTPC’s main objective is to help reduce the use of tobacco among youth.

**Policy Implication:** The early age at which Hispanic teens begin drinking alcohol and their high risk for abusing other substances indicate the need for special attention to this dynamic.
According to the Texas *Journal of Pediatrics and Adolescent Medicine*, Hispanic adolescents tend to initiate alcohol use earlier than their counterparts, engage in higher misuse levels, and continue to be at higher risk for alcohol abuse and dependence as adults. In addition, a Texas Council on Alcohol and Drug Abuse survey found that Hispanic teens reported the highest levels of use for the five most abused illegal substances.

**Policy Implication:** Substance abuse prevention efforts should begin when children are young, target the five predominant substances, and reinforce successful prevention programs.

Statistics on the average age at which Texas children use harmful substances paint a disturbing portrait of early abuse. On average, Texas children first use inhalants at 12.2 years, alcohol and tobacco at 12.3 years, marijuana at 13.5 years, and cocaine at 14.4 years. While teens’ use of these substances is declining, their abuse now begins at younger ages than in previous years. Texas middle and high school students abuse substances at a rate that equals or exceeds the national consumption rate for each of the top five substances, with the exception of marijuana use by 12th graders.

### Chapter 3
**Other Health Issues:**
*Risky Behavior the No. 1 Problem*

In 1998, the leading cause of death in the United States for 15-to-20-year olds was motor vehicle crashes, with 3,427 deaths and 348,000 injuries. Since many reaction provisions relating to teenage driving and drinking are in place, Texas could now focus on prevention provisions. The Texas Alliance Against Underage Drinking is a promising new effort.

In 1997, teenage drivers constituted less than 7 percent of the total U.S. population, but accounted for 13 percent of all motor vehicle deaths. Of those fatalities, 21 percent involved alcohol and in 14 percent the underage driver’s blood alcohol concentration (BAC) level was above 0.10 grams per deciliter.
Policy Implication: Texas may want to reconsider a graduated licensing system and look at a model law developed by the National Committee on Uniform Traffic Laws and Ordinances (NCUTLO), which 23 states have adopted in some form.

Graduated licensing is “a system for phasing in on-road driving, allowing beginners to get their initial experience under conditions that involve lower risk and introducing them in stages to more complex driving situations.” Nighttime driving restrictions, requiring restraint use for all occupants, passenger limitations, and lower threshold license sanctions create low-risk controlled circumstances allowing teenage novice drivers to gain driving experience. Florida was the first state to adopt graduated licensing in 1996 and realized a significant reduction in crashes involving 15- to 17-year-olds.

Policy Implication: Abstinence programs have been successful in preventing teen sexual activity and should continue to be the focus of all prevention efforts. Texas should take advantage of the flexibility of TANF, using a part of those funds for teen pregnancy prevention programs.

Engagement in sexual activity by teens poses significant and long-term health, economic, and social consequences. Unintended pregnancies, the stress of parenting, sexually transmitted diseases, reduced employment opportunities and earnings, lost taxes and increased use of publicly-funded medical treatment, housing, and welfare benefits result from early sexual behavior. While the 1997 teen birth rate declined by 17 percent nationwide, Texas experienced a 6.8 percent decline and retained a higher teen birth rate than the national average.

In 1997, Texas women aged 13 to 17 experienced a total of 27,652 pregnancies, resulting in a pregnancy rate of 37.9 per 1,000 women in the same age group. The total for teen births in Texas would increase by an estimated 25,879, if births to teenagers ages 18 and 19 were included.

After California, Texas shares second place in the nation for the highest rate of adolescent pregnancies with New York, Florida, and Illinois. Nationally, 78 percent of the teens that gave birth in 1997 were unmarried. The National Conference of State Legislatures (NCSL) reported that in 1996 teen mothers aged 17 and younger cost the federal government $6.9 billion each year, at an average cost of $3,042 for each teen mom.

Over 66 percent of teen mothers in Texas are single. In 1998, according to the Office of the Attorney General (OAG), 101,743 children were born to unmarried mothers in Texas, with estimates that over 105,000 children will be born out-of-wedlock in 2000. TDH reports that only 43.3 percent of teen mothers received adequate prenatal care, compared to 71.6 percent of all other mothers. The young age of the mother, smoking or abusing substances while pregnant, poverty, low level of educational attainment, and lack of prenatal care contribute to low-birth-weight babies, a factor associated with neonatal mortality and long-term disabilities.
Over 12 percent of Texas’ teenage mothers gave birth to low-weight babies, whereas approximately seven percent of other mothers (7.4 percent nationwide) had low-weight babies. Although the overall incidence rate of primary and secondary syphilis declined in Texas between 1983 and 1996, adolescents continue to have high Sexually Transmitted Disease rates. Among Texans aged 13 to 24 in 1996, AIDS was the sixth leading cause of death.

**Policy Implication:** Improve efforts in promoting healthy eating patterns.

USDA suggests that while establishing improved diets for healthy lifestyles is needed, particularly among young persons, convincing the public to put these changes in place has been difficult. USDA recommends improved efforts in educating, informing, and motivating Americans to adopt healthier eating patterns. An important dietary change would be to eat more whole grains, fruits, and vegetables, according to USDA.

The Center for Science in the Public Interest, a non-profit health advocacy organization, reported that 12 percent of adolescents are seriously obese. The diet of most children and adolescents in our nation is rated as poor or needing improvement. In general, the nutritional value of children’s’ average diet worsens as they move into their teens. While 24 percent of those aged five and younger have a good diet rating, only six percent of teens ages 13 to 18 have a good diet.

**Policy Implication:** CHIP enrollees and individuals under 18, who are not eligible for publicly-funded health insurance, might benefit from the establishment of more school-based health centers across the state.

In response to the growing need for access to health care by children who are neither covered by health insurance nor publicly insured, many communities have turned to school-based health centers as a practical solution. By 1998, there were 77 school-based health centers in Texas.
Chapter 4
Mending Minds: Teens and Mental Illness

Today, up to one in five American children and adolescents may have a behavioral, emotional, or mental health problem that, without help, can lead to a variety of additional problems, including school failure, family problems, running away from home, alcohol and drug use, violence, or suicide. At least 1 in 10 - or as many as 6 million young people - may have a serious emotional disturbance that severely disrupts his or her ability to interact effectively within the family, at school, and in the community. But fewer than one in five of these impaired children receives treatment. A more recent estimate places the prevalence of serious emotional disturbances between 9 and 13 percent among youth aged 9 to 17.

There may be early indicators of mental health problems. Researchers at the Johns Hopkins School of Public Health found that how a teenager acts socially — how well or unsuccessfully the young person interacts with family and peers, participates in school, and controls behavior — offers an early indication of psychiatric disorders.

**Policy Implication:** Improve the identification of mental health problems.

Better training, as part of existing training programs, for juvenile justice staff, teachers in public schools, and private providers, may increase awareness of youths’ mental health problems and improve identification and early treatment.

A multi-state survey, conducted jointly by the National Mental Health Association (NMHA) and the National GAINS Center for People with Co-Occurring Disorders in the Justice System, found that mental health problems typically are not identified until after children are involved in the juvenile justice system, if at all.

In Texas, the Texas Department of Mental Health and Mental Retardation (TDHMHR) reports that approximately 30 percent of youths receiving community-based mental health services funded by TDMHMR have a history of contact with the juvenile justice system or are at risk for involvement.

**Policy Implication:** Improve Texas’ approaches to mental health problems. Early treatment may avoid residential treatment or entry into residential juvenile justice facilities – both high-cost alternatives. Texas should also determine the adequacy of the juvenile justice system’s mental health screenings and assessments administered as youths enter the system.

Generally, residential treatment is expensive, costing approximately $3,033 per month or $36,400 per year. Compared to residential services, community-based services are a bargain. The average cost of community-based mental health
services per child is approximately $344 per month or $4,128 per year. The average child receives services for about six months.

Policy Implication: Improve the analysis of statistical information. Statistics collected on children and youth in special education programs in Texas schools should be reviewed to determine if the numbers accurately reflect the incidence of emotional disturbances.

The Individuals with Disabilities Education Act (IDEA), starting in 1975, and other laws give physically and mentally disabled children the right to a free and appropriate public education. Under IDEA, children with serious emotional disturbances may be entitled to special education services in schools.

According to TEA statistics, approximately 35,728 students (7.1 percent of a special education tally of students) receiving special education services were emotionally disturbed, and 265,552 (54.2 percent of the tally) were categorized as having learning disabilities.

A 1999 survey by the National Alliance for the Mentally Ill (NAMI) found that 46 percent of parents of children with severe mental illness participating in the study believed that schools resisted identifying children with serious mental illnesses. Services can be expensive for school districts. Currently, IDEA pays for about 8 to 10 percent of the costs of special education. The remainder of the costs are assumed by state statutory formula special education payments, Medicaid payments for eligible children, and school districts. A more thorough identification of these children who receive special education services due to mental health problems could bring in more federal Medicaid payments to help school districts pay for some special education services.

Policy Implication: Increase opportunities for improved communication.

Nationally, over 55 percent of students with serious emotional disturbance drop out of public schools, and 58 percent of these young people are arrested within three to five years of leaving school. Texas should investigate ways to enhance communication between educational systems, mental health systems, and juvenile justice systems for youths with treatment needs.

Children may need a range of services, but programs are frequently split between different state and local agencies, each with different criteria for eligibility or other requirements. Texas should investigate how to improve communication between the Center for Mental Health in Schools and school district personnel. An Internet site for teachers and counselors could provide this information. Children with severe emotional problems could potentially receive services provided or funded by at least 10 state agencies, not counting private providers or community organizations and services.

Policy Implication: Increase opportunities for improved insurance coverage for mentally ill teens.
TDMHMR reported to the 75th Texas Legislature that approximately 250 families relinquished legal custody of their children in 1995 to the Texas Department of Protective and Regulatory Services in order to get needed residential care. Texas recently introduced several new state insurance options—the Texas Healthy Kids program, CHIP, and revised Medicaid options. Texas needs to study how the new changes, which are already in place, can be used to optimize existing federal funding for mentally disabled teens.

Texas continues to develop community-based services to care for mentally ill children and teens in less expensive ways, including flexible community services, or “wraparound services.” The Texas Children’s Mental Health Plan helped to develop local services for children and to maximize funding sources by pooling all sources of available funding in one place at the local level. In Fiscal Year 1996, 33,472 children received services through the Children’s Mental Health plan. In 1999, 41,121 children participated in the program, a 23 percent increase.

Under a 1999 U.S. Supreme Court decision, Olmstead v. L.C., states are required under the Americans with Disabilities Act (ADA) to provide community-based treatment for persons with mental disabilities under certain circumstances. The next step in Texas’ services for youth is to introduce new communities to the local “systems of care” model. A “system of care” means tying together all the various supports and services in a single plan for a particular child and family. If residential care is avoided, then “systems of care” are effective in reducing costs of services, and enabling more troubled youths to get care.

Policy Implication: Improve the identification of Texas funds and programs that treat mentally ill teens.

One barrier in Texas is to identify amounts and sources of funds that all agencies use to provide mental health services to adolescents and children. The 1990 report of the Texas Mental Health Association was the last effort to comprehensively identify funding amounts by agency. A more comprehensive budget study could identify lists of programs and expenditure, per capita costs, and sources of funding, by residential and non-residential care. This would provide a road map for policymakers to understand the current mental health system for children and adolescents in Texas and develop way to streamline services and make more efficient use of existing funds.

Chapter 5
Tuning In on Dropping Out

In 1997, 4.6 percent of students who were enrolled in 1996 did not graduate and did not return to school, according to the Texas Education Agency (TEA). The main problems in the area of dropouts are defining a dropout, counting the number of dropouts accurately, identifying who is at risk of dropping out, and providing prevention programs that work.

Policy Implication: Define “dropout.”
Texas needs an accurate picture of the extent and nature of the problem. A statutory definition of “dropout” would eliminate the problem of tweaking the definition to obtain a lower dropout rate and ensure that when TEA reports a dropout rate, it is clear which students are being counted.

During the last decade, the dropout rate in Texas has fallen. However, during the same period TEA has changed its definition of a dropout, accounting for some of the change. The current definition of dropouts used by TEA for reporting dropout rates does not include students who have obtained a GED, students who have completed their high school course requirements but failed to pass the TAAS test necessary for graduation, and students who are expelled. Students in these programs are not counted as dropouts. Critics, such as the Intercultural Development Research Association, charge this leads to an undercounting of dropouts and gives a false impression of the dropout rate in Texas.

Currently, TEA reports an actual annual dropout rate and an actual longitudinal dropout rate. An annual dropout rate provides a picture of how many students drop out of school in a given year. However, this rate usually yields a low number, often providing a false impression of the extent of the dropout problem. A longitudinal dropout rate tells how many students dropped out over a number of years, for example how many students dropped out of school between 7th and 12th grades. However, with this rate, TEA must make estimations to account for students who changed schools. While the annual dropout rate for 1997-98 was 1.6 percent, the longitudinal dropout rate for the same year was 14.7 percent.

**Policy Implication:** TEA should implement a system for verifying data submitted by school districts through the PEIMS Leaver Record System and school districts should be held accountable for the information they submit. If the data used to generate the dropout rate is not accurate and reliable, the dropout rate is meaningless.

In 1996, TEA began using the Public Education Information Management System Leaver Record System (PEIMS) to track dropouts. PEIMS requires each school district to account for every student in 7th through 12th grade who was enrolled in the district the prior year. If a student is no longer enrolled, the school district must give a reason for the student’s absence.

**Policy Implication:** Require schools to verify certain student information.

Even with PEIMS, data submitted by school districts is difficult to verify and may be inaccurate. Additionally, the data is not audited. By TEA’s own analysis, 25 percent of the students reported as transferring to another district within the state could not be found enrolled in another school district. Requiring a school to verify certain information would provide more accurate tracking of students. Verification could be something as simple as verifying that another school district requested a student’s transcript.
Manipulation of student information can also cause inaccuracies. A high dropout rate can negatively impact the performance rating given to a school by TEA. Because schools regard performance ratings very seriously, there is a disinclination to report a high number of dropouts, possibly leading to an under-reporting of a school’s actual number of dropouts. Currently, TEA is not required to audit the data submitted by a school district.

Policy Implication: Research dropout prevention programs to determine what works based on actual program evaluations and then convey that information to school districts.

Texas has taken many steps in the last decade to reduce the dropout rate and great gains have been made. In the coming years, Texas faces the challenge of further reducing the dropout rate. Some of the model programs inside and outside the state include 20/20 Analysis, the Coca-Cola Valued Youth Program (54 schools in 17 Texas cities), Project GRAD (initiated in the Houston school district), Success for All, and Project Adelante.

Policy Implication: Examine the effectiveness of TEA’s guiding principles and the state’s plans to reduce the dropout rate.

Students drop out of school for a number of reasons. The most common reason given is poor attendance, followed by entering an alternative program or not pursuing a diploma, and pursuing a job. The challenge for the State of Texas is finding ways to keep students in school. School districts begin this process by identifying students who are at risk of failing school or dropping out. The Texas Education Code defines the characteristics of an at-risk student and requires the TEA to develop state plans to reduce the dropout rate.

Chapter 6
Youth in the Workforce

The unemployment rate among teenagers in Texas was 19.8 percent in 1998, while the national rate hovered around 14.6 percent. The Department of Labor estimates that nationwide nearly 11 million youths between the ages of 16 and 24 are high-school dropouts, or graduates who are not continuing their education. Only 42.5 percent of high school dropouts work, compared to 65 percent of those with a high school diploma and 80 percent of college graduates. Individuals who do not finish high school will, over their lifetime, cost the nation $260 billion in lost earnings and foregone taxes.

Policy Implication: Focus additional resources on education and training of the growing minority population.

In the coming years, minority population growth will dominate patterns of labor force change. Estimates by the Texas State Data Center (TSDC) project that from 1990 to 2030, the proportion of labor force net changes will be an increase of 68.2 percent in Hispanic workers, a 7.4 percent increase in African-American workers,
a 13.1 percent increase in other population groups, and an 11.3 percent increase in Anglo workers. The center estimates that the effect of this projected demographic shift could yield a less-educated labor force in Texas.

Less-educated workers suffer a substantial deterioration in employment and earnings as a result of the relocation of businesses away from urban centers. This urban to suburban employment shift especially affects minorities and younger males in urban areas.

**Policy Implication:** Continue developing avenues for teenagers to learn advanced job skills.

The Casa Verde Builders’ Program is an example of a successful youth job program. Started in 1994, the Casa Verde program provides affordable, energy-efficient, and environmentally sound housing in Austin’s low-income neighborhoods. Through an integrated "one-stop" approach, students learn how to build houses and earn a GED or high school diploma. Participants learn construction skills and applied academics using the latest techniques available. Some participants have also received post-secondary scholarships.
This innovative program was named a Housing and Urban Development (HUD) Best Practice project in 1999. It also received a Presidential 1000 Points-of-Light award. The federal government provides funding and support for the program. The 75th Legislature, with H.B. 2904, implemented the Casa Verde builders program statewide. Statewide, it is called Youthworks. Sites are located in Austin, Brownsville, Houston, Levelland, New Waverly, San Antonio, and Sherman.

Other successful youth employment programs the legislature may want to consider include Project RIO (Texas), High Schools that Work, Baltimore City Fire Cadet Program (Maryland), and the school-to-work program at Centauri High School in rural Colorado.

Policy Implication: Maintain adequate statistics and statewide program oversight regarding youth workforce initiatives in Texas.

The State of Texas recognizes the effect of its youths on the state’s economy. Texas began to make changes to improve the employment potential of Texans in the early 1990s. Workforce-related programs were scattered throughout state government, with some located at the Texas Employment Commission and some at the Texas Department of Commerce (now called the Department of Economic Development). The 74th Legislature, with H.B. 1863, consolidated 28 workforce-related programs from 10 different state agencies into the Texas Workforce Commission (TWC). However, there appears to be no one location or entity within TWC or elsewhere in the state to compile statewide data relating to youth unemployment and other key statistics or assess the effectiveness of statewide youth programs. The lack of a state level evaluation system hinders policymakers in getting an overall perspective on the state’s youth programs. It is important to ensure Texas is implementing the national workforce plan in a way all Texas youths, rural and urban, benefit from this needed effort geared to ensure our future economic success.

Policy Implication: Initiate a review that leads to a structured effort to mitigate the projected demographic shift, which has the potential to reduce the state’s revenue and competitiveness.

A governmental body could provide the necessary guidance. The funding of a study to examine this key issue could come from a foundation. An effective plan could help the state to prepare to compete against other states, regions, or continents for the advantage of hosting global markets, as it already does in semiconductors and telecommunications.
Chapter 7
Targeting School Violence

During the 1997-1998 school year, there were over 63,000 assaults in Texas public schools, an increase of 27 percent from the previous year. In addition, there were over 8,000 weapons confiscated, including 576 firearms, a slight decrease from the previous year. Five counties, Bexar, Dallas, El Paso, Harris, and Tarrant, accounted for a large portion of the crime in Texas schools. These five counties alone account for 26,647 of the assaults in Texas schools and 5,847 of the weapons confiscated, or 42.3 percent and 72.9 percent respectively.

Policy Implication: Research school violence plans implemented around the nation and those recommended by the federal government and national organizations.

In the wake of school violence across the nation, many states and school districts have started programs to address the potential of violence before it starts. In 1999, the Texas Education Code was amended to require school campuses to develop goals and methods for violence prevention and intervention. The chapter discusses several model programs, identified as such in the 1999 Annual Report on School Safety published by the U.S. Department of Education and the U.S. Department of Justice. These model programs are well designed, have demonstrated effectiveness, and can be implemented as a part of a comprehensive school safety plan.

Policy Implication: Relay information on school violence to the schools.

The amount of information available on these topics is staggering. This information should be relayed to schools in an effective manner to aid them in developing a school violence prevention and intervention plan. The legislature could encourage schools to have school violence drills, much like fire drills, where students are taught how to react in the unfortunate event that violence visits their school.

Policy Implication: Fully implement and enforce the Safe Schools Act.

In an effort to protect students from violence, the 74th Legislature enacted the Safe Schools Act (act) in 1995. The act requires a student to be removed from class and placed in an alternative education program if the student engages in conduct punishable as a felony. The student is also required to be removed from class and placed in an alternative education program if the student, while on school property or attending a school-sponsored or school-related activity, engages in certain unacceptable behavior, such as threatening other students or selling drugs. The Safe Schools Act requires a student to be expelled from school if, on school property or while attending a school-sponsored or school-related activity, the student engages in certain serious acts such as using a weapon or committing an aggravated assault.
As a part of this legislation, Disciplinary Alternative Education Programs (DAEP) and Juvenile Justice Alternative Education Programs (JJAEP) were created to serve students temporarily removed or expelled from school. DAEPs serve students removed from the classroom for disruptive behavior or for committing felonies off campus. JJAEPs, which are operated by the Juvenile Probation Commission, serve students expelled from school who have committed certain serious or violent crimes.

However, according to a report by the State Auditor’s Office (SAO), the Safe Schools Act is not always implemented by school districts. The SAO identified more than 850 incidents during the 1997-98 school year that, under the Safe Schools Act, should have resulted in the expulsion of a student and placement in a JJAEP but instead, school officials placed these students in other settings. In addition, federal law requires state law to require students who bring a firearm to school to be expelled for a year. Schools that fail to remove these students violate state law and, in some cases, federal law.

Chapter 8
Crime Cuts Both Ways:
Juveniles as Perpetrators and Victims

Teens are crime victims as well as perpetrators. Children who are victimized by abuse are more likely to engage in criminal behavior and end up clients of the criminal justice system. Unfortunately, much of the victimization experienced by American teenagers is hidden from the public eye because many crimes against teenagers, including child abuse, go unreported or unsolved.

In Fiscal Year 1998, 44,532 Texas children were confirmed victims of abuse or neglect. Of that number, 6,943 were teenagers between the ages of 13 and 17. The number of teen victims in 1998 is an increase from the previous year when the Texas Department of Protective and Regulatory Services (TDPRS) reported 5,493 confirmed teenage victims of child abuse out of 33,961 confirmed victims.

Studies have shown that the prevention of child abuse can help fight crime. A 1992 U.S. Department of Justice study found that 68 percent of youths arrested had a prior history of abuse and neglect. It also indicated that a history of abuse increased the odds of future delinquency and adult criminality overall by 40 percent.

According to 1998 TSDC estimates, people 10-16 years of age make up approximately 10.6 percent of the Texas population (17-year olds are not included in this comparison because they are considered adults in the Texas criminal justice system). According to 1998 arrest data, juveniles committed 14.34 percent of the violent crimes and 29.46 percent of the property crimes.

Nationally, from 1995 to 1998, the population aged 10-17 grew by 4.0 percent (U.S. Census Bureau data), while the overall juvenile crime rate for the population aged 10-17 decreased by 14.61 percent. From 1995 to 1998, among
juveniles 10-17 years of age, property crime dropped by 27.1 percent, violent crime dropped by 33.87 percent, and weapons crimes dropped by 28.73 percent.

Texas arrest statistics reflect a similar decline in juvenile crime. In Texas, from 1995 to 1998 the population aged 10-16 grew by 4.0 percent (U.S. Census Bureau data), while the overall juvenile crime rate for the population aged 10-16 decreased by 8.01 percent. Among juveniles 10-16 years of age, from 1995 to 1998, property crime dropped by 32.35 percent; violent crime dropped by 23.5 percent; and weapons crimes dropped by 39.31 percent.

**Policy Implication:** Monitor whether Project Spotlight and other juvenile justice legislation enacted in Texas reduce the juvenile crime rate.

Project Spotlight provides intensive supervision and surveillance by a team of police and probation officers working to monitor and enforce the terms of a teenager’s probation. Project Spotlight not only offers police and correction agencies ways to hold youths accountable, but also offers opportunities for community input and involvement. Neighborhood organizations, churches, and businesses are encouraged to help build a continuum of intervention services for Project Spotlight participants and other neighborhood youth at risk of juvenile delinquency.

Over the past ten years, the juvenile justice system has moved from emphasizing rehabilitation to punishment. For instance, in 1995 the 74th Texas Legislature changed the heading of Title 3 of the Family Code from “Delinquent Children and Children in Need of Supervision” to “Juvenile Justice Code.” In that same bill, the age a youth can be tried as an adult was lowered to 14, the number of offenses for which a youth could receive long-term sentences was increased, information about the identities of, and offenses committed by youths was made more public, and the progressive sanctions system to facilitate surer and swifter youth punishment was implemented. The 75th and 76th Legislatures continued to fine-tune the juvenile justice system in Texas with the numerous enactments.

**Policy Implication:** Research what factors contribute to males being more likely to engage in criminality than females. Incorporate findings into existing prevention, intervention, and treatment programs relating to juvenile delinquency. Given the increasing female population of juvenile delinquents, explore whether prevention, intervention, and treatment programs need to be modified to address this change.

Although males and females each represented approximately 50 percent of the juvenile population in 1998 (U.S. Census Bureau data), females represented only 27 percent of the arrests. In 1998, males were over two and a half times more likely to be arrested than females.

In Texas, females are increasing as a proportion of those arrested, but Texas females represent a slightly higher percentage of the arrests than is true
nationally. In 1989, females represented 28 percent of arrests, whereas in 1998, females represented 33 percent. Still, in 1998, males are over twice as likely to be arrested for crimes as females.

**Policy Implication:** Communities should have in place effective programs specifically designed to prevent youths from joining gangs and to suppress gang activity.

Society’s response to gang activity has been active on two fronts: preventing youths from joining gangs and suppressing gang activity. A national survey, by the National Youth Gang Center of the Office of Juvenile Justice and Delinquency Prevention (OJJDP), reports that gangs become more prevalent in jurisdictions as the population increases. Among large cities, approximately 75 percent reported the presence of gangs, whereas in rural counties, 25 percent reported the presence of gangs.

The Texas Senate Interim Committee on Juvenile Justice and the Office of Attorney General place the number of gangs between 2200 and 2300, and the number of gang members between 51,000 and 55,000. The gang problem in Texas does not appear to be getting more serious. The vast majority of jurisdictions, both large and small, report that the gang situation is about the same, somewhat better, or much better than it was last year.

Effective gang prevention and intervention programs should include the following elements: community mobilization; outreach to high-risk youths and their families; employment, training, educational opportunities, and cultural enrichment; holding gang members accountable for their actions; and an organizational structure which enhances the ability of programs to provide the four former elements.
**Policy Implication:** Encourage more in-depth national research to determine what risk factors are the strongest and most consistent predictors of gang membership. Ensure that state and local agencies incorporate these findings into prevention, intervention, and treatment programs relating to gang membership.

A survey of 38 police agencies in Texas conducted by the Texas Law Enforcement Management and Administrative Statistics Program (TELEMASP), found that 42 percent of gangs in Texas are of mixed ethnicity, 34 percent are Hispanic gangs, 17 percent are African-American gangs, 2 percent are Vietnamese, 2 percent are Caucasian, and 3 percent are “other.” Unlike the southern region as a whole, however, Texas has a predominance of Hispanic, rather than African-American gangs.

According to several studies, youth gang members are responsible for a disproportionate share of violent and nonviolent offenses. Studies supported by the OJJDP indicate that there is consistent evidence that gang membership increases the rate of involvement in many delinquent behaviors, particularly violent crime and substance abuse, over and above the influence of having delinquent peers. In addition, the studies also found that gang membership significantly predicts criminal behavior.

Further, the studies found that gang membership contributes to increasing delinquent behavior independent of other risk factors. By implication, any decrease in gang membership should have a greater effect on decreasing juvenile crime.

Many research studies have been conducted to determine risk factors specific for gang involvement and many risk factors have been identified. Studies, however, have not clearly identified how important each of these risk factors is to influencing youths to join gangs. Prioritizing a risk factor’s relevance would be useful in designing more effective gang prevention and intervention programs.

**Policy Implication:** Continue to distribute funds dedicated to prevention of juvenile crime to areas of high juvenile crime to ensure the greatest impact on the juvenile crime rate. Ensure that local, state, and federal funds are used to implement programs that have proven track records of success in curbing juvenile crime.

Juvenile crime is not only a criminal justice issue, but also a public welfare issue. Early prevention and intervention in the life of at-risk youth remains the best means of preventing a child from becoming a criminal. Efforts to decrease risk factors and increase protective factors continue to show promise in diverting children from a life of crime. In 1996, there were 127 federal programs that focused on delinquent and at-risk youth. Combined, the programs distributed over $4 billion in 1996. Federal funds to address at-risk youth are not always focused on areas of highest need. In Texas, however, two juvenile crime prevention programs, the Community Youth Development program and Project Spotlight, are specifically focused on areas with a high juvenile crime rate.
Policy Implication: Improve data gathering to attain a clearer picture of teenage fatherhood in Texas and its potential impact on juvenile law breaking. For example, gather fatherhood information from clients of the social services and juvenile justice systems.

Policy Implication: Increase efforts to address the risk factors leading to and consequences resulting from teenage fathers in prevention and intervention programs for at-risk teenagers.

There has been a great deal of research on the factors leading to and consequences resulting from teenage motherhood, but very little in relation to teenage fatherhood. This issue is receiving increased attention and is being researched in longitudinal studies conducted under the auspices of the OJJDP. These studies have concluded that juvenile delinquency and drug use put teenage males at significantly high risk for fatherhood and that teenage dads are more likely to commit crimes. Furthermore, the children of the teenaged father will be subject to increased risk factors for juvenile delinquency. Given the cyclical relationship between juvenile delinquency and teenage fatherhood, any efforts to impact either of these problem areas should positively impact the other area.

Policy Implication: Statistics show that the peak time of teen criminal victimization is during the several hours following school hours. Programs aimed at deterring juvenile crime and juvenile victimization should focus on being active in the hours directly following the school day.

Although the public often views the dark of night as the time when most crime takes place, for teenagers the dark of night generally means a return to the safety of home. However, the daylight time between school and the safety of home can be trouble for teenagers. The four-hour period beginning at the end of the school day is when teenagers are most at risk of violence.

This peak victimization time period is also the time period of peak criminal activity for juveniles. As in victimization, serious, violent criminal activity is more pronounced on school days than non-school days. Robbery by juveniles tends to peak both after school and later in the evening around 9 p.m.
Policy Implication: Increase efforts to gather data on juvenile victimization to obtain more comprehensive picture of juvenile victims of crime, where crime victimization occurs, and the impact of this victimization on the individual, the family, and the community.

As is true in the national figures, the chance of being a murder victim increases significantly for teens aged 15–19 years of age. And the trend of victimization increases and peaks during the ages of 20–29 years. Similar to national trends, males are many more times likely as females to be victims of murder beginning in the early teen years.

Furthermore, young people from ages 15-24 are the primary perpetrators of murder. And males are overwhelmingly more likely to murder than females.

The race of the victim was a significant factor in homicide statistics. Between 1988 and 1995, when blacks accounted for only about 15 percent of the juvenile population, more black youths were murdered than white youths. The 1997 statistics show that black youths are five times more likely to be murder victims than white youths are.

Chapter 9
The Role of Foundations and Faith-based Organizations

Children and youth remained the single largest category of recipients of foundation dollars, with their share of allocations rising to a record-high 20 percent. Grant dollars benefiting the economically disadvantaged, minorities, women and girls, and men and boys showed the largest increase. The top 10 foundations doing philanthropic work in Texas hold over $6 billion in assets.

The philanthropic sector continues to invest in the future of at-risk teens, and to assist those less able or those whose future looks bleak. Part of the increased interest in faith-based organizations is a result of the “charitable-choice” provision sponsored by Senator John Ashcroft of Missouri in Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Enacted in August 1996, the federal welfare reform law encourages states to involve community and faith-based organizations in providing federally funded welfare services to the poor and needy and has set federal and state government in a new direction.

Private foundations in the United States now hold over $330 billion in assets and distribute more than $20 billion each year. Today there are more than 1.5 million tax-exempt philanthropic and community service organizations in the United States that receive more than $150 million in annual contributions. And some
studies estimate that the number of foundations may double by 2010, due to the anticipated $10 trillion transfer of assets from the post-World War II generation.

In the 75th Legislature in 1997, several bills were passed supporting the effort by Governor Bush toward encouraging faith-based programs in meeting social needs. These included H.B. 2481 granting licensing exemption to some faith-based alcohol and drug treatment programs that rely exclusively on faith to change lives. H.B. 21, while not directly related to “faith-based” organizations, protects those who donate medical devices in good faith to nonprofit health care providers from legal liability, and S.C.R. 44, known also as the “Inner Change Freedom Initiative,” aimed at urging corrections and law enforcement entities to use more voluntary faith-based rehabilitation programs and facilities to change the lives of criminal offenders, the first faith-based, pre-release prison unit in the nation.

During the 76th Legislature in 1999, the passage of H.B. 2017 required the Texas Department of Human Services (DHS) to assist in outreach efforts among its regional liaisons to promote partnerships. S.B. 215, the “Good Samaritan” bill, was passed in 1999 to protect medical professionals who volunteer their services free of charge to needy Texans from frivolous lawsuits. Recently, Governor Bush awarded five “Innovation Grants” to community and faith-based organizations, to help people move from welfare to work. The DHS Office of Programs, Texas Works, will fund these from a total of some $7.5 million.

**Policy Implication:** Texas should look at successful programs developed by foundations when formulating its own programs.

There are many different types of foundations that fund research to develop and implement programs to promote their particular mission, such as preventing teens from engaging in high-risk behavior. For example, the Brown Foundation gave $109,000 to the University of Houston System’s Center for Youth Policy Development to implement a model program for middle-school reading and the Hogg Foundation for Mental Health gave a grant to Texas A&M Research Foundation for a study to prevent substance abuse in aggressive children. Government programs should use the information gleaned from foundation research, as well as their own, when developing programs.

**Policy Implication:** Develop a database to avoid duplication of public and private efforts.

The recent economic boom is also creating a record increase of gifts to charitable foundations. Foundation programs often serve as templates for policy-making bodies. Maintaining a database that informs public officials of the work of private foundations could avoid duplication of charitable efforts.
**Policy Implication:** Encourage more partnerships between faith-based organizations and individuals needing services.

To increase the role of faith-based organizations in providing social services, Texas passed legislation to cut down on the bureaucracy encountered by faith-based organizations and to promote partnerships between government and faith-based organizations. The triangulation of private, public, and faith-based organizations working together can provide an effective, comprehensive network of support to help guide adolescents into successful adulthood.
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Chapter 1
The Population at Issue: Teen Demographics in Texas and the United States

Before exploring issues related to the teen population, it is important to know how many there are, what characteristics they possess, and how Texas teens compare with the same population throughout the United States. The discussion of adolescent demographics below will point out two significant differences between Texas and America as a whole: Texas has a younger population than the rest of the country and Texas has a much larger proportion of young Hispanic teens. Another important conclusion is that, while the poverty rate for older Americans has declined significantly, the poverty rate for young people throughout the United States has not improved since 1970.

A Smaller Piece of the American Pie

The number of young Americans under the age of 18 is actually decreasing as a percentage of the total U.S. population. According to the United States Census Bureau (census bureau or bureau), although the actual number of Americans under the age of 18 will continue to increase, as a percentage of the whole U.S. population their numbers will decrease. In 1970 — just after the Baby Boom, which lasted from 1946 to 1964 — the American population under 18 reached 69.2 million. This number declined to 63.4 million in 1980, and 10 years later had rebounded only slightly, to 64.1 million. By 1996, the number of Americans under the age of 18 had climbed to 71.1 million, only 1.9 million above the size of the same population in 1970.1

Given these numbers, it is not surprising that Americans under 18 years of age dropped from 34 percent to approximately 26 percent of the total population between 1970 and 1999. The census bureau estimates that this downward trend in the percentage of young Americans will continue, but more slowly, leveling off at about 24 percent by 2050.2

The Texas population trend largely mirrors the national trend. The Texas State Data Center (TSDC) reports that Texans under the age of 18 comprised 35.7 percent of the state population in 1970. By 1990, this percentage had dropped to 28.7 percent, and by 1999, 28.5 percent. These numbers indicate that Texas currently has a younger population than the United States as a whole. In fact, Texas has the third-youngest median age of the 50 states, with only Utah and Alaska having a younger population.3 According to the TSDC, the percentage of Texans under the age of 18, similar to the United States as a whole, is projected to slowly decrease to 22.8 percent in 2030.4
Despite the fact that Americans under 18 years of age comprise a smaller percentage of the entire population, the census bureau predicts their numbers will continue to rise if current levels of fertility and migration persist.

Composition of Teen Population

Thus far, the discussion of the data has included all Americans from birth to age 18. However, this report will focus on “teens” or “adolescents,” defined here as those young people between the ages of 12 and 18. Some information on this specific population on the state and national level should prove helpful. Table 1.2 shows the United States teen population, ages 12-18, was 26.9 million, representing just under 10 percent of the total population in 1998. Texas in the same year had 2.1 million teenagers, representing 10.6 percent of the state’s population.\(^5\)
Table 1.3 provides more detail about the adolescent population, using data for ages 12-18 provided by the census bureau for the United States and the TSDC for Texas. A comparison between the United States and Texas reveals some significant contrasts. Most conspicuous is the difference in the size of the young Hispanic population. Hispanic teens made up a full third of the Texas group, but only 13 percent of the United States population. And, while the percentage for African-American teenagers is nearly the same (13 and 15 percent, respectively), white non-Hispanic teens comprise 67 percent of the total U.S. population but only 52 percent of the Texas population. The implications of these differences are important for Texas when seen in light of the risk factors for youth identified by the census bureau and discussed below.

Establishing the Context:
Six Risk Factors Affecting Adolescents

Social research has identified various risk factors that can affect the well-being of adolescents, often affecting their future lives as adults. The census bureau, using findings from the March 1996 Current Population Survey (CPS), identified six risk factors and reported on how American children are doing in relation to these factors. The six factors are: (1) poverty, (2) welfare dependence, (3) both parents absent, (4) one-parent families, (5) unwed mothers, and (6) parent who has not graduated from high school. Other studies have identified similar risk factors. The Federal Interagency Forum on Child and Family Statistics, a consortium of federal agencies dedicated to collection and reporting of data on children, uses indicators of well-being and includes a more comprehensive list of indicators, but also includes poverty and various family characteristics, such as single parent and unmarried parent, as key indicators. The Annie E. Casey Foundation’s list of risk factors nearly mirrors the factors identified by the census bureau: child is not living with two parents, household head is a school dropout, family income is below the poverty line, children are living with parent(s) who do not have steady, full-time employment, family is receiving welfare benefits, and child does not have health insurance. In June 2000, the Urban Institute published a paper on sociodemographic risk factors associated with child well-being and identified four factors similar to the factors identified by the census bureau.
bureau: (1) single parenthood, (2) four or more children living in the child’s household, (3) parental lack of a high school diploma or GED, and (4) poverty.\textsuperscript{9}

All the research organizations use these risk factors for all children from birth to 18, but they apply equally to the group of adolescents that is the subject of this report. The census bureau identified two adverse outcomes in particular that affect 16- and 17-year-olds: dropping out of school and not working, and becoming a teenage mother. In addition, the more risk factors experienced by the teenager, the more the likelihood of an adverse outcome. When no risk factors were present, only one percent were not in school and not working, and less than half a percent were teenage mothers. When one risk factor was present, 3.5 percent were not in school and not working; but when three or more risk factors were present, more than 15 percent of the 16- and 17-year olds in that group were not in school and not working, and 15 percent were teenage mothers (See Figure 1.1). A discussion of the census bureau factors and how they relate to the Texas teen population follows.
Risk Factor 1: 
Poverty and its Many Consequences

Poverty Defined

The census bureau has identified poverty as the single most important risk factor in the development of a whole range of adolescent problems, from dropping out of school to becoming involved in crime. According to the census bureau’s 1998 report entitled Poverty in the United States, Texas had the 11th highest rate of poverty among the 50 states and Washington, D.C. during the three-year period from 1996 to 1998. Texas’ relatively high rate of poverty makes this risk factor especially pertinent for our state.

National poverty statistics have been available since 1959. The federal government employs two slightly different measures to define poverty. The poverty thresholds are prepared by the census bureau to estimate the number of Americans in poverty each year and contain more detailed data than the poverty guidelines. The thresholds are more research-oriented and are used by researchers at the Texas Health and Human Services Commission in developing statistics for Texas.

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<td>7</td>
<td>23,460</td>
<td>24,210</td>
<td>24,850</td>
<td>25,160</td>
</tr>
<tr>
<td>8</td>
<td>26,080</td>
<td>26,930</td>
<td>27,650</td>
<td>27,980</td>
</tr>
</tbody>
</table>

For each additional person add: 2,620  2,720  2,800  2,820

NOTE: The figures above represent the level of household income considered below the poverty line.

The poverty guidelines, developed by the U.S. Department of Health and Human Services, are a simplification of the thresholds and are used mostly as an administrative protocol to help determine financial eligibility for government programs. Although the poverty thresholds used by the census bureau are not identical to the poverty guidelines used by health and human services professionals, the two approaches to defining poverty produce results so similar that one can use the guidelines as an explanation of what constitutes “poverty” when reading national and state statistics. The current poverty guidelines for the 48 contiguous states are reproduced in Table 1.4.
National and State Poverty Rates Under the Age of 18

If there is a single underlying factor that permeates the variety of threats facing America’s children in the next millennium, it is poverty. Despite the enormous wealth of the United States, and the stock-market-fueled economic boom of the 1990s, our child poverty rate is among the highest of all advanced, industrialized nations.

From Ten Critical Threats to America’s Children: Warning Signs for the Next Millennium, a report by the National League of Cities, National School Boards Association, Joe DiMaggio Children’s Hospital, and Youth Crime Watch of America, 1999.

With respect to Americans under the age of 18, the census bureau data indicates that the poverty rate has fluctuated by small amounts, but has remained much the same since 1970. The first section of Table 1.5 below shows the total population below the poverty line for ages under 18 years by race and ethnicity beginning with the year 1970. Fluctuations in the poverty rate for this group range from a low of 15.1 percent in 1970 to a high of 22.7 percent in 1993. The 1999 poverty rate for young people was 16.9 percent, lower than in 1993 but still higher than 1970. The poverty rate in 1999 for black and Hispanic youngsters is much higher than the national average, at 33.1 and 30.3 percent respectively. Although the percentage for black children is extremely high, it has decreased from a high of 46.6 percent in 1992. Those children of Hispanic origin have a poverty rate that is lower than the high of 41.5 percent in 1994, but still higher than it was in 1970. These numbers indicate that the booming U.S. economy during the past five years has slightly reduced the poverty rate of the nation’s young people from its highest level in the 1980s and the downward trend is encouraging, but poverty levels for all children, and especially black and Hispanic children, remain unacceptably high.

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Races</td>
<td>15.1</td>
<td>18.3</td>
<td>20.6</td>
<td>21.8</td>
<td>22.3</td>
<td>22.7</td>
<td>21.8</td>
<td>20.8</td>
<td>20.5</td>
<td>19.9</td>
<td>18.9</td>
<td>16.9</td>
</tr>
<tr>
<td>White</td>
<td>n.a.</td>
<td>13.9</td>
<td>15.9</td>
<td>16.8</td>
<td>17.4</td>
<td>17.8</td>
<td>16.9</td>
<td>16.2</td>
<td>16.3</td>
<td>16.1</td>
<td>15.1</td>
<td>13.5</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>n.a.</td>
<td>11.8</td>
<td>12.3</td>
<td>13.1</td>
<td>13.2</td>
<td>13.6</td>
<td>12.5</td>
<td>11.2</td>
<td>11.1</td>
<td>11.4</td>
<td>10.6</td>
<td>9.4</td>
</tr>
<tr>
<td>Black</td>
<td>n.a.</td>
<td>42.3</td>
<td>44.8</td>
<td>45.9</td>
<td>46.6</td>
<td>46.1</td>
<td>43.8</td>
<td>41.9</td>
<td>39.9</td>
<td>37.2</td>
<td>36.7</td>
<td>33.1</td>
</tr>
<tr>
<td>Hispanic Origin</td>
<td>n.a.</td>
<td>33.2</td>
<td>38.4</td>
<td>40.4</td>
<td>40</td>
<td>40.9</td>
<td>41.5</td>
<td>40</td>
<td>40.3</td>
<td>36.8</td>
<td>34.4</td>
<td>30.3</td>
</tr>
</tbody>
</table>

Table 1.6 compares the poverty rate for Americans under the age of 18 with the poverty rate for Americans over 65 and the comparison is startling. A look at poverty rates for the elderly shows that as a nation we have done an outstanding job of decreasing poverty levels for older Americans. In 1970, 24.6 percent of older Americans lived below the poverty line, the highest percentage of any age group. Ten years later, in 1980, that percentage had dropped to 15.7 percent and for the first time, children under 18 made up the largest percentage of low-income Americans. The poverty rate for the older population continued to drop, reaching an all-time low of 9.7 percent in 1999. The decrease in the poverty rate for older Americans provides a strong contrast to the rate for young Americans, which remains higher than it was in 1970. Americans under the age of 18 have replaced those over 65 as the single age group with the highest percentage of its members in poverty.

Data compiled from the TSDC and the Texas Health and Human Services Commission (THHSC) indicates that the poverty rate for Texas children exceeded the national average in 1999. Table 1.7 shows that the state had more than 535,000 young children age 6 and younger living in poverty, and more than 680,000 children between 7 and 18 in the same circumstances. Of the older group 20 percent are impoverished, while almost 25 percent of children ages 6 and younger lived in poverty. Furthermore, THHSC data shows that children six and younger make up 17.9 percent of those in poverty in Texas, while those 7 to 18 years make up 22.66 percent. These percentages are significant because they show that 40.56 percent of the poor in Texas in 1998 were under the age of 18.
The recent Census Bureau release of 1999 poverty statistics brought good news. The U.S. poverty rate for children under 18 dropped two percentage points, from 18.9 to 16.9 percent. While the percentage of kids in poverty is still higher than it was in 1970, a definite downward trend can be discerned. The 1999 Texas numbers were not as positive. The percentage of children under six below the poverty level dropped one percent, from 18.89 to 17.9 percent, while the percentage of children age 7 to 18 in poverty remained virtually unchanged (22.85 percent in 1998 and 22.66 percent in 1999).

Poverty rates for children by race and ethnicity are not available for Texas because the census bureau’s yearly CPS sample is too small. Using the sample to develop state-level data for specific groups results in data volatility as the data on individuals in the sample is divided into smaller and smaller groups. For example, to develop percentages of young Texans in poverty by race and ethnicity requires first taking individuals by age, which is only one-third of the original sample. Then that one-third must be further divided into the white, Hispanic, and African-American teenager categories. At this point, the number of actual individuals sampled becomes so small that the data is not reliable.11

However, data compiled from the TSDC and the THHSC for 1998 indicate that, for all age groups, the poverty rate in Texas skewed significantly along racial and ethnic lines. The overall poverty rate for white, non-Hispanics was 6.9 percent, whereas the poverty rate for African Americans was 23.27 percent and 25.47 percent for Hispanics. One would expect these numbers to be higher for Texans under 18, since, as the national data above indicates, this age group reflects a higher rate of poverty in all ethnic and racial categories.12

| Table 1.8 |
| U.S./Texas Poverty Rates for Children 0-18: 1999 |
| Percent |
| U.S., Ages 0-18 | 16.9 |
| Texas, Ages 0-18 | 22.02 |
| Texas, Ages 0-6 | 23.88 |
| Texas, Ages 7-18 | 20.85 |

Indicators from the CPS estimate that the poverty percentages among Texas’ young people in the older age group are about the same as for the United States as a whole, for all races and ethnic groups. However, because Texas is such a young state and has a greater number of children ages 0 through 17, the overall poverty rate for Texas is a bit higher than the country as a whole. The inevitable conclusion is that Texas has more teenagers at risk because more of them live in poverty, which is the single most important risk factor identified in research studies.

Risk Factor 2: Dependence on Federal Assistance
The census bureau’s second risk factor — a characteristic that correlates with a higher risk of problems for adolescents — is dependence on some form of federal assistance. It is important to remember that dependence on federal assistance is primarily an expression of poverty, so that this second risk factor in some ways duplicates the first. Another important caveat to keep in mind: the census bureau observed a statistical correlation between dependence on federal assistance and at-risk young people before massive reforms to federal aid programs took place. In 1996, Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), which ended Aid to Families with Dependent Children, or AFDC, and replaced it with the Temporary Assistance to Needy Families block grant program, or TANF. Under TANF, Texas has greater flexibility to design and implement its own welfare programs. However, Texas is required to impose work requirements as well as a five-year limit on the receipt of federal assistance.

Beginning in 1996, as a result of the 74th Legislature’s passage of H.B. 1863, Texas began implementing its own plans for welfare reform under a federal waiver that has continued, even after federal welfare reform. Prior to H.B. 1863, the Office of the Comptroller studied alternatives for reforming the state’s welfare system. The study was initiated because of the relatively low benefits, compared to other states, Texas provided its welfare recipients. The issue was whether some form of welfare reform could improve services in a more efficient and effective manner.

One result of this study was the development of the state’s Electronic Benefits Transfer (EBT) system. Texas currently uses an EBT system that delivers government services and benefits electronically to individuals efficiently and conveniently. In fact, Texas operates the largest EBT system in the country through the Lone Star card. The Lone Star EBT program provides food stamps and Temporary Assistance to Needy Families (TANF) benefits for nearly 1.5 million people monthly. It processes over 6 million transactions a month.

The passage of PRWORA, coupled with the state legislation, gives the state flexibility in designing and implementing programs that meet the specific needs of the state. With this flexibility also comes the responsibility of monitoring and overseeing the planning, management, and implementation of the public assistance programs that were formerly under the purview of the federal government. As a result of federal requirements for evaluating the waiver, Texas maintains several control groups around the state in which eligibility and benefits are still determined based on policies in effect prior to the waiver.

In 1994, a total of 796,348 Texans were dependent on TANF (then called AFDC). This number decreased dramatically after the passage of the PRWORA and the creation of the TANF block grant program. By March 1999, the total number of Texans dependent on TANF had declined to 313,823, a decrease of 61 percent compared with January 1994. As of December 1999, the THHSC estimated that this reduction translated into 225,066 individuals under the age of 18 who received TANF assistance, only four percent of all the children who live in Texas. The
decrease in TANF recipients in Texas exceeded the national average: nationwide, approximately 14 million individuals received TANF (then AFDC) in 1994. By 1999, this number had declined to just over 7 million, a 48-percent decrease.\textsuperscript{14}

The number of young people in Texas receiving food stamps has also declined, but a higher number overall continue to depend on food stamps. The United States Department of Agriculture (USDA) reports that over 90 percent of food stamp recipients live in poverty, and that over half of the recipients are under the age of 18.\textsuperscript{15} The USDA also reports that food stamp recipients nationwide peaked in 1995 and began to decline marginally thereafter.\textsuperscript{16} Texas appears to mirror this national trend. In March 1996, just under 2.5 million Texans received food stamps, approximately 1.3 million of whom were under the age of 18. By March 1997, the total number of Texans receiving food stamps had declined to roughly 2 million, or approximately 1 million Texans under the age of 18. By December 1999, the Texas Department of Human Services (TDHS) estimated that approximately 1.4 million Texans relied on food stamps, of whom approximately 800,000 were under the age of 18. This last number translates into about 14 percent of the total population of Texans under the age of 18.\textsuperscript{17}

The reforms in federal aid programs that became law in 1996, coupled with a growing economy, have resulted in fewer people being dependent on federal assistance such as TANF and food stamps. For purposes of this report, this reduction should not be construed to mean that the at-risk population of young people has decreased by the same margin. It may simply mean that a percentage of at-risk youth has fallen off the statistical “radar screen” as identified by the census bureau as of 1996. The reduction in persons dependent on federal assistance is an important part of the overall picture to keep in mind when considering the issue of troubled teens, however.
In many ways, the Texas welfare reform efforts focus on decreasing each of the risk factors included in this study. For instance, the welfare reform efforts place more stringent limits on the length of time a recipient can remain on federal assistance. In addition, the federal legislation provides block grant rewards for states that achieve a net decrease in their number of out-of-wedlock births. The Texas Workforce Commission (TWC), along with TDHS, are involved in cooperative projects that move TANF recipients to productive activities such as returning to an educational environment, and obtaining employment. In each case, the overall goal is to reduce the number of Texans below the poverty level set by the federal government.

Risk Factors 3 and 4:
Single Parent, or No Parents

The third and fourth risk factors for children discussed in the census bureau report were being in a one-parent or no-parent family. The census bureau data indicates that these risk factors have become increasingly common since 1970. Nationwide, over the 28-year period from 1970 to 1998, there were fewer families in which both parents were living at home with their children under 18, as reflected in Table 1.9. In 1970, 85 percent of all children lived with both parents, if households with step- or adoptive parents are included in the total. By 1998 this proportion had dropped to 68 percent, a decrease of approximately 20 percent. Moreover, by 1998, 32 percent of children did not live with both parents, as opposed to about 15 percent in 1970. In 1998, 23 percent lived with their mothers alone, up from 11 percent in 1970, an increase of roughly 116 percent. Although the number of children living with a father only remains small, this group also saw a large increase, from one percent in 1970 to 4 percent in 1998. The number of children living with neither parent increased slightly, from three to four percent.

<table>
<thead>
<tr>
<th>Table 1.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Family Structure for Children Under 18:</td>
</tr>
<tr>
<td>1970-1998</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1970 (%)</th>
<th>1980 (%)</th>
<th>1990 (%)</th>
<th>1998 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Parents Present</td>
<td>85.21</td>
<td>76.66</td>
<td>72.50</td>
<td>68.10</td>
</tr>
<tr>
<td>Mother Only Present</td>
<td>10.77</td>
<td>17.54</td>
<td>21.63</td>
<td>23.30</td>
</tr>
<tr>
<td>Father Only Present</td>
<td>1.08</td>
<td>1.62</td>
<td>3.10</td>
<td>4.40</td>
</tr>
<tr>
<td>Neither Parent Present</td>
<td>2.92</td>
<td>3.62</td>
<td>2.75</td>
<td>4.10</td>
</tr>
</tbody>
</table>

Although four percent of the population under 18 is still relatively small, the one percent increase from 1970 to 1998 assumes significance when one considers that the census bureau identified the absence of both parents from the home as a “serious” risk factor for children upon reaching adolescence. The number of these children is small, but their risk is great.

The social changes in American families taking place since 1970 have had a significant effect on the number of children at risk in our nation. As more families have experienced divorce or single parenthood, there has been a concurrent increase in the number of children at risk. The family data does have one positive indicator: for the last five years there has been no decrease in the number of two-parent families, an indication that the rate of decrease in such families may be leveling off. Long-term data will be needed to confirm if this is a significant trend. Table 1.10 presents the percentage of two-parent families in the United States over the last five years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Children in Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1968</td>
<td>68.1</td>
</tr>
<tr>
<td>1973</td>
<td>69.6</td>
</tr>
<tr>
<td>1978</td>
<td>68.7</td>
</tr>
<tr>
<td>1983</td>
<td>68</td>
</tr>
<tr>
<td>1988</td>
<td>68.2</td>
</tr>
<tr>
<td>1993</td>
<td>68</td>
</tr>
<tr>
<td>1998</td>
<td>68.1</td>
</tr>
</tbody>
</table>

Table 1.10 Percent of Children Under 18 Living in Two Parent Families: 1994-1998

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>69.6</td>
<td>68.7</td>
<td>68</td>
<td>68.2</td>
<td>68.1</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau Current Population Survey
Calculations based on data compiled by the THHSC for 1998 provide insight into the structure of homes with children under the age of 18 in Texas. Table 1.11 compares family structure for Texas and the nation as a whole. The percentages for Texas mirror the national statistics, but with slightly fewer two-parent homes in Texas. Roughly 67 percent of children in Texas in 1998 were being raised with both parents at home, whereas approximately 25 percent of children were being raised by single, divorced, or separated mothers. Just under four percent of Texas children were being raised by single, divorced, or separated fathers, whereas 4 percent were being raised in homes where neither parent was present.

<table>
<thead>
<tr>
<th>Table 1.11</th>
<th>Household Structure for Youths 0-18 Years-Old: 1998 U.S. vs. Texas*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S. (%)</td>
</tr>
<tr>
<td>Two Parents Present</td>
<td>68</td>
</tr>
<tr>
<td>Only Mother Present</td>
<td>23</td>
</tr>
<tr>
<td>Only Father Present</td>
<td>4</td>
</tr>
<tr>
<td>Neither Parent Present</td>
<td>4</td>
</tr>
</tbody>
</table>

*Percentages may not add up to 100 due to rounding.

Sources: U.S. Bureau of the Census and Texas Health and Human Services Commission.

Nationwide, the living arrangements of children as of 1998 differed considerably based on race and national origin. In 1998, 74 percent of white, non-Hispanic children were living with both parents at home. By comparison, 63 percent of Hispanic children of any race[^19], and 36 percent of African-American, non-Hispanic children, were living with both of their parents, as shown in Table 1.12. Fifty-one percent of black children were living with their mother only.

<table>
<thead>
<tr>
<th>Table 1.12</th>
<th>Percent of Children Under 18 In Two-Parent Families, by Race and Ethnicity, U.S. 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Children Under 18 White</td>
</tr>
<tr>
<td>1998</td>
<td>68</td>
</tr>
</tbody>
</table>


We have seen that the household structure for Texas youths mirrors the national trend. However, when we look at the family structure of Texas children in poverty (Table 1.13), the percentage of children living in one- or no-parent families is even higher. Only 45 percent of poor children live with both parents, while 47 percent live with just their mother. Another three percent live with their father and almost five percent are with neither parent.
In addition, when we compare the type of household that poor children live in with the type for all children in the state, there is a dramatic difference (see Table 1.14). Fewer than 14 percent of children living with both parents are impoverished, while nearly 43 percent living with a single mother are poor, three times the poverty rate for children with both parents. Of those living with their father, 21 percent are poor, and with neither parent present 29 percent are poor.*

*Note that small groups such as “only father present” and “neither parent present” shows more volatility than large groups. The 1998 CPS shows that 32 percent of children living with fathers only live in poverty, an 11 percent difference.

This data shows that living in a household headed by a single mother is closely correlated with poverty. Families consisting of a divorced, separated, or unmarried mother with children consistently comprise the single largest family type in poverty. The children in these households are more likely to be poor and therefore suffer a twofold risk.
Risk Factor 5:
Unwed Mothers
(A Higher Risk Subset of Single Parents)

The single-parent category can be divided into subsets, one of which is having a mother who never married. In 1998, nine percent of Americans under 18 lived with an unwed mother, as opposed to less than one percent in 1970. The data in Table 1.15 shows the increase in the number of children living with unwed mothers over the last 40 years. In 1960, just 0.34 percent, or 221,000 children lived with a never-married mother. By 1970, that number had increased to 527,000 (0.75 percent), and by 1980 their number had increased three-fold to 1.7 million (2.7 percent). Another large increase occurred in the next decade, as there were 4.4 million children living with an unwed mother (6.8 percent) in 1990. Another significant increase has taken place in the last eight years, as there are now nine percent of children living in this type of household, totaling 6.7 million children. The total percent increase in the number of children living with unwed mothers between 1960 and 1998 is more than 3,000 percent. Fully 40 percent of single mothers today have never been married, and currently there are actually more children under 18 living with a never-married mother than a divorced mother. The census bureau identified having an unwed mother as a prominent risk factor for children. Unwed mothers are more likely to be poor and undereducated, so their children are often saddled with multiple risk factors. Since being the child of an unwed mother carries such high risk, the dramatic increase in this type of family can be viewed as an alarming trend.

The census bureau also reports statistics by family type, which allow a comparison between the United States and Texas. The bureau looked at family groups having children under 18 by marital status and found that more than 4 million children nationwide, or 11 percent of all children, are living with a never-married mother (see Table 1.16). At the same point in time, Texas had 186,000 children living with a never-married mother, or just six percent of all children in Texas. In the United States, 42 percent of all single-mother families are headed by a never-married mother, while in Texas 25 percent of these families are headed by a never married mother (see Table 1.15). The National Campaign to Prevent Teen Pregnancy confirms that of the 50 states, Texas has the fifth-lowest rate of births to unwed mothers. However, Texas continues to have a high birth rate for teen girls ages 15-19, exceeded by only two other states.20
Risk Factor 6:
Educational Attainment of Parents

The sixth and final risk factor identified by the census bureau is having a parent who has not graduated from high school. Nationwide, the number of children having this risk factor has actually diminished because the number of parents who have not graduated from high school decreased from 1970 to the 1990s. In 1998, 14 percent of the heads of household of families with children under 18 did not have a high school diploma. This is a significant improvement compared to 1970, when 35 percent of the family heads of household had not graduated from high school.21

![Table 1.16](image)

**Table 1.16**
Family Type for Children Under 18:
Single Mothers: 1998 (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>U.S.</th>
<th>Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Families</td>
<td>37,657</td>
<td>3,041</td>
</tr>
<tr>
<td>Total Single-Mother Families</td>
<td>9,828</td>
<td>732</td>
</tr>
<tr>
<td>Total Never Married Single-Mother Families</td>
<td>4,148</td>
<td>186</td>
</tr>
<tr>
<td>% of All Families</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>% of Single-Mother Families</td>
<td>42%</td>
<td>25%</td>
</tr>
</tbody>
</table>


![Figure 1.3](image)

**Figure 1.3**
Education Level for Family Head of Household
Having Children Ages 0-18: 1998 U.S. vs. Texas

![Bar chart](image)
However, data from the March 1998 CPS shows that Texas still has a high number of households with children under 18 headed by a parent with less than a high school education (see Figure 1.3). In particular, Texas has an especially high number of family heads who have less than a ninth grade education, 10 percent versus 4.8 percent for the nation as a whole. All told, 21 percent of Texas parents have less than a high school education, compared to the United States, which has 14.2 percent (refer to Table 1.17 and Figure 1.3).

### Table 1.17

<table>
<thead>
<tr>
<th>Education Level for Family Head of Household Having Children Ages 0-18: 1998</th>
</tr>
</thead>
<tbody>
<tr>
<td>(in thousands)</td>
</tr>
<tr>
<td>United States</td>
</tr>
<tr>
<td>Families</td>
</tr>
<tr>
<td>With Children Under 18</td>
</tr>
<tr>
<td>Percent</td>
</tr>
<tr>
<td>Texas</td>
</tr>
<tr>
<td>Families</td>
</tr>
<tr>
<td>With Children Under 18</td>
</tr>
<tr>
<td>Percent</td>
</tr>
</tbody>
</table>


### Correlating Poverty with Other Risk Factors

A comparison of the demographic profile of Texans in poverty outlined above with the other census bureau risk factors makes clear that, where one of the other risk factors is present, poverty is often present also. Obviously, parents on some form of federal assistance in large measure belong to the ranks of the poor. But other risk factors also correlate with poverty. For example, single parents, and especially unwed mothers, were heavily represented among the ranks of the Texas poor in 1998, as were parents with limited educational attainment. One could say that the last five risk factors are a subset of the first, poverty.

The census bureau concluded that the following public policies would benefit Americans under the age of 18:

- ending the dependence of needy families on federal assistance,
- preventing out-of-wedlock pregnancies, and
- encouraging the formation and maintenance of two-parent families.
Welfare Reform as A Variable in Reducing Teen Risk Factors

According to a Urban Institute study, the negative effects of teen risk factors can be reduced by altering children’s exposure to risks or by changing their perception of risks and helping them develop coping strategies. One potential avenue for reducing adolescents’ exposure to risks is through the recent welfare reform efforts of both the 74th Texas Legislature (H.B. 1863) and U.S. Congress (Personal Responsibility Work Opportunity Reconciliation Act of 1996, or PRWORA). For instance, the PRWORA encourages parents to find employment, promotes two-parent families, and places restrictions on welfare assistance when family members (either parents or teens) drop out of school.22

By focusing on family welfare issues, PRWORA could actually reduce, perhaps in some cases eliminate, many of the risk factors affecting Texas adolescents. In its most positive outcome, the welfare reform effort could assist parents in securing worthwhile employment and ultimately breaking the cycle of poverty. Securing employment could empower family members to become independent of federal welfare assistance. Financial stability, in turn, could eliminate some of the reasons why parents distance themselves from their children, leading to more two-parent families. It is possible that welfare reform could provide incentives for parents to remain an active part of their teenager’s life. In fact, family members within the welfare reform guidelines would have greater incentive to remain in school and complete their high school education. In other words, by directly assisting families in meeting their monetary needs, welfare reform could also indirectly assist teenagers in becoming productive and effective members of society.

But welfare reform could have detrimental effects on teenagers. According to the Urban Institute, “time limits for the receipt of welfare benefits and reductions in benefits for recipients who do not meet program rules, as well as the potential inability to obtain steady, well-paying employment, could prevent other families from escaping poverty. Thus, welfare reform could either benefit or harm families in ways that could either benefit or harm children.” 23

Recently, state legislatures have focused some welfare reform efforts on noncustodial (NCP) fathers. Researchers at Congressional Quarterly attribute this legislative trend to a nationwide “fatherlessness crisis.” Since 1960, United States Census Bureau data indicate that the number of children living only with their mother has tripled. Currently, according to a recent Urban Institute study, close to one third of children live in a single-parent household, and 44 percent of those children live in poverty.24

A profile of low-income fathers reveals equally disturbing results. According to the NCSL report, about one-third of fathers are considered low-income—they earn less than $8,000 per year. Although most work at some point during a year, only 25 percent work full-time during the entire year. More than 90 percent have an employment history, but most of their jobs are seasonal or temporary and tend to be low-wage jobs that do not include benefits.25
Two policy approaches to noncustodial fathers are emerging nationwide. The first is directed at reducing the absence of fathers from parental involvement. Legislation along this trend includes making divorce more difficult to obtain, promoting abstinence until marriage, and programs encouraging fathers to assume strong parental roles. A second policy approach is aimed at reducing the poverty level of all family members, regardless of their familial unity. Along the lines of this second approach, legislation is directed towards distinguishing between “deadbeat dads” and “deadbroke dads,” assisting NCP fathers in finding employment, and increasing funding for education and job training programs.

Welfare reform may not succeed in reducing the effects of adolescent exposure to risk factors. If it is not successful, then perhaps assisting teenagers to develop coping strategies could reduce the effects of teen risk factors. Some coping strategies identified by the Urban Institute include personal characteristics, such as temperament, disposition, and behavioral and cognitive skills, as well as environmental characteristics, such as social support from the community, parental warmth, adult monitoring and supervision, and positive role models. Yet, even when coping strategies are present, “high levels of risk are found to be associated with poorer developmental outcomes for children.”

Policy Implication: Monitor the effects of welfare reform in mitigating the teen risk factors.

At this point, the effect of welfare reform on the teen risk factors is speculative. Hard data, with the use of statistical models, could provide more concrete understanding of the effects welfare reform is having on adolescents. A multiple regression analysis, along with a factor analysis, could be two statistical tests for isolating those specific variables influencing teen risk factors.

Policy Implication: Need for Better Texas Data

Good demographic data is very important for the process of identifying those in need of services, directing services to the right places, and identifying factors to help structure effective programs. In spite of extensive data gathering and analysis by the census bureau, the TSDC, and government agencies such as the THHSC, there are gaps in the data for Texas that hinder our ability to identify and target teenagers in need. While general statistics on the status of children are available, data at a higher level of detail, especially data relating just to adolescents, would be very useful to policymakers. The U.S. Census Bureau is developing the American Community Survey, a data-gathering effort that it hopes will provide data communities need every year, instead of every 10 years. The program is now in its second stage, collecting data from demonstration sites throughout the United States. In 2003, full implementation will begin. As the bureau develops the survey criteria, Texas government could work with the bureau and state agencies to devise criteria to obtain detailed data on the state of our state’s children. When we examine the risk factors for children identified by social science researchers, we find that Texas has a high percentage of children
at risk compared the United States as a whole. This makes it even more imperative to identify these children, so that state and local government, churches, foundations, and other social agencies will be able to direct their resources where they will do the most good.

1 Bryson 1997b, 48.
2 U.S. Census Bureau 1996, 10.
3 Texas Department of Commerce, n.d.
4 Figures supplied by TSDC, October 20, 1999. Texas projections end at the year 2030.
5 TSDC 1998; U.S. Census Bureau 1998c.
6 Bryson 1997a.
7 FIFCFS 1999, 10-11.
8 Annie E. Casey Foundation 1999a, 6-7.
9 Moore, Vandivere, and Ehrle 2000, 1.
10 Dalaker, 1999, xi.
12 Figures supplied by THHSC.
13 USDHHS 1999, 21.
14 Ibid., 7.
15 USDA 1997.
16 USDA 1998.
17 Figures supplied by THHSC, Department of Program Budget and Statistics, April 20, 2000.
18 Time limits for Texas TANF cash assistance range from 12 to 36 months, depending on the particular needs of each case.
19 As used by the U.S. Bureau of the Census, the term “Hispanic” refers to national origin.
21 U.S. Census Bureau 1998b, 58; 1970 figures supplied by U.S. Census Bureau, Table: Families by Type, Age of Own Children, and Educational Attainment, Race & Hispanic Origin of Householder.
22 Urban Institute, 2000, 3.
23 Ibid., 3.
26 Sorenson, 1999.
Chapter 2
Playing With Poison: Teenage Substance Abuse

Introduction to Adolescent Health Issues

As we approach the 21st century, the United States is moving towards an economy that requires more educated and skilled workers. Being prepared to join the workforce and contribute to the community requires certain abilities and qualities. Reading, writing, math skills, thinking through problems, communication, teamwork, a good work ethic, a sense of responsibility, and civic pride are just a few of the necessary competencies teenagers should acquire. Further, adolescents’ health and well-being affect their development and future productivity as adults.

Healthy habits contribute to an adolescent’s growth and development. Proper nutrition, adequate amounts of the right foods and sleep, good hygiene, and a safe place to live contribute to the health and well-being of all children. These factors affect their learning ability and school-readiness. Both positive and unhealthy lifestyles may have long-lasting effects on a person’s educational achievement, productivity, and quality of life. According to the Urban Institute, a private, nonprofit and non-partisan think tank, risky behavior patterns initiated in adolescence often cause preventable and costly health problems in adults.

"A child that reaches age 21 without smoking, abusing alcohol or using drugs is virtually certain never to do so." Joseph Califano, Jr., NCASA Chairman and President, quoted in TDH 1997c.

Adolescence is a period of exploration and new experiences for most teens, a time of questioning social values and experimenting with different and sometimes risky behaviors. Adolescents who participate in risky behaviors are no longer regarded as “teens just being teens” or following a normal phase of development. Sociologists consider risky behaviors as an indication of troubled youth, who have a greater chance of continuing unhealthy behaviors as adults. Lack of education, health care treatment, loss of worker productivity, loss of tax revenues, and incarceration for drug-related crimes are just a few of the costs resulting from unhealthy practices and conditions, such as substance abuse, adolescent sexual activity and pregnancy, poor nutrition, food insecurity, obesity, mortality, the number of uninsured children, and the availability of health care for teens.
Substance Abuse

Illegal Drug Use

This first of two chapters discussing teen health issues will investigate substance abuse by our state’s young people. Alcohol, tobacco, marijuana, inhalants, and cocaine are the five substances most commonly used by Texas teenagers. While teens’ use of these substances is declining, their abuse now begins at younger ages than in previous years. This indicates a need to start prevention efforts earlier for children, targeting the five predominant substances and reinforcing existing and successful prevention programs. The following table demonstrates just how early Texas teens begin experimenting with each of the five popular substances.

<table>
<thead>
<tr>
<th>Substance</th>
<th>Average Age (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>12.3</td>
</tr>
<tr>
<td>Tobacco</td>
<td>12.3</td>
</tr>
<tr>
<td>Marijuana</td>
<td>13.5</td>
</tr>
<tr>
<td>Inhalants</td>
<td>12.2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>14.4</td>
</tr>
</tbody>
</table>


To determine teen drug use, the Texas Commission on Alcohol and Drug Abuse (TCADA) surveyed students in grades 7 through 12. Despite state and federal laws prohibiting the use of marijuana, inhalants, and cocaine, and the underage use of alcohol and tobacco, 58 percent of students surveyed reported having used at least one of those five substances or other illicit drugs during 1997. Furthermore, 76 percent admitted to the use of illicit substances at some point in their lives, referred to as “lifetime use.” In 1997, the University of Michigan’s Institute for Social Research conducted a similar survey, with results mirroring the Texas survey findings. 

The use of illegal drugs by American teenagers seems to have decreased for most drugs in 1997. In 1981, the proportion of high school seniors who had ever used an illicit drug was 65.5 percent, compared to 54.3 percent of seniors in 1997. NIDA 1999b.

Except for high school seniors’ use of marijuana, Texas secondary school students matched or surpassed the consumption rate for each of the five most widely-used substances when compared to national averages.

Who Reports Using Alcohol and Drugs?

The TCADA-funded study indicated that male and female students in Texas use alcohol in equal numbers, although male students were more likely than females to use other substances. Hispanic students reported the highest levels of use for the five most abused substances. Teens from two-parent homes were less likely than students from other family structures to use these substances. Overall, the children of college-educated parents were more likely to refrain from substance use. Finally, substance use was higher for working students compared to students who were not employed. Liang Y. Liu, a TCADA researcher, found that student employment begins to correlate with dropping out of school when the employment exceeds fourteen hours per week, leading credence to the idea that student employment may lead to an over commitment to work at the expense of school.

Risk Factors

Texas students are more likely to use substances when they believe their peers use them as well, and an increasing number of students reported drug use among their close friends. When parents express disapproval of the use of illegal substances, their adolescent children are less likely to try them. TCADA illustrates this point by reporting that a smaller proportion of secondary students (23 percent) whose parents disapprove of their drinking alcohol actually consumed it, while 56 percent of those whose parents approved used alcohol in 1998. Texas teenagers who gambled reported higher instances of substance use. Levels of substance use are lower for those students involved in extracurricular activities, although the use of drugs has increased for participants in student activities in recent years.

A report published by the Urban Institute documents that common factors contributing to teen substance abuse include economic deprivation, family conflict, and a family history of problem behavior. Certain neighborhoods where illegal behaviors abound may also contribute to problems, offering little in the way of more acceptable activities. In such areas, illegal substances and firearms
are all too easily accessed by teens. In addition, adolescents are reported to be less inclined to protect themselves from harmful behaviors and to invest in their own education, unless they realistically expect to obtain good-paying jobs in the future.\textsuperscript{11}

Moreover, absences from class and conduct problems occur more frequently among students who use drugs and alcohol. TCADA surveyed 14,000 students who were identified as high-risk for dropping out and found these students used drugs and alcohol at a higher rate and more heavily than other students.\textsuperscript{12} Increasing proportions of teenagers go to school or drive while under the influence of either alcohol or drugs, and increasing numbers of students report having drug-related social problems.\textsuperscript{13} While none of this data fully illustrates the alcohol and drug experience of adolescents living in the Lone Star State, what remains true is that youth substance abuse continues to be a concern.

**Alcohol**

Alcohol is by far the most prevalent substance abused by teenagers.

According to the *Journal of Pediatrics and Adolescent Medicine*, Hispanic adolescents tend to initiate alcohol use earlier than their counterparts, engage in higher misuse levels, and continue to be at higher risk for alcohol abuse and dependence as adults. Source: Epstein \textit{et al.} 1999.

In 1998, 65 percent of Texas eighth graders and 83 percent of high-school seniors reported using alcohol at least once in their lives. During the month before the TCADA survey 23 percent of seventh graders and 52 percent of high-school seniors reported using alcohol.\textsuperscript{14} Texas eighth graders experimented with alcohol at a significantly higher rate than the United States as a whole, with 65 percent reporting having used alcohol compared with 53.5 percent in the nation as a whole in 1998. Texas high school seniors reported lifetime alcohol use at a slightly higher rate than the United States, at 83 percent and 81 percent respectively. Binge drinking, defined as consuming more than five alcoholic beverages in a short period of time, can lead to alcohol poisoning, death, or, at the very least, reckless behavior; 14.5 percent of Texas eighth graders and 31.3 percent of high-school seniors reported binge drinking. Nationwide, at least 31 percent of those students responding in 1997 said that they binge drink.\textsuperscript{15} Drinking while driving is a serious problem among teenagers and is discussed in the section on mortality rates in chapter 3.

**Tobacco**

In the United States nearly 4 million adolescents between the ages of 12 and 17 smoke.\textsuperscript{16} In Texas, one-third of all teens use tobacco: 24 percent smoke cigarettes.
and 9 percent of high school males use smokeless tobacco. Each year approximately 85,000 children under 18 in Texas become daily smokers.

The percentage of students who have ever used tobacco was stable from 1990 to 1998. However, the number of cigarettes students smoke per day has increased over the last 10 years. In 1988, three percent of students who smoked consumed more than half a pack of cigarettes a day and by 1998, five percent of students were consuming half a pack or more a day. The percentage of secondary students who use tobacco at least once per month in Texas, in accordance with a national trend, rose in each grade from 1990 to 1998. Tobacco is the second most abused substance after alcohol among secondary students in Texas. Due to this increase Texas has enacted legislation to reduce tobacco use among adolescents.

Section 38.006 of the Education Code was amended by the 74th Legislature in 1995 to prohibit the use of tobacco products by anyone on school property, or at any school-related or school-sanctioned activity, whether it occurs on school property or not. Students are also prohibited from possessing or using tobacco products at school-related or school-sanctioned activities on or off school property. School districts are required to ensure that school personnel enforce these policies.

Subchapter H (Distribution of Cigarettes or Tobacco Products), Chapter 161 of the Health and Safety Code and Chapter 154 of the Tax Code helped to further restrict the use of tobacco products by youth. These were amended in the 75th Legislature in 1997, and went into effect on January 1, 1998, comprising some of the most comprehensive laws in the country. Both the minor and the retailer may face penalties for violations. Minors face a Class C misdemeanor and the loss of their driver's license if they fail to attend a tobacco education class. Retailers suffer a fine of $250 on their first offense and may have their permits suspended if they commit four offenses within a 12-month period. The Comptroller's Office is responsible for enforcing these provisions. Chapter 161 also prohibits tobacco billboard advertising (outdoor advertising) within 1,000 feet of a church or school.

The majority of citations that have been issued as a result of these changes have been for sale to minors (563). As of February 2000, there have also been 217 warning sign violations, 166 employee notification violations, and only nine minor's access violations cited. The San Antonio Police Department has issued the most citations (265), followed by the Dallas Police Department (159) and the Randall County Sheriff's Office (123).
So far 5,000 kids have taken mandatory tobacco-education classes. In addition, a currently unknown number have instead been fined or participated in community service. Although this number is far fewer than the approximately 700,000 minors who are using tobacco, the Texas Department of Health (TDH) reports that the classes have been very successful in their impact upon students who attend them. As this new program becomes established, more and more teens are expected to participate.

Chapter 403 of the Government Code along with Chapter 106 of the Health and Safety Code were amended by the 76th Legislature in 1999. They created four permanent funds for public health purposes from part of the revenue the state received out of the tobacco settlement. The largest of these is a $200-million fund for tobacco education and enforcement that allows the interest received from its investment to be appropriated to the TDH for programs to reduce the use of cigarettes and tobacco products in Texas. Programs funded by appropriations from the fund will address issues such as public awareness of the use of cigarettes and tobacco products, cessation programs, and enforcement of statutes related to distribution of tobacco products to minors.

Enforcement is very important in reducing use and limiting the availability of tobacco to youth. It is illegal in Texas for anyone under 18 years old to buy or have possession of any tobacco products. Anyone under 18 who violates the law will be required to attend an eight-hour tobacco education class and perform some sort of tobacco-related community service. Any underage person who is caught buying, using, or having possession of tobacco products may be subject to a fine of up to $250. Texas law also allows courts to deny or suspend driver’s licenses of any minor violating tobacco laws, for not attending tobacco education classes, or for not performing assigned community services.

Section 161.088 of the Health and Safety Code also was amended by the 76th Legislature, to broaden the number and types of law enforcement partners available for enforcement and the number and types of persons who can apply for enforcement funds from the comptroller to enforce the limits on the sale of tobacco products to minors.
Existing Texas Programs

TDH sponsors an education resource center, the Office of Tobacco Prevention and Control (OTPC). OTPC's main objective is to help reduce the use of tobacco among youth. The office's service is available to communities, schools, work sites, health professionals, and law enforcement. Some services OTPC provides are:

♦ technical assistance and information on tobacco prevention subjects;
♦ assistance in conducting the Texas Youth Tobacco Survey, which provides current data on youth tobacco use rates and trends; and
♦ a toll-free number for those who wish to request tobacco information or to report illegal sales to youth.

As a consequence of the amendments to Chapter 161 of the Health and Safety Code, TDH created a new position within OTPC to coordinate classes and training for minors caught in possession of tobacco. There are 325 instructors throughout the state, mostly in urban areas. However, they are able to serve only 220 counties. They hope eventually to serve every county in the state.28

OTPC also has a website especially designed for youth. The website is entitled "Don't Get Burned by Tobacco" and is found at www.dontgetburned.com. This website provides helpful hints on how to quit smoking and be successful. The webpage is designed specifically to attract youth. OTPC reports that many judges around the state need to be educated on the benefits of requiring teens caught smoking to attend education classes. Some judges simply fine the offender a dollar and let it go at that. Therefore getting law enforcement and judges involved in smoking cessation efforts could have an especially beneficial effect.

What Other States are Doing

California: California has been one of the states having the most success in reducing teen smoking. The decrease has come about since the inception of a tobacco control program started in 1990. The program directs $100 million annually (20 percent of the revenue from Proposition 99's 25-cent per pack increase in the state tax on cigarettes) for education on the risks of tobacco use. Although there was a decrease in the price of cigarettes in 1993 and a rise in the amount of promotion since then, the sales of tobacco products to minors declined from 1994 to 1997.29

Massachusetts: in Massachusetts, the Tobacco Control Program initiated in 1993 has also seen some success. Though smoking was increasing across the country
among eighth graders, it declined slightly in the same group in Massachusetts. The level of smoking among 10th and 12th graders increased, but less than the national average. Youth Tobacco Education and Leadership Programs are designed to provide comprehensive tobacco use prevention and cessation, through 46 projects across the state. Programs are designed, led, and monitored by adolescents with staff in each program serving in an advisory capacity. All programs include outreach, education, community advocacy, and regulatory change. Young people, ages 12-19, provide education on tobacco use through prevention activities and community events targeted to their peers ages 4 to 12.

Pennsylvania: the Tobacco Control Program is designed to reduce the use of tobacco products by residents, thereby reducing tobacco-related disease, disability, and death. The major emphasis is on the delivery of a no-tobacco-use message to children, adolescents, and young adults. To assist in compliance with Pennsylvania's Clean Indoor Air law, the program provides consultation and technical advice, including design and evaluation methods, materials, and training to businesses, public places, and community organizations. The program addresses the restrictions on youth access to tobacco products, marketing of tobacco products to youth, environmental tobacco smoke, and initiatives and incentives that will discourage the use of tobacco products.

Several factors made these comprehensive programs successful in reducing tobacco use among youth in their states:

- The Centers for Disease Control and Prevention reports that school-based programs are very useful in helping to prevent and reduce the use of tobacco among kids. The key to success for school-based programs is the curriculum. The curriculum should provide tobacco-free policies, training for instructors, programs for parents, and cessation services for students who currently smoke. School health programs to prevent tobacco use seem to be the most effective strategy to reduce the burden of physical, emotional, and monetary expense incurred by tobacco use among our youth.

- States, such as California and Massachusetts, that have experienced success in their tobacco prevention and awareness program attribute much of their success to the way their funding is distributed. Funding should go to local government entities, community organizations, local businesses, and other community organizations.

- Some effective state and local policies are increasing cigarette taxes, reducing marketing to children, and increasing penalties for selling to children. Texas has done all of these things.
Many states have realized that to address the tobacco issue, states must not only penalize the retailers for selling to youths but youths must be penalized for having possession of tobacco products.

**Policy Implication:** The recent amendments implemented in Texas provide the tougher laws necessary to deal with teenage smoking and Texas is committed to reducing smoking among our youth. Monitoring the efficiency of current smoking cessation programs, educating law enforcement and local judges in the benefits of the programs, and increasing the number of minors taking smoking cessation classes are the next necessary steps.

**Marijuana**

Compared to national averages, Texas eighth graders have higher rates of both lifetime usage of marijuana and use within the last month before the survey. Marijuana remains the illicit drug of choice, with about 35 percent of all Texas secondary students claiming use of the drug in their lifetimes, and 16 percent claiming current use, or having used within the last month.\(^\text{35}\) The National Institute on Drug Abuse (NIDA) reports that in 1998, 22 percent of eighth graders and almost 50 percent of high-school seniors across the nation had tried marijuana at least once.\(^\text{36}\) Further, 10.2 percent of 8th graders and 24 percent of 12th graders nationwide are considered current users.\(^\text{37}\) Twenty-seven percent of Texas’ 8th graders and 46 percent of 12th graders had reportedly ever used marijuana, according to a statewide student survey in 1998, when current use for Texas teens was estimated at 12.4 percent for 8th graders and 19 percent for 12th graders.\(^\text{38}\) According to the surveys at the national and state level, Texas has a higher rate of marijuana use by eighth graders, but the usage rate levels off in the higher grades and is actually lower than the rate for 12th graders nation-wide. Nevertheless, the fact that Texas youths are starting earlier is a cause for concern.

Not surprisingly, the 1999 TCADA study indicates that there is a parallel relationship between the use of marijuana and grades. Texas students with C grade averages reported higher levels of lifetime use of marijuana (51 percent) than their peers who made Bs or better (30 percent).\(^\text{39}\) In addition, the proportion of adolescent drug arrests involving marijuana rose slightly from 75 percent in 1996 to 76 percent in 1997. Furthermore, of teens admitted to TCADA-funded treatment programs for substance abuse treatment, 72 percent were admitted for marijuana as opposed to 68 percent in 1997.\(^\text{40}\)

**Inhalants**

In 1998, TCADA reported that inhalant use among students was rising, but in 2000 there was a 14 percent decrease, and for youths in seventh grade a 22 percent decrease.\(^\text{41}\) Inhalants include aerosol sprays, glues, correction fluid, and
solvents. Inhalants are extremely dangerous. Abuse of inhalants can starve the body of oxygen, force the heart to beat erratically, and cause serious damage to the nervous system, leading to impaired perception, reasoning, and memory, defective muscular coordination, and death. The initial and common use of inhalants begins earlier than other drugs. Statewide, the lifetime use of inhalants for secondary students rose to 22 percent, compared to 19 percent in 1994. However, the 2000 survey shows a decrease to 18.9 percent lifetime use.

Inhalants are one category of drug where use declines with age. Users tend to be the younger students; in Texas, 25 percent of 7th graders and 26 percent of 8th graders had used inhalants compared to 18 percent of 12th graders in 1998. Nine percent of elementary school students in grades four through six reportedly used inhalants, an increase from 1994 of three percent.

Cocaine

While use of marijuana by Texas students decreased by one percent between 1996 and 1998, use of cocaine and crack increased by two percent. Lifetime cocaine use is 20 percent for students living in the Texas-Mexico border region. Sources: Liu and Maxwell 1999, 3; Maxwell 1999, 6.

Powder and crack cocaine replaced stimulants, such as amphetamines, as the fifth most widely-consumed substance among Texas school students in 1998. Lifetime powder cocaine and crack use by students between 1996 and 1998 increased by 31 percent, a faster rate of increase than for any other substance; in 1996 and 1998, lifetime use of cocaine or crack for students was 7.1 and 9.3 percent, respectively. In 2000, the number of cocaine users remained steady at 9 percent. Information obtained from NIDA shows that between the years 1991 and 1998 cocaine use steadily increased among secondary school students across the nation. In 1997, the percentage of lifetime use for eighth graders was 4.4 and 3.2 percent for cocaine and crack, respectively; for the same year, the lifetime percentage for high school seniors was 8.7 (cocaine) and 3.9 (crack) percent. In addition, the percentage of youths entering TCADA's drug treatment facilities whose primary substance use was cocaine rose from three percent in 1995 to seven percent in 1998.

Best Practices for Intervention and Prevention

"Parent power is the most undertested and underestimated power in this drug-abuse problem in this country, and dads are particularly out of it." Joseph Califano, Jr., NCASA president and former Secretary of Health, Education, and Welfare. Quoted in Marks 1999.

A 1999 study by the National Center on Addiction and Substance Abuse (NCASA), a leading substance-abuse research center, illustrates how important fathers are in preventing their children from abusing substances and preventing underage
drinking. Unfortunately, the study found that only 58 percent of teenagers report having an excellent or very good relationship with their fathers, as compared to 71 percent who have such a bond with their mothers. According to NCASA, schools have the second greatest impact in influencing teen substance abuse.

NCASA provides the following tips to parents who want to prevent substance abuse by their children:

- build an excellent relationship with your teen;
- become active participants in your teen’s life;
- regularly help with homework;
- encourage your teen to seek your help on important decisions;
- eat dinner frequently as a family;
- attend religious services regularly and make religion important to the life of your teen;
- praise your teen when merited;
- know what your teen is doing after school; and
- know where your teen is on weekends.

Source: NCASA 1999b.

Successful treatment programs are comprehensive, rather than focusing on a single problem, and take place over long periods of time, start young, and provide enrichment, growth, and development activities. The Urban Institute describes three such programs. One integrated services program in a New Jersey high school offers individual and family counseling, primary and preventive health services, drug and alcohol counseling, crisis intervention, employment counseling, employment training and placement, job development, recreational activities, and referrals to other services. In the first year of the program’s operation, students had seven fewer babies (from 20 total births the previous year) and only one birth in the program’s second year. The number of dropouts declined from 73 to 24 and suspensions dropped from 322 to 78. Families described the program as “convenient and non-stigmatizing.”

The Children at Risk program, initiated in 1995, was a demonstration project operated in six U.S. cities, offering integrated services and enrichment activities to youth ages 11 to 13 years who had already broken the law. The results indicated that after only one year, juvenile arrests were significantly reduced from previous years, contacts with police and courts significantly dropped, promotion rates to the next grade significantly increased, and school attendance improved.
The third successful program is the Quantum Opportunities Program, offering integrated services, enrichment and development activities, and community services. Tutoring, mentoring, and financial incentives were provided for four years to participants, who entered the program at the age of 14 years. Participants did better than a control group, who used no services, and were even more successful in the third and fourth years of the program's operation.

The Urban Institute reports that unsuccessful prevention programs share the following common characteristics:

- they focus on a single problem, rather than on the young person's entire life circumstances;
- they are too short-term;
- they start too late, instead of earlier in a child's life; and
- they do not focus on and promote positive behaviors.

Policy Implications: The statistics in this chapter highlight a number of issues related to Texas teens and drugs. The early age at which Hispanic teens begin drinking alcohol and their high risk for abusing other substances indicate the need for special attention to be given this dynamic. Careful examination of the problem of cocaine use by adolescents is advisable in light of the rate of increase in recent years. Particular attention should be addressed to cocaine use by adolescents living along the border. Given the early age at which teens begin smoking cigarettes, the fact that the average number of cigarettes smoked by teens daily consistently increased in the 10 years prior to and including 1998, and the sheer number of adolescents who take up smoking each year and risk the potential health problems associated with smoking, preventing tobacco use among adolescents continues to be a significant policy issue.

1 Mollison 1999.
3 Ibid., 1.
4 Ibid., 2.
5 Ibid.
7 Liu and Maxwell 1999, 5.
8 Ibid., 7.
9 Liu, 2000, 2.
10 Ibid., 7-9.
12 Liu, 2000, 1.
14 Ibid., 2.
15 Liu and Maxwell 1999, 2.
16 Substance Abuse and Health Services Administration 2000.
17 TCADA 1998.
18 OTPC 1998.
19 TCADA 1998.
20 University of Michigan 2000.
21 TCADA 1998.
22 CDC 1999a.
23 Texas Tax Code, Section 154.1142 (Disciplinary Action for Certain Violations).
24 Information provided by the Office of the Comptroller of Public Accounts.
26 OTPC 1999.
27 Government Code Chapter 403G.
29 OTPC 1999.
31 OTPC 1999.
33 Ibid.
34 Ibid.
36 NIDA 1998.
37 Ibid.
38 Liu and Maxwell 1999, 10.
39 Ibid., 3.
40 Ibid.
41 TCADA 2000b, 5.
42 Maxwell 1999, 14.
43 NIDA 1994, 3.
44 Liu and Maxwell 1999, 2.
46 TCADA 2000b, 6.
47 Ibid.
48 NIDA 1994, 2.
49 Liu and Maxwell 1999, 1.
50 Ibid., 4.
51 TCADA 2000b, 5.
52 NIDA 1999a, 2.
54 NCASA 1999b.
55 Burt 1998
56 Ibid., 6.
57 Ibid., 8.
58 Ibid.
**Chapter 3**

Other Health Issues: Risky Behavior

the No. 1 Problem

Mortality and Causes of Death

The teen years can be dangerous. Mortality rates are higher among adolescents than younger children in the United States; however, the death rate for adolescents ages 15 to 19 has dropped since 1990 and is now below the 1980 rate. In 1996, there were 79 deaths per 100,000 for this group, nationally. The two leading causes of death for teens were accidents, primarily auto wrecks, and homicide, mainly by firearms, accounting for 36 and 27 percent of teen deaths in 1996.

In Texas, the number of deaths in 1997 was 131.5 per 100,000 for young males and 51.3 per 100,000 for young females, with the death rate for Texas male teens surpassing that of the nation. Accidents, primarily due to automobile collisions, accounted for approximately 46 percent of the deaths in this age group the same year, while homicide accounted for roughly 20 percent of teen deaths for males and 10 percent of teen deaths among females. Although the proportion of all deaths due to accidents and homicides combined is lower in Texas than the nation as a whole, the total death rate (all causes) for young Texas males is still higher than the nation’s. When the suicide rate for males ages 15 to 24 (20.5 per 100,000) is added to that of teen deaths due to injuries (accidents and homicide), the state death rate due to injury increases and surpasses the national rate.

Underage Drinking and Driving

Teenage driving is a health issue and a matter of social concern as well. More often than older drivers, teenagers drive recklessly. In 1998, the leading cause of death in the United States for 15-to-20-year-olds was motor vehicle crashes, with 3,427 deaths and 348,000 injuries. Among drivers 15-20 years old, 7,975 were involved in fatal crashes in 1998, a decrease of 23 percent from 10,415 teens involved in fatal crashes ten years earlier. Currently, reports show a decreasing trend in the number of alcohol-related fatalities, but as it is the leading cause of death for teenagers it is a very pertinent issue. Teenage drivers are more likely to speed, run red lights, make illegal turns, not wear restraints, ride with
intoxicated drivers, and drive after using drugs or drinking alcohol. Inexperience and lack of awareness are major factors in teenagers’ safety.

In 1997, teenage drivers constituted less than 7 percent of the total U.S. population, but accounted for 13 percent of all motor vehicle deaths. Of those fatalities, 21 percent involved alcohol and in 14 percent the underage driver’s blood alcohol concentration (BAC) level was above 0.10 grams per deciliter (g/dl). The National Conference of State Legislatures (NCSL) points out these figures are particularly disturbing because people under the age of 21 legally cannot buy alcohol. If either a driver or someone involved but outside the car has a BAC of 0.01 g/dl or greater in a police-reported traffic crash, it is defined as alcohol-related. A person with a BAC of 0.10 g/dl or greater involved in a fatal crash is considered to be intoxicated. The National Highway Traffic Safety Administration (NHTSA) reports that an increase in blood alcohol levels is directly related to more severe crashes. In 1998, of the 15-to-20-year olds involved in property-damage-only crashes, two percent had been drinking, while three percent of those involved in injury-resulting crashes had been drinking, and 21 percent of the 15-to-20-year olds involved in fatal crashes had been drinking.

Today, in every state and the District of Columbia, minimum drinking-age laws set the legal drinking age at 21. According to NHTSA, it is estimated that since 1975, minimum drinking-age laws have saved 18,220 lives, including 861 lives in 1998. Since 1988, drivers of all ages involved in fatal crashes reflect a decrease in intoxication rates. Young drivers (16-20-years old) had the largest decrease at 33 percent. The Insurance Institute for Highway Safety reported that the decreasing trend in fatal crashes is attributable to the change in the minimum-purchasing-age laws. In a 1981 evaluation of nine states that had recently raised the legal drinking age to 21, the institute determined an average fatality

<table>
<thead>
<tr>
<th>Driver Status</th>
<th>Number of Drivers</th>
<th>Percentage With BAC Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0.00 g/dl</td>
</tr>
<tr>
<td>Surviving</td>
<td>4,548</td>
<td>84</td>
</tr>
<tr>
<td>Fatally Injured</td>
<td>3,427</td>
<td>72</td>
</tr>
<tr>
<td>Total</td>
<td>7,975</td>
<td>156</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Transportation, NHTSA 1998d.
reduction of 28 percent in nighttime crashes among young drivers. In 1984, a subsequent study by the institute estimated a 13-percent reduction in nighttime fatalities in 26 states that had raised the minimum drinking age during 1975-1984.¹⁴

Young males have alcohol-involved crashes more frequently than young females. Twenty-five percent of male drivers, compared to 12 percent of female drivers among 15-to-20-year olds, had been drinking at the time of the crash. Not using seat belts complicates the underage-drinking problem. In 1998, 71 percent of the young drivers of passenger vehicles involved in fatal crashes were unrestrained, as were 80 percent of the young drivers killed in crashes who had been drinking. NHTSA reports that the cost of police reported alcohol-involved crashes was $1.1 million in monetary costs and $1.9 million in quality of life losses totaling $3 million. Source: U.S. Department of Transportation, NHTSA 1998a.

Table 3.2
According to Sex and Age, Percentage Distributions of BACs Among Alcohol-Involved Drivers, 1997*

<table>
<thead>
<tr>
<th>BAC LEVEL</th>
<th>0.01-0.04</th>
<th>0.05-0.07</th>
<th>0.08-0.09</th>
<th>0.10-0.14</th>
<th>0.15-0.19</th>
<th>0.20-24</th>
<th>0.25-0.29</th>
<th>0.30+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Sexes</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>13.1</td>
<td>10.9</td>
<td>9.2</td>
<td>28.5</td>
<td>22.2</td>
<td>10.6</td>
<td>4</td>
<td>1.5</td>
</tr>
<tr>
<td>20-24</td>
<td>9.4</td>
<td>7.9</td>
<td>6.7</td>
<td>23.8</td>
<td>26.7</td>
<td>17</td>
<td>7.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>12.9</td>
<td>11.3</td>
<td>9.1</td>
<td>28.7</td>
<td>22.2</td>
<td>11.1</td>
<td>3.5</td>
<td>1.1</td>
</tr>
<tr>
<td>20-24</td>
<td>9.1</td>
<td>6.9</td>
<td>7</td>
<td>23.9</td>
<td>25.9</td>
<td>17.5</td>
<td>7.4</td>
<td>2.4</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>16-19</td>
<td>13.9</td>
<td>8.8</td>
<td>9.5</td>
<td>27.7</td>
<td>21.9</td>
<td>8</td>
<td>6.6</td>
<td>3.7</td>
</tr>
<tr>
<td>20-24</td>
<td>11.4</td>
<td>15.2</td>
<td>4.3</td>
<td>23.3</td>
<td>24.8</td>
<td>12.9</td>
<td>5.6</td>
<td>2.4</td>
</tr>
</tbody>
</table>

*Note: Data are from the Fatality Analysis Reporting System (FARS) maintained by the National Traffic Highway Safety Administration (NHTSA).

[1] Percentage is computed only for those drivers having known age and positive BAC scores.


accidents involving young drivers was $31.8 billion in 1998.15

All states and the District of Columbia have "zero-tolerance" laws for underage drivers, guaranteeing a drunk-driving conviction for teen drivers with BAC levels of 0.01 g/ dl (in most states) or 0.02 g/ dl or less for drivers younger than 21 years. Zero-tolerance laws were adopted in accordance with the National Highway Systems Designation Act of 1995, mandating the withholding of federal highway funds if states did not implement the law, under which Texas would have faced a loss of $38.5 million in federal highway funding. In 1997, the Texas Legislature approved S.B. 35, the zero tolerance bill, making it illegal for people under 21 to drive with any amount of alcohol in their blood system. The law provided the following provisions:

♦ first offenders– class C misdemeanor, punishable by a fine up to $500, attendance at an alcohol awareness class, 20 to 40 hours of mandatory community service, and 60 days driver’s license suspension (not eligible for an occupational license for the first 30 days);

♦ second offenders– class C misdemeanor, punishable by a fine up to $500, attendance at an alcohol awareness class at the judge’s discretion, 40 to 60 hours of mandatory community service, and 120 days driver’s license suspension (not eligible for an occupational license for the first 90 days); and

♦ third offenders– are not eligible for deferred adjudication, 180 day driver’s license suspension (not eligible for an occupational license). If the minor is 17 years of age or older, the fine increases from $500 to $2000, or the person may be confined in jail for up to 180 days, or both.

Other minor-related laws were strengthened by S.B. 35, which penalizes minors who purchase, attempt to purchase, possess, or consume alcoholic beverages, or who misrepresent their age to obtain alcohol or are publicly intoxicated in the following manner:

♦ Class C misdemeanor, punishable by a fine up to $500, alcohol awareness class, 8 to 40 hours community service, and 30 to 180 days loss or denial of driver’s license;

♦ if it is the third offense by a minor who is 17 years of age or older, it is punishable by a fine of $250 to $2000, confinement in jail for up to 180 days, or both, as well as automatic driver’s license suspension.

A stricter penalty exists for the giving or selling of alcohol to a minor by adults and other minors. The punishment for providing alcohol has been increased from a class C to a class B misdemeanor, punishable by a fine up to $2000,
confinement in jail for up to 180 days, or both. The sale of alcohol to a minor is a class A misdemeanor, punishable by a fine up to $4000, confinement to a year in jail, or both.\textsuperscript{16} Although the number of accidents has gradually decreased, teenagers seem ultimately undeterred by the law, and continue to take part in delinquent and ultimately dangerous behavior such as drinking and driving despite awareness of legal and possible fatal consequences of their reckless decisions.\textsuperscript{17}

Table 3.3 indicates that the enforcement of the new stricter laws concerning underage drinking has increased the number of arrests for DUIs, while the number of alcohol-related accidents involving teenagers has declined. Table 3.4 interestingly shows the number of DUI arrests for males at a 1.6 percent decrease, while the number of female DUI arrests has increased almost 35 percent since 1989 until 1998, indicating a change in societal norms of female teenagers.

<table>
<thead>
<tr>
<th>Table 3.3  Driving Under the Influence Arrest Trends, by age, 1989-1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of People Arrested</strong></td>
</tr>
<tr>
<td>Total All Ages</td>
</tr>
<tr>
<td>Under 18 Years of Age</td>
</tr>
<tr>
<td>18 Years and Older</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Table 3.4  Driving Under the Influence Arrest Trends, by sex, 1989-1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
</tr>
<tr>
<td><strong>1989</strong></td>
</tr>
<tr>
<td>Total All Ages</td>
</tr>
<tr>
<td>Under 18 Years of Age</td>
</tr>
</tbody>
</table>

Best Practices

Given that kids are still drinking and driving and getting killed in disproportionate numbers, it is important to look at what prevention efforts are being undertaken. Many states have gone beyond zero-tolerance laws and taken harder approaches to dissuade underage drinking and deter recurrence with more severe legal punishments and laws to prevent minors’ access to alcohol, although Texas has adopted many similar provisions, underage drinking and driving is still a problem, and looking to see what is successful in other states could be beneficial. In Georgia, drunk-driving offenders' licenses are suspended for six months longer than Texas requires. Like Texas, Tennessee has a separate offense for minors driving under the influence. Tennessee, however, has a lower fine amount but a longer license suspension.18

Texas Programs

“Almost 700,000 Texas school children use alcohol, and more than half a million of them are heavy drinkers,” says Jay Kimbrough, executive director of the Texas Commission on Alcohol and Drug Abuse; “it is time to coordinate our efforts to prevent underage drinking and raise public awareness of this serious problem.” TCADA 2000a.

Leaders from more than 40 public and private organizations, including 16 state agencies and the Governor’s Office Criminal Justice Division, signed a pact on June 1, 2000, creating a new state initiative to prevent underage drinking, the Alliance Against Underage Drinking. The Alliance represents a comprehensive, coordinated response to underage drinking, one of the most serious health threats young Texans face. Planned to play a critical role in the activities and the development of the Alliance’s initiative, young people signed the pact along with state leaders.

The Alliance believes that this effort can only succeed with strong support at the local level, and provides a media kit to help community coalitions and other interested groups raise public awareness of the dangers associated with underage drinking. The information contained in the kit is free of copyright and may be duplicated and revised to help meet the individual needs of each community. More information about the Alliance is available by contacting the public information office at the Texas Commission on Alcohol and Drug Abuse at (800) 832-9623, ext. 6610.
The Alliance Against Underage Drinking will coordinate a statewide initiative to combat underage drinking by maximizing state resources through a high-profile campaign coordinating a variety of new programs and ongoing efforts of education and public awareness. Elements of the campaign include:

- a new Internet site to serve as a portal to state agencies and other resources working to prevent underage drinking and teen drug use;
- a school-year calendar to provide a comprehensive listing of events all over Texas designed to prevent underage drinking;
- a media kit with facts, statistics, and resources for reporters to be distributed to community coalitions in Texas to help raise awareness of this issue;
- the Texas Drug-Free Radio News Network that will feature a series of stories about the dangers associated with underage drinking;
- the Alliance will prepare a back-to-school guide with facts about underage drinking and advice for parents and post it on the new Internet site and issue it as a press release to parenting magazines and newspapers;
- the Alliance will explore other ways to coordinate and pool resources to increase awareness of underage drinking;
- the new Alliance Against Underage Drinking campaign will be timed to coincide with the start of school.
The Texas Alcoholic Beverage Commission (TABC) sponsors many programs targeting underage drinking; many are community-based, involving schools, churches, families, and other community groups to show minors the problems associated with alcohol consumption. Shattered Dreams is a program targeting high school students about drinking and driving. A dramatization of a crash scene is performed in front of the student body, including police and EMS response, ER treatment, family notification, and the arrest and booking of the driver; further aspects of the “docu-drama” unfold for students throughout the day. TABC states that Shattered Dreams appears to be an effective prevention program, and schools can stage their own production by contacting the local TABC office.20 TABC, with the Texas Department of Transportation, Texas Department of Public Safety, MADD, Texans Standing Tall, and the Criminal Justice Division of the Governor’s Office initiated a new statewide campaign featuring billboards, posters, and a toll-free hotline to help Texas communities handle problems associated with underage drinking, including reporting underage drinking and driving.21

Texas Underage Drinking Hotline...
1-888-THE-TABC or 1-888-843-8222
Source: TABC 1999b.

TCADA’s homepage offers a link for parents for statistics, facts, and tips for talking to their kids. The intent to the site is “to help protect your child from the dangers of underage drinking, arm yourself with the facts and let your child know you disapprove of teen alcohol use.” 22

The following links can be found on the site, http://www.tcada.state.tx.us/issues:

♦ **Be Aware**

Consequences: Facts and statistics about teen drinking in Texas
Warning Signs: How to recognize a problem in your child

♦ **Protect Your Child**

Straight Talk: A guide to discussing alcohol and drugs with your children
Tips For Parents: How to protect your child from alcohol and drugs

♦ **Get Involved**

Action Plan: Parents, schools and communities all have a role in the solution
How to Help: National, state and local groups fighting underage drinking

♦ **Know the Facts**

The Danger: The effects of alcohol on the body
Penalties: Legal Consequences
Resources: Help for Parents

“Shattered Dreams-
It’s about drinking and driving...
It’s about living and dying...”
Source: TABC 1999b.
Graduated Licensing

A combination of inexperience, immaturity, and a tendency for high-risk driving makes teenage novice drivers a significant highway safety problem. Driving a motor vehicle can be dangerous, yet at the present time, driver testing and requirements are minimal. Currently, a teenage driver, with little or no “real world” driving experience, can receive a completely unrestricted license. This problem can be addressed by controlling the circumstances under which inexperienced young drivers get behind the wheel, and with incremental driver’s licensing systems spanning one or two years that ultimately graduate novice drivers to unrestricted driving privileges.
The Insurance Institute for Highway Safety defines graduated licensing as "a system for phasing in on-road driving, allowing beginners to get their initial experience under conditions that involve lower risk and introducing them in stages to more complex driving situations."\textsuperscript{25} Nighttime driving restrictions, required restraint use for all occupants, passenger limitations, and lower threshold license sanctions create low-risk controlled circumstances that allow teenage novice drivers to gain driving experience. Nearly all of the medical profession and nearly every national law enforcement group, whose members witness the outcome of poor driving on a regular basis, endorse the idea of a graduated driving license system.\textsuperscript{26}

In July 1996, the Florida Legislature adopted the core elements of a graduated driver licensing system, being the first state to do so. Following the implementation of the law, the Insurance Institute for Highway Safety, together with the Preusser Research Group, analyzed Florida's crash data, determining a reduction of 19 percent in crashes involving 15-year olds, 11 percent for 16-year olds, and 7 percent of 17-year olds. The research also determined that 1,167 injury and fatal crashes involving 15-17-year olds were prevented in 1997.\textsuperscript{27} The institute reported in its December 4, 1999 issue of Status Report (Special Issue: Graduated Licensing), that in the few years graduated licensing has become an issue, 35 states have adopted at least one of the system's components.\textsuperscript{28}

Comprehensive programs seem to be the most effective in deterring all problems associated with underage drinking. A few states have taken the needed innovative approaches with new laws to overcome underage drinking and driving problems, through education about the potential life-threatening and legal consequences of teenagers continuing to engage in reckless behavior. The Youthful Drunk Driver Visitation Program has an exemplary record of discouraging repeat offenders. It was initiated by the California Legislature and copied by Florida, Illinois, and Iowa. In the program, underage drinking driving offenders are required to attend supervised visits to emergency rooms or morgue facilities. In Arkansas, an additional $5 fine for every moving traffic violation is collected by the courts, to fund drunk driving awareness programs for students.\textsuperscript{29} The Georgia chapter of Emergency Nurses CARE (ENCARE) has developed an educational program concerning the consequences of drinking and driving for teenage students, mainly presented during prom season. Informing the general public, parents, and educators about underage drinking and driving laws, the None for Under 21 program was implemented in Ohio and uses technology to identify minors attempting to buy alcohol illegally.
Pennsylvania’s Minor ID Checker reads the magnetic strip on the back of the ID, determining if it is fake or expired. One of the biggest programs is Cops in Shops. It started in 1991, and now has been organized in communities in 40 states, including Texas. The program involves local law enforcement agencies, educators, the business community, and alcohol sellers working together to deter kids from buying alcohol.\(^{30}\)

Through the Enforcing the Underage Drinking Laws Program, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) aids states in addressing the problem of underage drinking. Formerly called Combating Underage Drinking, the revised program comprises $50 million worth of block grants, discretionary programs, and training and technical assistance administered by the OJJDP. As a result of this program, OJJDP hopes to develop comprehensive and coordinated initiatives to enforce state laws prohibiting minors from purchasing and consuming alcoholic beverages.\(^{31}\) In both FY 1998 and FY 1999, Texas received block grants of $360,000, totaling $720,000 since the inception of the program. The program also qualifies for discretionary funds in the amount of $400,000, but Texas has yet to receive this type of funding although its application is currently under review.

**Policy Implication:** Texas may want to reconsider a graduated licensing system and look at a model law developed by the National Committee on Uniform Traffic Laws and Ordinances (NCUTLO), which 23 states already have adopted in some form.

Other significant requirements of NCUTLO’s model, beyond passenger limits and nighttime driving restrictions, are that applicants for immediate and full licenses must have no safety belt or zero tolerance violations and must be conviction-free during the mandatory holding or probationary stages.\(^{32}\) Graduated licensing would reduce the number of adolescents riding with adolescent drivers who had been drinking and the number of adolescents driving at night, resulting in fewer traffic accidents involving underage drivers.

**Policy Implication:** “Healthy People 2010”, published by the U.S. Department of Health and Human Services suggests many relevant prevention and intervention recommendations concerning underage drinking.

It reports that administrative revocations of licenses for drinking and driving, the implementation of both a minimum drinking age of 21 years and a lower blood alcohol standard for underage drinkers, and the increased taxation of alcoholic beverages have contributed to a reduction in traffic accidents and the occurrence of drinking and driving.\(^{33}\) Mandatory alcohol treatment programs for underage offenders provide an effective means of education about youth risk behavior.
Presently Texas does have in place many of the above mentioned provisions. In terms of prevention, studies of school-based groups indicate a reduction in alcohol use by students participating in programs that alter the peer-group perceived norms about alcohol abuse and help identify ways to resist peer pressure. Reduction in adolescents’ alcohol use is also related to community-wide programs, encompassing school curricula; peer involvement, empowerment, and leadership; parental education and involvement; and community task forces. Since many reaction provisions are in place, Texas could bring focus now to prevention provisions.

Proposed suggestions for reducing underage drinking and driving are similar to recommendations pertaining to the broader issue of underage use of alcohol. The 1998 National Symposium on Alcohol Abuse and Crime: Recommendations to the Office of Justice Programs, addressed all areas of underage drinking and the working groups of the symposium were composed of representatives of a broad variety of disciplines and perspectives, including youth participants. Their recommendations pertained to aspects of:

- community mobilization;
- enforcement;
- intervention;
- marketing, public education, and community awareness;
- prevention
- training and technical assistance;
- victim issues; and
- youth involvement.

Perhaps the most important issue in reducing underage drinking and driving is consistent enforcement of the laws, including:

- zero tolerance laws and the expansion of community policy initiatives to include the enforcement of underage drinking laws;
- penalties for individuals and liquor license holders for selling alcohol to minors;
- increasing the use of administrative license revocation laws, targeting minors arrested for driving under the influence of alcohol; and
- the possibility of using the ignition-interlock system on underage DUI offenders.
The deadly combination of a teen’s low alcohol tolerance and little driving experience makes underage drinking and driving a major problem facing American society today, demanding the attention of policymakers, decision makers, and the public. Despite current prevention efforts and a noticeable decreasing trend in alcohol-related fatalities, this subject should remain a priority in our nation’s agenda because many effective tools to prevent underage drinking have yet to be utilized to their full potential. Progress can be maintained and expanded through visibility, enhanced awareness, and an understanding of the social problems and economic costs of underage drinking, especially the fatal combination of underage drinking and driving.

**Sexual Behavior**

According to the Alan Guttmacher Institute (1998a, 1999), the pregnancy, birth, and abortion rate for U.S. teenagers has declined 17 percent since 1990.

Engagement in sexual activity by teens poses significant and long-term health, economic, and social consequences for which they may not be prepared. Unintended pregnancies, the stress of parenting, sexually transmitted diseases, reduced employment opportunities and earnings, lost taxes and increased use of publicly-funded medical treatment, housing, and welfare benefits result from early sexual behavior. According to the National Center for Alcohol and Substance Abuse (NCASA), teens who misuse substances have a significantly higher risk of engaging in sex at earlier ages and in risky sexual behaviors.37

The United States has the highest rate of teen births among the industrialized countries, according to a national survey regarding the sexual behavior of high school students conducted in 1997. Almost one-half of America’s teens, both male and female, reported having had sexual intercourse.38

In 1997, Texas women aged 13 to 17 experienced a total of 27,652 pregnancies, 22,263 live births, 133 fetal deaths, and 5,256 abortions, resulting in a pregnancy rate of 37.9 per 1,000 women in the same age group.39 The total for teen births in Texas would increase by an estimated 25,879, if births to teenagers ages 18 and 19 were included. Recent data reveals that older teens have more pregnancies than do their younger peers. In fact, older teens get pregnant three times more often than females younger than
17 years of age.\textsuperscript{40} Nationwide, women aged 15 to 19 experienced approximately 880,000 pregnancies, 572,000 births, and 308,000 abortions in 1996. After California, Texas shares second place in the nation for the highest rate of adolescent pregnancies with New York, Florida, and Illinois.\textsuperscript{41} Nationally, 78 percent of the teens who gave birth were unmarried in 1997.\textsuperscript{42}

While there was a 17-percent decline in the teen birth rate nationwide between 1991 and 1997, Texas experienced a 6.8 percent decline for the same period and retained a higher teen birth rate than the national average.\textsuperscript{43} Teen birth rates in Texas vary according to county or region of residence and by ethnicity. In 1997, 57 percent of Texas births to teens, 17 years and younger, occurred among Hispanic women, 25 among white women, and 18 percent occurred among black women.\textsuperscript{44} Nationally, black mothers between the age of 10 and 17 have the highest rate of adolescent childbearing, yet that rate declined by 25 percent between 1991 and 1997.\textsuperscript{45} The Texas Rio Grande area had the highest teen birth rates, while the Dallas-Fort Worth area experienced the lowest rates in 1997.\textsuperscript{46} Using census bureau future population estimates and assuming that teen birth rates remain constant, the nation will see a 14-percent increase and Texas will experience a 17-percent increase in the number of births to females ages 15 to 19.\textsuperscript{47}

A steep decline in second or later births to adolescent mothers occurred in the 1990s, now constituting only 20 percent of U.S. adolescent births and 24 percent of babies born to Texas teens.\textsuperscript{48} Still, one quarter of adolescent mothers bear another child within 24 months of the first.\textsuperscript{49}

**Health Issues for Babies Born to Teen Mothers**

The federal government spends $20 billion annually for income replacement, medical care, and nutrition to maintain the families begun by teens, according to the Urban Institute. Source: Burt 1998.

Several problems can occur when babies are born to teenagers. Health experts are concerned about the high number of pregnant teens who either receive no prenatal care or care late in the pregnancy. Early prenatal care promotes healthier mothers and children, avoiding many adverse birth outcomes.\textsuperscript{50} The Texas Department of Health (TDH) reports that only 43.3 percent of teen mothers received adequate prenatal care, compared to 71.6 percent of all other mothers.\textsuperscript{51} The young age of the mother, smoking or abusing substances while pregnant, poverty, low level of educational attainment, and lack of prenatal care contribute to low-birth-weight babies, a factor associated with neonatal mortality and long-term disabilities.\textsuperscript{52} Over 12 percent of Texas’ teenage mothers gave
birth to low-weight babies, whereas approximately 7 percent of other mothers (7.4 percent nationwide) had low-weight babies.\(^{53}\)

Over 66 percent of teen mothers in Texas are single, causing the adolescent parents’ families and the community to share a portion of the financial responsibility for raising the child.\(^{54}\) In 1998, 101,743 children were born to unmarried mothers in Texas, and over 105,000 children will be born out-of-wedlock this year, according to the Texas attorney general.\(^{55}\) Teen mothers are less likely to finish high school or go on to college, further reducing their job prospects and future earnings. Children born to these young mothers very likely receive inadequate emotional support or cognitive stimulation; they are also less likely to finish high school.\(^{56}\) Experts agree that factors associated with adolescent pregnancy include school failure, early behavioral problems for the children born to teens, poverty, and family dysfunction.\(^{57}\)

The National Conference of State Legislatures (NCSL) reported that in 1996 teen mothers aged 17 and younger cost the federal government $6.9 billion each year, at an average cost of $3,042 for each teen mom. NCSL broke the costs down as follows:\(^{58}\)

- $2.2 billion ($970 per teen mother) for public assistance;
- $1.5 billion ($641 per teen mother) for the children’s health services;
- $1 billion ($460 per teen mother) for the cost of imprisoning teen mothers and their children;
- $0.9 billion ($404 per teen mother) for foster care; and
- $1.3 billion ($556 per teen mother) in lost tax revenues because of postponed or reduced employment of teen parents.

Texas currently has 1.2 million child support cases (involving 2 million children), making us the fourth-largest state in the nation in terms of caseloads. The growth rate for child support cases averages eight percent each year. The Attorney General’s Office reported that child support collections grew to $868 million in FY1999 from $757 million in 1998 and it has taken steps to streamline the process of establishing paternity.\(^{59}\)

**Abortion**

Nationwide, the number of reported abortions among adolescent women has decreased steadily since 1980, more so than the decline in teen birth rates for the
same period. The proportion of abortions obtained by American teens accounts for 20 percent of all abortions in the United States.\(^{60}\) The decline in abortions holds true for teens in Texas as well. Approximately 18 percent of all abortions performed in Texas in 1997 were performed on Texans younger than 19 years.\(^{61}\)

Reports by the Alan Guttmacher Institute and the Centers for Disease Control and Prevention indicate that the national decline in teen pregnancies and abortions can be attributed to factors such as fewer teens engaging in sex and more teens using contraception correctly. More teenagers are prepared to delay sexual activity and are less open to casual sex and out-of-wedlock child-bearing, a circumstance that experts link to abstinence campaigns. Researchers add that the fear of acquiring sexually transmitted diseases (STDs), the existence of long-lasting birth control methods, and the plethora of good jobs due to the strong economy are also factors contributing to these declines.\(^{62}\)

In 1999, the 76th Texas Legislature passed S.B. 30, which requires parental notification before a physician performs an abortion on a pregnant unemancipated minor unless certain conditions are met. As of December 1999, 16 state legislatures, including Arkansas, Delaware, Florida, Georgia, Idaho, Iowa, Kansas, Maryland, Minnesota, Nebraska, New Jersey, Ohio, South Dakota, Virginia, and West Virginia, had passed laws requiring parental notification before a minor might obtain an abortion.\(^{63}\) Twenty-two states currently have laws requiring consent from at least one parent before a minor may obtain an abortion.

**Prevention Programs**

The TDH operates the Bureau of Maternal and Child Health, which sponsors a Family Planning Program. Funding for this particular program stems from the U.S. Department of Health and Human Services’ Title X Family Planning Program. The TDH program performs adolescent outreach, such as community education, emphasis on postponement of sexual activity, and more accessible provision of contraceptive counseling and contraception. The Title X allotment for Texas in 1996 was $10,029,259.\(^{64}\) Although this program has not been formally reauthorized since 1985, the funds received by each state fund 76 percent of all family planning agencies in the country, providing an estimated 20 percent of each program’s budget, according to NCSL. The goals of the program are to assist adolescents with responsible decision-making in order to reduce adolescent pregnancies and improve their reproductive health.\(^{65}\)

According to TDH, there are 108 Family Planning Program contractors and 424 clinic sites providing comprehensive services across Texas for teens and others. The agencies with program contracts perform community outreach activities.
Abstinence education programs are funded by the Maternal and Child Health Services federal block grant to TDH of $4.9 million a year. Future funds will also be used to support a fiscal year 2000 "Lone Star Leaders" initiative that encourages young Texans to avoid risky behaviors such as alcohol, drug, and tobacco use, early sexual behavior, and criminal behavior. TDH is required to match this grant with $1.6 million of state funds per year.66

Apart from abstinence education grants, other states use the Social Services block grant (Title XX), rely on Title X family planning funds, access money from entitlement programs such as Medicaid, and take advantage of the flexibility of the Temporary Assistance to Needy Families (TANF) block grants to fund teen parent and pregnancy diversion programs, according to NCSL.67 Using TANF for "non-assistance" services, states are able to provide counseling, after-school enrichment programs, and pregnancy prevention awareness programs. Florida is one of the states that will employ TANF-funded programs to divert teens from becoming pregnant, with the goal of lessening the future need for TANF assistance as well as improving school completion rates and employment prospects. Florida has earmarked a combination of state and federal funds in the amount of $46 million for abstinence and family planning for 1999.68

More and more, states emphasize the role of the teen father in teen pregnancy prevention and intervention programs. Towards this end, California operates a Male Involvement Program, an awareness and information campaign that offers education and counseling services to teenage boys. Recognizing the importance of a father’s potential impact on a child’s welfare and development, the Hogg Foundation for Mental Health, the Texas Attorney General’s Office, and the Center for Public Policy Priorities established the Texas Fragile Families Initiative in April of 1999 to provide support to young, unmarried fathers in meeting the emotional, financial, and physical needs of their children.69 This program supports the work of community-based groups by promoting awareness and public education, providing staff training and technical assistance, identifying successful fatherhood program models, and awarding grants to community programs.70

**Best Practices for Prevention and Intervention Programs**

TDH recommends that prevention and intervention services for teens include the following:

- promote abstinence and provide support;
- provide resources to parents to support their efforts in educating their children on age-appropriate issues of family life;
strength personal responsibility by providing programs that offer peer counseling and decision-making skills;
- connect young people with adult mentors who can assist them to achieve education and work-related goals;
- enable youths to acquire knowledge and attitudes through several domains such as school, church, and other group education;
- develop community environments such as after-school programs that offer desirable role models for teens and provide social opportunities that do not place young people in high-risk situations; and
- increase access to family planning services.71

Sexually Transmitted Diseases (STDs) and HIV/AIDS

Although the overall incidence rate of primary and secondary syphilis declined in Texas between 1983 and 1996, adolescents continue to have high STD rates.72 The national rates of specific STDs reported for the 15-to-19 age group in 1996 were 1,133 cases of chlamydia per 100,000; 571 cases of gonorrhea per 100,000; and 6.4 cases of syphilis per 100,000.73

Data demonstrates that the incidence of chlamydia is much greater among Texas teenagers than any other STD. In 1996, an estimated 37 percent (18,551 cases) of all chlamydia cases reported in Texas were found in teens ages 15 to 19 years. Twenty-six percent (7,509 cases) of all gonorrhea cases for the entire state were experienced by teens. Adolescent cases of syphilis accounted for 14 percent of all cases (97 cases).74

STDs can lead to other serious health consequences, such as pelvic inflammatory disease and infertility in women.75 The prevalence of STDs indicates the level of risky sexual behavior occurring in a given population. Risky behavior increases the risk that an individual may become infected with HIV, the human immunodeficiency virus. STDs are also monitored because research shows that having syphilis and gonorrhea increases the probability of transmitting HIV.76

The total number of AIDS cases reported nationwide in 1997 for teenagers aged 13 to 19 was 3,379, including 376 newly reported cases.77 Among Texans aged 13 to 24 in 1996, AIDS was the sixth leading cause of death. Different types of exposure to HIV accounted for the total number of...
AIDS cases among that age group nationwide. TDH estimated that between 50,000 to 70,000 Texans of all ages had HIV as of 1995. Most of the individuals diagnosed with AIDS at age 24 actually got infected with HIV in their teens. From 1981-1987, Texas experienced only 335 AIDS cases among teens. This number increased fivefold to 1,700 cases diagnosed between 1988-1995. That a higher proportion of AIDS cases in women are transmitted through heterosexual sex becomes more significant in light of the number of teens who have unprotected sex. Over 50 percent of Texas high school students have engaged in sexual intercourse by the 12th grade. Nineteen percent of these teens reported that they have had at least four sexual partners, thereby increasing the risk of transmitting or becoming infected with STDs or HIV. In spite of the increasing risk associated with having unprotected sex, only 55 percent of those teens interviewed in 1995 reported having used protection the last time they had sex.78

**Best Practices for Interventions**

TDH offers the following suggestions for STD and HIV intervention programs:

♦ education programs should promote abstinence as a positive choice;
♦ teach adolescents to recognize the symptoms of STDs and seek early treatment;
♦ more information should be made available to young people regarding the identification, treatment, and prevention of STDs and HIV;
♦ improvements in education and access to medical care should be made; and
♦ improve education for health care providers.79

**Other Health Indicators**

**Obesity and Nutrition**

Overweight and obese individuals have a greater risk of dying or becoming chronically ill from serious health conditions, such as coronary heart disease, hypertension, diabetes, and certain cancers.80 The Center for Science in the Public Interest, a non-profit health advocacy organization, reported that 12 percent of adolescents are seriously obese.81 Because researchers are finding an increasing incidence of obesity among children and adolescents, they hypothesize that those diseases associated with being overweight will begin to
strike individuals while they are still children and at younger ages than previously experienced.⁸²
The U.S. Department of Agriculture (USDA) reported that the medical costs for obesity alone in 1994 totaled $62.3 billion, while the medical costs attributed to dietary patterns in the U.S. are estimated at $70.9 billion dollars each year.\textsuperscript{83} TDH reported in 1995 that there was an increasing proportion of Texans who were obese. From 1989 to 1993, that proportion grew to 26 percent, an 8-percent average increase overall and a 2.1 percent increase per year. In addition, younger Texans consume fewer fruits and vegetables as well as larger quantities of fat in their diets.\textsuperscript{94} These eating patterns are similar to those of children, teens, and young adults across the nation, which will follow them into adulthood.\textsuperscript{85}

The Forum on Child and Family Statistics, a federal interagency forum consisting of 18 federal agencies established in 1997 to foster coordination and collaboration in the collection and reporting of data on children and families, recently reported that the diet of most children and adolescents in our nation was rated as poor or needing improvement.\textsuperscript{86} The forum determined that, in general, the nutritional value of children’s average diet worsened as they moved into their teens. While 24 percent of those aged five and younger had a good diet rating, only six percent of teens, ages 13 to 18 had a good diet.\textsuperscript{87}

Food security, defined as full access to sufficient, nutritionally adequate, and safe food, without relying on emergency food programs or resorting to scavenging or stealing, is another indicator of an individual’s health potential.\textsuperscript{88} Food insecurity means having a limited amount or uncertain access to enough safe, nutritious food, reduced quality and variety of meals, or irregular food intake. In 1997, 11.1 percent of the nation’s poor children experienced food insecurity with moderate to severe hunger in contrast to 2.1 percent of children from families living above the poverty level. Both teenage and adult women consume fewer fruits and vegetables when their food security is poor.\textsuperscript{89} Over 1.5 million Texas school children depend upon federal nutrition programs for free or reduced-price lunches each year.\textsuperscript{90}

**Policy Implications:** USDA suggests that while establishing improved diets for healthy lifestyles is needed, particularly among young persons, convincing the public to put these changes in place has been difficult. USDA recommends improved efforts in educating, informing, and motivating Americans to adopt healthier eating patterns. A more important dietary change would be to eat more whole grains, fruits, and vegetables, according to USDA.\textsuperscript{91}

The Center for Science in the Public Interest has also suggested ways that states and individuals may improve the diets of adolescents. States may choose to consider the implication of the presence of vending machines and junk food on school campuses, or improving school-based food service to encourage students to eat nutritionally. Individuals may switch from whole milk to one-percent or skim milk, develop a backbone diet of 12 healthy meals, add grains, fruits, and vegetables to this backbone diet, and reduce sugar intake.\textsuperscript{92}
Type II Diabetes and Obesity

As the percentage of overweight children in the United States and Texas increases, the incidence of Type 2 diabetes in children linked to obesity grows as well. The American Diabetes Association (ADA) article, “Type 2 Diabetes in Children and Adolescents,” states that “if the incidence and prevalence of Type 2 diabetes in children are increasing and if this increase cannot be reversed our society will face major challenges,” with the burden of diabetes and its complications affecting many more individuals than currently anticipated, resulting in an enormous resource consumption and cost to society. ADA reports that until recently Type 1 diabetes was the only type of the disease prevalent in children. Type 2 was thought to exist in only 1-2 percent of children with the disease, but recent reports indicate that in newly diagnosed diabetics 8-45 percent have Type 2 diabetes. A recent study of school children in Cincinnati, Ohio showed that the rate of Type 2 diabetes increased 12 percent in just 12 years.

Type 2 diabetes occurs when the body does not effectively use or produce adequate amounts of insulin. Research shows that most children develop the disease between the ages of 10 and 14, during the middle to late stages of puberty. Some very serious and even fatal complications of diabetes are heart disease, stroke, blindness, kidney disease, amputations, complications of pregnancy, and high blood pressure. A report by the Texas Diabetes Council (TDC) states that in the past 30 years, the incidence of overweight youths aged 6-17 years has more than doubled; resulting in approximately 11 percent or 4.7 million youths being seriously overweight, increasing the risk of elevated blood cholesterol levels, high blood pressure, and diabetes. Obesity is the hallmark of Type 2 diabetes with 85 percent of the children either overweight or obese at diagnosis. As obesity in children increases, Type 2 diabetes is expected to be diagnosed in children younger than currently seen. ADA suggests treatment of Type 2 diabetes to focus on normalizing blood glucose values and hemoglobin A (HbA); but also recommends lifestyle changes with comprehensive self-management education, referral to a dietitian specializing in children’s diabetes, increased daily physical activity, and oral medication and insulin as necessary, understanding that Type 2 diabetes is thought to be a progressive disease, getting worse with time.
Can Type 2 diabetes in children and adolescents be prevented? ADA states that prevention efforts should mirror those for adults, including directing primary prevention efforts at high-risk individuals (who must be identified) and the overall population of children. Primary care providers are obligated to “encourage lifestyle modifications that might delay or prevent the onset of Type 2 diabetes in children at high risk.”¹⁰⁰ The ADA report concludes that a public health approach targeting the general population is critical in preventing Type 2 diabetes in children, and that health professionals should be involved in the development and implementation of school- and community-based programs focusing on the improvement of dietary and physical activity behaviors for all children.¹⁰¹

Texas recognizes that a poor diet and lack of physical activity substantially contribute to occurrence of preventable diseases like diabetes, so school-based programs address the problem by emphasizing the importance of regular physical activity and lifelong healthy eating habits beginning in preschool and lasting until 12th grade. The school-based programs intend to develop and implement an accountable program “that expands and institutionalizes the schools’ capacity to help children adopt positive risk reduction behaviors,” and accomplish this through the statewide adoption and implementation of effective and efficient curricula and teacher training, involvement of families and communities, and evaluation of the projects’ performance.¹⁰² A program initiated by TDH and TDC to this end is Child and Adolescent Trial for Cardiovascular Health or CATCH, a school-based program tested nationally to help teach elementary school students healthy habits that prevent heart disease. Although CATCH initially began with the prevention of heart disease in mind, the obvious benefits of teaching a healthy lifestyle broadened the direction of CATCH to improve children’s health in general. The program consists of four components:

♦ Eat Smart Program, the cafeteria intervention, provides students with tasty meals lower in total fat, saturated fat, and sodium per serving while maintaining recommended levels of essential nutrients;

Identifying high-risk individuals:
If the child is overweight* and meets any of the following characteristics, testing should be done every two years starting at age 10 or at the onset of puberty. Testing should be considered in other high-risk patients who display the following characteristics:

♦ have a family history of Type 2 diabetes in first- and second-degree relatives;
♦ belong to certain race/ethnic groups (American Indians, African Americans, Hispanic Americans, or Asians/South Pacific Islanders);
♦ have signs of insulin resistance or conditions associated with insulin resistance.

*Definition of over-weight: BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of ideal (50th percentile) for height.
Physical Education Program increases the amount of enjoyable moderate to vigorous physical activity during physical education classes at school;

Classroom Curricula targets specific psycho-social factors and involves skills development focused on eating behaviors and physical activity patterns;

Home Component activity packets complementing the classroom curricula are sent home with students and require adult participation to complete.¹⁰³

In May of 1999, foreseeing the potential importance of Type 2 diabetes as an important emerging public health issue, Texas Commissioner of Health William Reynolds Archer III, M.D., convened a special agency workgroup. The TDC, with others, held many workgroups and meetings addressing all aspects of Type 2 diabetes in adolescents. It is important to know that currently Texas lacks the epidemiology and surveillance needed to determine the accurate prevalence of the disease, and is using anecdotal evidence from physicians to estimate statewide numbers and incidences.¹⁰⁴ Although the final report, including recommendations, is expected to be published by August 2000, TDC encourages involvement through schools and the CATCH program and will address Type 2 diabetes in adolescents and children more extensively in the 2000 Plan to Control Diabetes in Texas.

Eating Disorders

Studies show that eating disorders are related to other health risk behaviors such as tobacco use, alcohol use, marijuana use, and suicide attempts. Source: TDH 2000.

One public health issue of growing importance is eating disorders. TDH defines eating disorders as characterized by a disturbed sense of body image and morbid fear of becoming fat. The most common symptoms include, but are not limited to: self-induced vomiting, purgative abuse, alternating periods of starvation, use of drugs such as appetite suppressants, thyroid preparations or diuretics, and self-induced weight loss.¹⁰⁵ The USDHHS Office on Women’s Health describes eating disorders as “complex, chronic illnesses largely misunderstood and misdiagnosed.” Anorexia nervosa, bulimia nervosa, and binge eating disorder are the most common of eating disorders, and are believed to be on the rise in the United States, although the exact causes of eating disorders are unknown.¹⁰⁶ It is important to note that eating disorders are not restricted to females only. A conservative estimate is after puberty 5-10 percent of girls and women, which means 5-10 million females, and one percent of males or one million males struggle with eating disorders. This conservative estimate is actually triple the
number of people living with AIDS and affects at least three times as many people as schizophrenia.\textsuperscript{107}

\begin{quote}
35 percent of “normal dieters” progress to pathological dieting. Of those, 1 in 4 will progress to partial or full syndrome eating disorder. Source: EDAP n.d.
\end{quote}

The U.S. Food and Drug Administration (USFDA) reports that some studies show that as many as 1 in 100 females between the ages of 12 and 18 have anorexia and that 4.5 to 18 percent of women and 0.4 percent of men have a history of bulimia by the age of 18.\textsuperscript{108} In a survey of ninth graders, 23 percent of the boys compared to over 60 percent of the girls reported attempting to lose weight in the previous month. Of high school students, females (8.7 percent) are significantly more likely than males (1.9 percent) to have taken diet pills to lose weight. The development of an eating disorder is a greater risk for girls: in one survey of 5\textsuperscript{th} through 12\textsuperscript{th} graders, one in six girls reported bingeing and purging and seven percent reported doing it more than once a week.\textsuperscript{109}

This past February Texas observed National Eating Disorder week for the first time by initiating a campaign to raise the awareness of the disease. This campaign began in Waco, where the Waco Independent School District offered workshops and health education classes about eating disorders. In just four days, the campaign spoke to and reached over 1,000 young women. The TDH’s Adolescent Health Advisory Committee was encouraged by the campaign’s success. It now hopes to have an educational effect on the entire state by establishing networks to tackle the health issues of teens, including eating disorders. Information about eating disorders and other issues and relevant links can be found on the TDH website: www.tdh.state.tx.us/adolescent/adhome.htm.\textsuperscript{110}

Eating disorders are also gaining attention nationally. The Office on Women’s Health (OWH) of USDHHS sponsors an educational campaign on eating disorders called “BodyWise.” The goal of the program includes “suggestions for creating a school environment that discourages disordered eating and promotes the early detection of eating disorders.” The BodyWise Handbook has been developed as an information packet including materials emphasizing the connection between healthy eating, positive body image, and favorable learning outcomes. The handbook can be found on the website: www.4woman.gov. OWH also recognizes The National Women’s Health Information Center, a “one-stop gateway to Federal and private sector information resources on a variety of women’s health topics including eating disorders, nutrition, and body image,” and the GO GIRLS! campaign developed by Eating Disorders Awareness and Prevention, Inc.\textsuperscript{111} Giving Our Girls Inspiration and Resources for Lasting Self-Esteem, GO GIRLS! is a 12-week curriculum “shaped to fit the realities of young
women in today's society," focusing on critical issues of body image, media awareness, and the power of speaking out.\textsuperscript{112}

**Teens Without Health Insurance**

Health care coverage and its role in providing access to health care facilities and providers is considered another indicator of the well-being of Americans. The number of our nation's children without health insurance increased from 8.2 million to 10.6 million in the years between 1987 and 1996, an increase from 12.9 percent of children under 18 years to 14.8 percent. According to the census bureau, approximately 7.2 million of those children who lacked health insurance in 1996 were in families with income levels above the federal poverty level. Approximately 3.4 million children living below the federal poverty level had no coverage in 1996. Sixteen percent of the age group between 12 and 17 years had no health insurance, making teenagers the most likely kids to be uninsured.\textsuperscript{113} Moreover, older children (17.2 percent of children ages 12 to 17) were less likely to receive Medicaid coverage in 1995.\textsuperscript{114}

In FY 1999, the Texas Comptroller of Public Accounts reported that 1.3 million children lacked health insurance; 50 percent of the uninsured are Texans aged 6 to 14 years.\textsuperscript{115} According to the Texas Health and Human Services Commission, approximately 39 percent of these children are below the poverty level and generally Medicaid eligible. About 35 percent are from CHIP eligible families who earned between 100-200 percent of the poverty level, while the final 26 percent of the uninsured children were from families earning over 200 percent of the poverty level.\textsuperscript{116} Table 3.6 shows the number of Texas children who lacked health coverage by poverty category and age group in 1998.

### Table 3.6

<table>
<thead>
<tr>
<th>Percent of Poverty</th>
<th>Ages 6-14</th>
<th>Ages 15-18</th>
<th>Ages 0-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 -100%</td>
<td>231,426</td>
<td>142,735</td>
<td>547,208</td>
</tr>
<tr>
<td>101 - 150%</td>
<td>161,751</td>
<td>58,927</td>
<td>302,947</td>
</tr>
<tr>
<td>151 - 200%</td>
<td>83,264</td>
<td>54,433</td>
<td>196,161</td>
</tr>
<tr>
<td>Above 200%</td>
<td>172,119</td>
<td>100,594</td>
<td>365,591</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>648,560</td>
<td>356,689</td>
<td>1,411,907</td>
</tr>
</tbody>
</table>

*Source: Research Department, Fiscal Policy Division, Texas Health and Human Services Commission.*

CHIP, Texas Healthy Kids, and Texas Healthy Steps Program
The Children’s Health Insurance Program (CHIP) was established through Title XXI of the Social Security Act, signed into law in 1997. CHIP provides federal funds to states for children’s health insurance subsidies. Children younger than 19 years of age whose family income is at or below 200 percent of the federal poverty level are eligible for coverage. CHIP, administered by the Texas Health and Human Services Commission, will begin serving clients in May of 2000. An important provision is that substance abuse treatment benefits will be made available to program participants.

The Texas Healthy Kids Corporation (THKC) is a nonprofit organization created to make affordable health insurance available to uninsured children living in Texas. THKC administers a program through which families, regardless of income, may purchase low-premium health insurance. Premiums vary from $41.53 to $79.94 per month per child, depending on the county of residence. THKC will continue to offer insurance to families that are not eligible for CHIP.

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, also known as Texas Healthy Steps (THSteps), is a medical and dental treatment and prevention program for children of low-income families. Enacted in 1967 as a mandatory service under Medicaid, THSteps is available to all Medicaid-eligible children from birth to 21 years, providing comprehensive and periodic evaluation of a child’s health, development, nutritional status, vision, dental, and hearing. According to TDH, THSteps’ participation rate rose from a statewide total of 50 percent in fiscal year 1996 to 61 percent in fiscal year 1998, that is the number of eligible enrollees receiving an exam divided by the expected number of eligible children.

The state is also addressing the problems associated with uninsured Texas teens by developing a managed-care health plan for Medicaid recipients. The Texas Department of Health, Bureau of Managed Care was created in 1991 as a result of H.B. 7 passed by the 72nd Texas Legislature. H.B. 7 mandated the establishment of Medicaid managed care pilot projects that use proven approaches for delivering comprehensive health care. In managed care, each client may choose a primary care provider (PCP) who is responsible for ensuring the continuity and quality of care. The PCP is also responsible for administering preventive and primary care, including medical screens and immunizations. When specialized or acute care is necessary, the PCP serves as the manager of care by referring the client to other health care providers for those services. Through coordination of medical services, the program is designed to improve access to care, quality of care, client and provider satisfaction, cost effectiveness, and improve health status.
The 74th Legislature reformed Medicaid with S.B.10. In 1993, The first pilot program was implemented on August 1, 1993, in Travis County. This pilot, the LoneSTAR (State of Texas Access Reform) Health Initiative, which is now referred to as the STAR Program, included 38,000 Medicaid clients. The original Travis model incorporated a health maintenance organization (HMO) and a partial pre-paid health plan (PHP) into a single health care delivery system. This arrangement terminated on August 31, 1996. On September 1, 1996, the Travis Service Area was expanded as detailed below. A second pilot program was implemented on December 1, 1993, in the Gulf coast area of Jefferson, Chambers, and Galveston counties. This project is based on a primary care case management (PCCM) model and currently serves approximately 40,000 members. Under this system, providers receive fee-for-service reimbursement and a monthly case management fee for providing primary care services. On December 1, 1995, this pilot program was expanded to include Hardin, Liberty, and Orange counties. As a result of Senate Bill 100 passed by the 74th Texas Legislature, additional managed care sites have been implemented in most urban areas of the state. The legislature is currently studying the impact of the existing managed care programs before expanding the program to all areas of the state. A DHS study on the managed care program is scheduled to conclude in November of this year.

School-Based Health Centers

In response to the ever-growing need for access to health care by children who are neither covered by health insurance nor publicly insured, many communities have turned to school-based health centers as a practical solution. These centers were introduced in the early 1970s in order to provide greater health care access to adolescents and reduce behavior-related health problems. In recent years, school-based health centers have added other objectives such as preventive care, access for younger children, mental health care, and primary health care. In 1998, 38 percent of the school-based health centers in the nation were located in high schools, 33 percent in elementary schools, and 16 percent in middle schools. The majority of health centers has been funded by federal, state, and local governments in addition to private grants. The initiation of Texas' CHIP may create more flexibility in funding sources for school-based health centers.117

Health centers can provide preventive services and information to help students develop healthier patterns of living starting in formative years. Centers can help overcome barriers to health care, such as the lack of money or insurance, the inability of parents to leave work in order to take their children to medical visits, and distant or culturally-insensitive facilities.
H.B. 3606, introduced by Representative Salinas and adopted by the 76th Texas Legislature in 1999, provides for a significant service addition. The bill allows Texas Commission on Alcohol and Drug Abuse (TCADA) to license alternative education programs, operated by independent school districts, to provide chemical dependency treatment services to its students on an outpatient basis, and requires a school district with an alternative education program to employ a mental health official.

The Health Policy Tracking Service (HPTS) reported that, in 1998, 14 states either required or encouraged managed care health plans to allow school-based health centers to participate as in-network facilities. According to HPTS, at least 45 states predicted legislative action related to school-based health services in the 1999 legislative session; 31 of the 45 states had proposed and 15, including Texas, had adopted such legislation as of June 1999. By 1998, there were 77 school-based health centers in Texas.\(^\text{118}\)

**Health Education in Public Schools**

Tom Flemings, director of health education with the Texas Education Agency, reported in an interview that there is no statewide curriculum for health education in Texas.\(^\text{119}\) According to Flemings, there is a broad framework that kindergarten through high school educators may follow to teach health topics, and only one-half of one semester of health education is actually required for high school seniors. However, there is no legislative mandate regarding health education at this time, nor is there one delivery system for prevention education. The state leaves determination of the actual curriculum to the individual school districts in the state.

Under recent Texas law, school-based health centers may be established under certain conditions. Centers may use state funds to provide the following services Under Section 38.011 of the Texas Education Code, added by the 76th Legislature, 1999:

- family and home support;
- health care, including immunizations;
- dental health care;
- health education;
- preventive health strategies; and
- mental health referrals, but centers may not offer reproductive health services, counseling, or referrals using grant funds awarded under this section.
**Policy Implication:** The combination of insurance coverage available for young Texans through CHIP and Texas Healthy Kids should dramatically increase access to health care services, thereby improving their health and well-being. CHIP has the potential to reach many of the over 1 million uninsured Texas children and teens. Given the evidence of substance abuse among teens, the substance-abuse treatment benefits provided under CHIP will be beneficial. As the school-based health center has been identified as an effective service delivery model and centers are able to provide chemical dependency treatment services, it would make sense to coordinate these efforts as soon as CHIP services commence. CHIP administrators should monitor patient use of the substance abuse treatment benefits in order to ascertain if more funding will be required for this treatment category in the future. Gauging the volume of use and patient diagnosis will also help keep track of the entirety and severity of the issue of substance abuse among our youth.

**Summary of Policy Implications**

- Substance abuse prevention efforts must begin when children are young, targeting the five predominant substances, and reinforcing existing and successful prevention programs. Prevention efforts should use a comprehensive approach to treat the individual. Fathers, as well as mothers, should get involved in talking about substance use with their teens. Particular attention should be given to Hispanic teens, who reportedly have higher use rates of cocaine along the Texas-Mexico border. Hispanic teens also have higher rates of alcohol use and start using alcohol at younger ages on average. Successful prevention programs that incorporate best practices, such as those discussed earlier in this report, should be copied and implemented in Texas.

- Abstinence programs have been successful in preventing teen sexual activity and should continue to be the focus of all prevention efforts. Texas should take advantage of the flexibility of TANF, using a part of those funds for teen pregnancy prevention programs. More pregnancy prevention and intervention programs are needed that build upon the important role of teen males in teen pregnancy prevention and their potential impact as fathers on the future well-being of their children.

- Parents, school administrators, and health care professionals should be better informed about the dangers of, and do more to prevent obesity in children and teens. School districts might want to look at the content of meals served at schools.

- CHIP enrollees and individuals under 18 years, who are not eligible for publicly-funded health insurance, might benefit from the establishment
of more school-based health centers across the state. Many health care problems can be addressed at such centers and children are more likely to obtain health care if the services are available at school, rather than at other locations.

Conclusion

Poor choices and habits that children and adolescents commence in their formative years have a tendency to develop into unhealthy habits as adults, resulting in chronic and life-threatening diseases. Emulating healthy lifestyles, promoting good health through education, and providing health services to our youth invests in the future, while preventing disease and habits that lead to ill health may greatly prevent medical costs as well.

1 FIFCS 1999, 30.
2 Ibid.
3 Ibid.
4 TDH 1997c, 1.
5 Ibid.
7 U.S. Department of Transportation, NHTSA 1998d.
8 Branche et al. 1999.
9 Mejeur 1999.
10 U.S. Department of Transportation, NHTSA 1998c.
11 U.S. Department of Transportation, NHTSA 1998d.
13 Ibid.
14 Insurance Institute For Highway Safety n.d.
16 TABC 1999c.
17 Cantelon and Cullen 1999.
18 Mejeur 1999.
19 TCADA 2000.
20 TABC 1999a.
21 TABC 1999b.
22 TCADA 1999
24 Insurance Institute For Highway Safety 1999a, 5.
27 Insurance Institute For Highway Safety 1999b, 2.
28 Insurance Institute For Highway Safety 1999a, 2.
29 Mejeur 1999.
30 Ibid.
32 USDHHS 2000a.
33 Ibid., 26.7-26.8.
34 Ibid., 26.15.
36 Ibid., 25.
37 NCASA 1999a, 2.
38 Annie E. Casey Foundation 1999b, 10, 26.
39 TDH 1997b.
40 Alan Guttmacher Institute 1998a, 3.
41 Alan Guttmacher Institute 1999, 1.
42 USDHHS 1999c, 2.
43 Donovan 1998, 1.
44 TDH 1997a.
45 USDHHS 1999c, 2.
46 TDH 1997a.
47 Annie E. Casey Foundation 1999b, 26 and 124.
48 Ibid., 125; FIFCFS 1999, 32.
49 Alan Guttmacher Institute 1998a, 3.
50 FIFCFS 1999, 32.
51 TDH 1999b, 1.
52 USDHHS 1998a, 18.
53 TDH 1999b, 1.
54 TDH, 1996c, Table 33.
55 TDH 1999b.
56 FIFCFS 1999, 32.
57 Ibid., 37.
59 Cornyn 1999, 1.
60 USDHHS 1998a, 37.
61 TDH 1997d.
63 Alan Guttmacher Institute 1998a, 3.
65 TDH 1998a, 2.
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Chapter 4
Mending Minds: Teens and Mental Illness

Being a teenager is not easy. Adolescents feel all sorts of pressures — to do well in school, fit in with friends, get approval, make the team, look like sports or fashion ideals, to be accepted. Despite the pressures, most teenagers develop into healthy adults. But some have intense problems to tackle — divorce of parents, substance abuse problems in the home, school, or among friends, or health issues. And others develop serious emotional problems that require professional help.

Today, up to one in five American children and adolescents may have a behavioral, emotional, or mental health problem that, without help, can lead to a variety of additional problems, including school failure, family problems, running away from home, alcohol and drug use, violence, or suicide. At least 1 in 10 - or as many as 6 million young people - may have a serious emotional disturbance that severely disrupts his or her ability to interact effectively with family, at school, and in the community.1 But fewer than one in five of these impaired children receives treatment.2 A more recent estimate places the prevalence of serious emotional disturbances at 9-to-13 percent among youth aged 9 to 17.3

Mental Health Is Important

Mental health affects how we think, feel, and act as we face circumstances throughout life. It determines how we look at people and ourselves in our lives, how we judge options and make choices. Mental health is reflected in how we handle stress, relate to others, and make decisions.4

Most teenagers make it through their adolescence with the normal ups and downs of development. They emerge into young adulthood ready to continue their education or start their work career. But some children and adolescents can have mental health problems that cause them difficulties now and limit their ability to be productive in the future. These problems can be very costly to teens as they mature, as well as to families, communities, businesses in need of talented labor, and the juvenile justice and health care systems.

Causes of Mental Health Problems

Mental health problems in children and adolescents can be due to biological causes such as chemical imbalances or head injuries, or related to environmental factors including exposure to violence, or the loss of important adults through death, divorce, or other losses.5

Searching for Answers
Parents of troubled teens with mental illness or emotional problems can go through years of searching for the right diagnosis, the right treatment, the right school, the right answers for their family, or for just something that helps temporarily to relieve the problems they face each day. By the time a teen finally gets into trouble with law enforcement authorities, parents may be near the end of their resources, financial and emotional, to take care of their child.

There may be early indicators of mental health problems. Researchers at the Johns Hopkins School of Public Health found that how a teenager acts socially — how well or unsuccessfully the young person interacts with family and peers, participates in school, and controls behavior — offers an early indication of psychiatric disorders. Traditionally, experts look to evidence such as failing in school or contact with police. Generally, however, these events appear after problems have already become well established.

Additionally, entry into the juvenile justice system is no guarantee that troubled youths will be screened and treated for mental health disorders. One of the Hopkins study’s authors concludes that many youths with psychiatric disorders, especially depression and anxiety, are often not identified until they are adults, after they have had a second or third episode of a disorder. Treatments aimed at troubled teens are usually focused more on squelching problem behaviors than getting youngsters back on track socially and emotionally.6

**Serious Emotional Disturbances**

Mental health problems that severely disrupt a child’s ability to function at home or in school are called "serious emotional disturbances." Usually, impaired functioning continues for a year or more. In some cases, it lasts for a shorter period, but its severity is high, even life-threatening.7

A serious emotional disturbance touches every part of a child’s life. So, children and adolescents with serious emotional disturbances and their families may need many kinds of services from a variety of sources. Schools, community mental health centers, social service organizations, or private health care providers may all play roles at different times.8

While state and community efforts are changing, organizations may not consistently work together to coordinate services that children with serious emotional disturbances and their families need. Or, to get needed services, some families have to give up custody or agree to place their children in a hospital or residential treatment center.9

Students identified by schools as having serious emotional disturbances are usually male, over 13, and come from families with an annual income of less than $12,000. Many come from single-parent households, and African-Americans are over-represented in this group.10

**The Illnesses**
The following are some of the mental, emotional and behavioral problems that can occur during childhood and adolescence. These diseases are diagnosable illnesses. All of them can have a major impact on a child’s overall health. Some are more common than others, and can range from mild to severe. Often, a child has more than one disorder, which makes diagnosis and treatment more difficult.

**Anxiety disorders** are the most common of childhood disorders. One large study found that as many as 13 percent of 9-to-17 year olds had an anxiety disorder in a given year. These young people experience excessive fear, worry, or uneasiness that interferes with their daily lives. Anxiety disorders include diagnosable problems such as phobia (unrealistic, but overwhelming fear) and post-traumatic stress disorder in youths who have experienced a distressing event, violence, or abuse.\(^{11}\)

**Major depression** is increasingly recognized in young people. A federal study estimated that the prevalence of depression in 9-to-17 year olds is more than 6 percent, with almost 5 percent having major depression. Further, research points to depression occurring earlier in life, with ongoing or recurrent episodes into adult life.\(^{12}\)

**Bipolar disorder (manic-depressive illness)** causes exaggerated mood swings between depression and excitedness (the manic phase). Adults with bipolar disorder, as common as 1 in 100 adults, often experienced their first symptoms during teenage years.\(^{13}\)

**Attention-deficit hyperactivity disorder** occurs in up to 5 of every 100 children. A young person with attention-deficit/hyperactivity disorder is unable to focus attention and is often impulsive and easily distracted.\(^{14}\)

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**Suicide - #3 Cause of Death**

In children and adolescents depression and bipolar disorder are the most frequently diagnosed mood disorders. Mood disorders substantially increase the risk of suicidal behavior, and the incidence of suicide attempts reaches a peak during the midadolescent years. Mortality from suicide increases slightly during the teen years.

In 1997, suicide was the third leading cause of death in 15-24 year olds.

Learning disorders affect the ability of children and adolescents to receive or express information. This can make it harder for a child to learn to read, write, or do math. Approximately 5 of every 100 children in public schools are identified as having a learning disorder.

Conduct disorder causes children and adolescents to act out their feelings or impulses in destructive ways that violate the personal rights of others. Conduct disorder is generally diagnosed if the aggressive behaviors continue for six months or more. Young people get into trouble by lying, stealing, acting aggressively, or breaking laws. Most estimates place the number of young people with this disorder from 4 to 10 of every 100 children and adolescents.

Eating disorders such as anorexia nervosa, which causes extreme weight loss, can be life threatening. Anorexia affects 1 in every 100 to 200 adolescent girls and a much smaller number of boys. Binge eating, followed by vomiting or exercising obsessively is called bulimia nervosa. Reported rates vary from 1 to 3 out of 100 young women.

Schizophrenia can be devastating. People with schizophrenia have periods when they lose contact with reality, sensing things that do not exist, such as hearing voices and have delusional thoughts. Schizophrenia, rare in children under 12, occurs in about 3 out of every 1000 adolescents.

Some Warning Signs

A variety of signs may point to a possible mental health problem or serious emotional disturbance in a child or adolescent. A few are included in the list below. Pay attention if a child or adolescent you know:

- is troubled by feeling very sad or hopeless without cause for a long time;
- is angry much of the time;
- cries a lot or overreacts to things;
- has unexplained fears or more fears than most kids;
- is constantly concerned about physical problems or physical appearance;
- experiences big changes like doing much worse in school;
- loses interest in things he or she usually enjoys;
- has unexplained changes in sleeping or eating;
- feels life is too hard to handle or considers suicide;
- hears voices that cannot be explained;
- exhibits poor concentration;
- cannot sit still or focus attention;
- worries about being harmed, hurting others, or doing something "bad";
- has persistent nightmares;
- uses alcohol or other drugs;
• eats large amounts of food and then vomits, or takes other measures to avoid weight gain;
• continues to diet or exercise obsessively to remain very thin;
• constantly violates others’ rights or breaks the law without regard for people;
• does things that can be life threatening.  

What Does Texas Offer for Mentally Ill Teenagers and their Families?

Mentally ill youths can encounter many different organizations because of their problems. Community mental health agencies, school districts, protective services, or juvenile justice agencies are just a few examples. This is true in Texas, where children with severe emotional problems could potentially receive services provided or funded by at least 10 state agencies, not counting private providers or community organizations and services.

Texas Mental Health Services: Then and Now

Children with severe emotional disturbances use a disproportionate share of available funding, particularly if they must leave their homes in order to receive necessary care. Residential or in-patient care is very expensive. Children may need a range of services, but programs are frequently split between different state and local agencies, each with different criteria for eligibility or other requirements.

Texas' resources for children and adolescents with serious mental health problems were very limited, amounting to an estimated 13.5 percent of the Texas Department of Mental Health and Mental Retardation's (TDMHMR) community and residential budget for 1988, more than 10 years ago. Moreover, a lack of coordinated efforts between agencies providing services for these children, primarily in hospitals and institutions with little community help available, posed additional problems. The Texas Legislature directed agencies to further study this problem to improve services and reduce costs so that more youths could be served, and to improve treatment results.

Specifically, in 1989, the 71st Texas Legislature mandated agencies to study the delivery and costs of mental health residential placement and the creation of community-based services. S.B. 1687 directed TDMHMR to ensure the development and expansion of community services for children with mental illness or mental retardation, and to increase interagency coordination relating to these services. In addition, S.R. 748 directed the Senate Health and Human Services Subcommittee on Health Services to study the needs, availability, and quality of psychiatric care for children, and alternatives to hospitalization.
The 71st Texas Legislature also appropriated $2 million in funding for the Texas Children’s Mental Health Plan (later called the Texas Integrated Funding Initiative) to begin building a system of community-based mental health care in five communities. In this effort, Travis and Brown counties began pilot projects. Three other areas received technical assistance and support.

The 74th Texas Legislature, as part of the General Appropriations Bill (Rider 38 to TDMHMR budget), directed several state agencies and consumer groups to develop a plan for providing services to children with severe emotional disorders who require residential treatment. The report of the committee recommended using existing Community Resource Coordination Groups (CRCGs), to administer pooled funding so that children, especially those with multiple needs, could receive needed community-based treatment. CRCGs, administered by the Texas Health and Human Services Commission (HHSC), are local interagency groups in counties and are made up of public and private agencies. The groups develop individual service plans for children and adolescents whose needs can be met only through interagency coordination and cooperation.
TDMHMR also reported to the 75th Texas Legislature that approximately 250 families relinquished legal custody of their children in 1995 to the Texas Department of Protective and Regulatory Services in order to get needed residential care. A recent national survey of families who have children with severe mental illnesses revealed that 23 percent of the surveyed parents were told that they would have to relinquish custody of their children to get needed services; nearly one in five said that they were forced to give up their children because they could not afford to pay for needed treatment or services.

The TDMHMR report recommended the use of flexible community programs, called "wraparound" services, to tailor treatment to the individual needs of seriously emotionally disturbed children and youth. Residential treatment options would also be available to children who needed them. This would become Phase II of the Texas Integrated Funding Initiative.

Around this time, Texas received a grant from the Robert Wood Johnson Foundation for putting innovative strategies in place. Thirteen states, including Texas, had funding to try financing, service delivery, and administrative reforms in delivering services to youth. Texas used the money to develop the Texas Integrated Funding Initiative. The goal of the Texas Integrated Funding Initiative is to maximize and coordinate state, local, and federal resources for children’s mental health.

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Amount Appropriated</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Therapeutic Services</td>
<td>$21,590,236</td>
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<tr>
<td>Early Intervention</td>
<td>775,000</td>
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<tr>
<td>First Time Offenders</td>
<td>8,531,865</td>
</tr>
<tr>
<td>Parents as Teachers</td>
<td>375,000</td>
</tr>
<tr>
<td>Integrated Family Treatment</td>
<td>812,500</td>
</tr>
<tr>
<td>Tri-Agency Sex Offender project</td>
<td>70,000</td>
</tr>
<tr>
<td>Rider 43 (Integrated Funding Initiative)</td>
<td>275,000</td>
</tr>
<tr>
<td>Rider 15 (Children’s Heart Institute)</td>
<td>150,000</td>
</tr>
<tr>
<td>TDMHMR Children’s Services Administration</td>
<td>100,000</td>
</tr>
<tr>
<td>TDMHMR Research and Evaluation</td>
<td>100,000</td>
</tr>
<tr>
<td>TDMHMR Central office Administration</td>
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<tr>
<td><strong>Total Funds Appropriated Strategy A.2.5</strong></td>
<td>$33,564,455</td>
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<tr>
<td><strong>Total Other Funds for Children’s Services</strong></td>
<td>35,442,783</td>
</tr>
<tr>
<td><strong>Total ALL Funds for Community-based</strong></td>
<td><strong>$ 69,007,328</strong></td>
</tr>
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</table>

budget), directed TDMHMR to study the effectiveness, costs, and benefits of intensive, community-based services in reducing the use or length of residential treatment. The rider also included "wraparound" services, an approach which allows the flexible use of funds to pay for needed treatment tailored to individual needs. Under this approach, funds are not spent on unneeded services just because they are the only available services, or the only services that a funding source can legally pay for.

Texas continues to develop community-based services to care for mentally ill children and teens in less expensive ways. The Texas Children’s Mental Health Plan helped to develop local services for children and to maximize funding sources by pooling all sources of available funding in one place at the local level. This is the "integrated funding" part of the initiative. The funds can be managed more efficiently and effectively at the local level to meet the individual needs of children and improve treatment results.

In Fiscal Year 1996, 33,472 children received services through the Children’s Mental Health plan: 7 percent were first-time recipients; 31 percent were enrolled in special education; and 48 percent were between the ages of 13 and 17. The program saw a 23-percent increase in services by 1999. In Fiscal Year 1999, 41,121 children received services through the Children’s Mental Health plan: 23 percent, or 9,460, were first-time offenders; 28 percent, approximately 11,500, were enrolled in special education; and 43 percent were between the ages of 13 and 17.

The 76th Texas Legislature enacted an expansion of the Texas Integrated Funding Initiative in S.B. 1234. The legislation called for HHSC and other agencies and family representatives to develop a model, including financing, administration, and delivery of services, for children’s mental health services. The expansion called for the operation of the initiative in up to six communities.

The next step in Texas’ services for youth is to develop additional local “systems of care,” the systems developed in the Children’s Mental Health Plan, in new communities. A “system of care” means tying together all the various supports and services in a single plan for a particular child and family. A system of care, based in a local community, is designed to improve a child’s ability to function at home, school, and in the community. A case manager helps to design and coordinate services. If residential care is avoided, then “systems of care” are effective in reducing costs of services, and enabling more troubled youths to get care.

Information is a key to help parents and policy makers. Another resource for Texas’ local service providers and state agencies is a list of federally funded technical assistance centers focusing on mental health issues. Many are designed to provide information on children’s mental health services. A complete list is available online at http://www.nasmhpd.org/ntac/techAssistCenters.html.

Residential Care for Troubled Children and Teens
Residential treatment services are provided in 24-hour facilities, not hospitals, that provide therapy. Generally, residential treatment is expensive costing approximately $3,033 per month or $36,400 per year. Often families exhaust private insurance coverage. Foster care payments do cover residential treatment, but parents may be forced to turn over custody to the Texas Department of Protective and Regulatory Services (PRS) in order for their child to qualify for foster care payments, and thus for residential treatment costs.

The Children’s Mental Health Plan provides an alternative to high-cost residential treatment. The plan now serves over 40,000 children per year in community mental health. The most frequent diagnoses (and there may be multiple diagnoses) for these troubled children is attention-deficit hyperactivity, followed by mood or bipolar disorders.

Compared to residential services, community-based services are a bargain. The average cost of community-based mental health services per child is approximately $344 per month or $4,128 per year. The average child receives services for about six months.

**Teens’ Problems in School: How Mental Health Problems Interact with Programs Outside the Mental Health Area**

Teens with mental health problems and their parents frequently encounter a complex array of services, differing eligibility criteria, and a difficult path to identify and treat mental illnesses. One system they are likely to encounter is a school district that may provide special education services to some of Texas’ troubled teens. This illustrates the complexity of just one service area for children and youth who are mentally ill. It also illustrates how difficult it is for policy makers and program managers to get an understanding of how agencies and programs interact.

The Individuals with Disabilities Education Act (IDEA), starting in 1975, and other laws give physically and mentally disabled children the right to a free and appropriate public education. Children with serious emotional disturbances may be entitled to special education services in schools, as are other disabled children, but they have to meet eligibility criteria.
Services can be expensive for school districts. Currently, IDEA pays for about 8 to 10 percent of the costs of special education. State payments for special education are funneled to school districts through a series of state statutory formulas, and school districts pay the remainder, unless the child is eligible for Medicaid. According to the Texas Education Agency (TEA), approximately 493,000 children in school districts across Texas received some type of special education service as of December 1, 1999. This represents about 12 percent of the 4 million children enrolled in school across the state at the time.34

In 1999, approximately 493,000 children in Texas school districts received some type of special education services. This represents about 12 percent of the 4 million Texas school children.

According to TEA statistics, approximately 35,728 students (7.1 percent of a special education tally of students) receiving special education services were emotionally disturbed, and 265,552 (54.2 percent of the tally) were categorized as having learning disabilities.35 These numbers may represent only a portion of the full picture. These statistics are based on a primary diagnosis,36 which could leave students with two or more disabilities counted in one physical disability category. Thus, if one of their problems is a mental health illness, the primary diagnosis may not be emotional disturbance, but rather a physical disability.

At the national level, estimates from an evaluation of the IDEA program reported that 12 percent of students, aged 12-17, who were eligible for IDEA had a primary diagnosis of serious emotional disturbance. Another 63 percent had a diagnosis of a learning disability.37 Further study would be needed to determine if the differences between national and Texas statistics are due to different definitions, underidentification of mental illnesses in Texas' special education population, differences in the collection of statistics, or other factors. Because there is no official special education classification system used uniformly across states, a child in one state with identical characteristics to a child in another state who is receiving special education services may not be classified as disabled.38

Others with emotional disturbances may not be receiving special education services at all. A 1999 survey by the National Alliance for the Mentally Ill (NAMI) found that 46 percent of parents of children with severe mental illness participating in the study believed that schools resisted identifying children with serious mental illnesses. Sixty-eight percent of parents reported that their children had to fail first before educational or related services were put in place in schools.39
Other studies of 22 community programs funded by the federal Center for Mental Health Services found that approximately 57 percent of children and youth with emotional problems and enrolled in the 22 programs were not receiving special education services. Others may be classified in other categories, such as the learning disability category: about 16 percent of children in the evaluation received special education services under a category other than emotional disturbance. 

Two state training and technical assistance centers, the Center for Mental Health in Schools (Los Angeles, California) and the Center for School Based Mental Health Assistance (Baltimore, Maryland) were funded by the federal government to improve how schools deal with mental health issues. Four states — Kentucky, Maine, Minnesota, New Mexico, and South Carolina — operate statewide projects with the same goals. These centers may have useful information for Texas school districts.

Improving identification of children who could be eligible for special education services would have an impact on federal Medicaid funding to Texas. Currently, school districts receive federal Medicaid reimbursement spent for Medicaid-eligible children in special education who are receiving specific medical, diagnostic, or treatment-related services paid by Medicaid. The services the students receive are partially paid by Medicaid because the students are eligible for special education, have a treatment plan that requires certain services, and those services are ones that Medicaid will cover.

Potentially, a more thorough identification of these children who receive special education services due to mental health problems could bring in more federal Medicaid reimbursement to help school districts pay for some special education services. It would also have a cost impact on school district and state spending for special education.

Contact with the Juvenile Justice System: Mentally Impaired Youth at Risk

Multiple studies indicate high levels of contact between mentally ill youth and the juvenile justice system. In Texas, TDMHMR reports that data gathered on the children who receive services through the Children's Mental Health Plan indicate that approximately 30 percent of youths who receive community-based mental health services funded by TDMHMR have a history of contact with the juvenile justice system or are at risk for involvement.
National studies indicate that of the one million youths who come into contact with the juvenile justice system, as many as 60 percent of those incarcerated may have a mental health disorder and as many as 20 percent may have a severe disorder. Up to 50 percent may have substance abuse problems.\textsuperscript{45} A multi-state survey, conducted jointly by the National Mental Health Association (NMHA) and the National GAINS Center for People with Co-Occurring Disorders in the Justice System, found that mental health problems typically are not identified until after children are involved in the juvenile justice system, if at all. Then, most children get little, if any, treatment.\textsuperscript{46} According to a 1994 study of juveniles who were admitted to juvenile facilities, 57 percent of juveniles reported that they previously received treatment for mental health problems.\textsuperscript{47} A 1999 survey by the National Alliance for the Mentally Ill (NAMI) found that 36 percent of parents said their children were in the juvenile justice system because mental health services were unavailable.\textsuperscript{48} Children involved with the juvenile justice system frequently have more than one mental and/or substance use disorder, making their diagnosis and treatment needs more complicated.\textsuperscript{49} A 1998 study suggests that a high percentage of youths — up to 65 percent — tests positive for drugs at the time of their arrest and may underreport their levels of drug use when they enter the juvenile justice system.\textsuperscript{50}

\textit{Texas Program}

The Texas Legislature funded a First-Time Offenders program at TDMHMR centers. The program offers treatment to young offenders who have a diagnosis such as depression or conduct disorder. During treatment, 90 percent of children have avoided rearrest, and 73 percent improved in school behavior after treatment.\textsuperscript{51}

Law enforcement, schools, runaways, alcohol and substance abuse may all touch children and youths with mental health problems. Mental health problems may be an early indicator of a need to address symptoms before youths need more intensive care or encounter the juvenile justice system. Even within educational, justice, or treatment systems, treatment may be insufficient, not provided, or children in need may not even be identified.

\textit{Remaining Questions: What Issues Need Further Attention}

Above all, a teen’s parents or adult family members need to be involved and informed about potential mental health problems. Early identification of mental health problems may help prevent more serious illness and more costly or more devastating problems for the teen. This means that private physicians, schools, church groups, or other groups that a youth encounters can help to identify problems earlier, as long as they have an increased awareness of signs to look for and a basic understanding of mental health problems.

Once a teen has been identified as needing help to address emerging mental health issues, often a private physician or counselor can give advice and treatment. Children without private insurance may face significant barriers to
finding needed help. Families with insurance may have difficulty in obtaining needed or adequate levels of mental health care. The 1999 survey by NAMI reported that 66 percent of parents noted a lack of health insurance coverage for mental illness, and nearly half said inadequate insurance benefits were a barrier to care. Almost 50 percent indicated that managed care organizations limited or denied access to needed treatment. Closing gaps in health insurance coverage for serious mental illnesses, or making insurance work better within existing private or public programs may help to reduce costs of caring for mentally ill teens.  

Solutions and services are found at the community level. Public programs, like the Texas Children’s Mental Health Plan, work best when communities and service providers can work together to design services that work for that community. All agencies or major service providers need to work together. The 1999 study by the National Mental Health Association found that while some community services are available for youths in juvenile justice systems, they usually do not target the needs of youths in the juvenile justice system. The report also cites a serious lack of follow-up services when youths are released.

**Policy Implication:** Improve identification of mental health problems.

Better training, as part of existing training programs, for juvenile justice staff, teachers in public schools, private providers, and others may increase awareness of youths’ mental health problems and improve identification and early treatment. Texas should look for model programs developed by education or juvenile justice national resource centers, or mental health organizations, in order to assist people who directly work with youth to better identify problems before children fail or their problems become devastating. Traditionally, experts look to evidence such as failing in school or contact with police. These events appear after problems have already become well established. As the Johns Hopkins School of Public Health study indicated, subduing behavior problems is likely not to deal with underlying mental health issues, which are likely to recur until they are properly diagnosed and treated.
Early treatment may avoid residential treatment or entry into residential juvenile justice facilities – both high-cost alternatives. Professional associations, advocacy groups, medical groups, and others could assist in providing public education materials that can assist in earlier, more thorough identification of mental health problems in schools or private doctors’ offices. Texas should also determine the adequacy of the juvenile justice system’s mental health screenings and assessments administered as youths enter the system.

**Policy Implication:** Improve approaches to mental health problems.

The two national training and technical assistance centers, the Center for Mental Health in Schools (Los Angeles, California) and the Center for School Based Mental Health Assistance (Baltimore, Maryland) were created to improve how schools deal with mental health issues. Texas should investigate how information from these centers can best be communicated to school district personnel. An Internet site for teachers and counselors could provide this information. In addition, information from the five state projects funded under the same program could be placed on the Internet site. Texas should investigate whether new federal funding is available to start such a center in Texas. Texas should also study information collected from other U.S. Department of Education discretionary grant awards for researching school-based approaches to children and youth with emotional disturbances.

**Policy Implication:** Improve the analysis of statistical information.

Statistics collected on children and youth in special education programs in Texas schools should be reviewed to determine if the numbers accurately reflect the incidence of emotional disturbances. Mental disorders may be overlooked or could be undertreated if two or more disorders are present, but only one primary diagnosis is recorded. Further study would be needed to determine if the differences between national and Texas statistics on the incidence of emotional disturbances are due to using different definitions, underidentification of mental illnesses in Texas' special education population, technical differences in the collection of statistics, or other factors.

**Policy Implication:** Increase opportunities for improved communication.

Nationally, over 55 percent of students with serious emotional disturbance drop out of public schools, and 58 percent of these young people are arrested within three to five years of leaving school. Texas should investigate ways to enhance communication between educational systems, mental health systems, and juvenile justice systems for youths with treatment needs.
Policy Implication: Increase opportunities for improved insurance coverage for mentally ill teens.

In recent years, a number of new state insurance options—the Texas Healthy Kids program, the federal Children’s Health Insurance Program (CHIP), and revised Medicaid options—have emerged. Texas needs to study how the new changes, which are already in place, can be used to optimize existing federal funding for mentally disabled teens. This should be at the local level, with the Children’s Mental Health Plan, school districts, and others, because treatment decisions are frequently made at the local level, and at the state level.

Policy Implication: Improve the identification of Texas funds and programs which treat mentally ill teens.

One barrier in Texas is to clearly identify amounts and sources of funds that all agencies use to provide mental health services to adolescents and children. The 1990 report of the Texas Mental Health Association was the last effort to comprehensively identify funding amounts by agency. The Senate Interim Committee on Gangs and Juvenile Justice in 1998 surveyed agencies on at-risk funding. A more comprehensive budget study could identify lists of programs and expenditure, per capita costs, and sources of funding, by residential and non-residential care. This would provide a road map for policy makers to understand the current mental health system for children and adolescents in Texas and develop way to streamline services and make more efficient use of existing funds.

Policy Implication: Monitor emerging issues.

Under a recent U.S. Supreme Court decision, *Olmstead v. L.C.*, (119 S.Ct. 2176(1999)) states are required under the Americans with Disabilities Act (ADA) to provide community-based treatment for persons with mental disabilities under certain circumstances. While it is too early to determine the effect of this decision on educational, residential, and other services for mentally disabled teens, the decision could potentially affect the range and availability of services that states will be mandated to provide. Additionally, in a recent announcement, the federal government has instructed states to restore Medicaid benefits to children who lost health insurance after their parents left the welfare system. Texas should monitor this issue, because the announcement may also affect children who lost Supplemental Security Income (SSI) benefits, and thus lost Medicaid benefits, as a result of a more stringent SSI review of their medical problems. Many of these children were receiving SSI due to developmental or behavioral problems, and may be more likely to have had emotional disturbances.

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1 USDHHS 1998d (in section “Mental, Emotional, and Behavior Problems are Real”).
2 NIMH 1999b.
3 USDHHS 1998e (in section “Population-Based Analyses”).
4 USDHHS 1998b (in section “Mental Health is Important”).
5 Ibid., (in section “The Causes are Complicated”).
7 USDHHS 1998b (in section “Mental Health Problems Can Be Severe”).
8 USDHHS 1998f (in section “Why Are Systems of Care Needed?”).
9 Ibid.
10 USDHHS 1998g, 9.
11 NIMH 1999a (in section “Anxiety Disorders.”)
12 NIMH 2000 (in section “Scope of the Problem.”)
13 NIMH 1999c.
15 USDHHS 1998c (in section “What is Conduct Disorder?”).
16 NIMH 1999a (in section “Eating Disorders”).
17 USDHHS 1998d (in section “The Disorders”).
18 USDHHS 1998b (in section “Some Warning Signs”).
19 MHA Texas 1990, 15.
21 S.B. 222, 71st Legislative Regular Session, 1989, II-55 and II-64.
22 TDMHR 1999b, 9.
23 TDMHR 1996, Executive Summary.
24 Ibid.
25 NAMI 1999 (in section “Executive Summary”).
26 TDMHR 1996, 10.
27 TDMHR 1999b, 2.
28 Ibid., 3-4.
29 Fax received from TDMHR, Governmental Affairs, June 6, 2000.
31 TDMHR 1998a.
32 TDMHR 1998b, 5
33 USDHHS 1998g, 16-17.
34 Telephone interview, Gene Lenz, Director of Special Education, Texas Education Agency, March 6, 2000.
36 Packard Foundation 1996, 41.
37 Ibid., 44.
38 Ibid., 41.
39 NAMI 1999 (in section “Executive Summary”).
40 USDHHS 1998g, 15-17.
41 Lechtenberger 1999, 5-6.
42 UCLA 2000.
44 TDMHR 1998b, 1.
45 NMHA n.d. a.
46 NMHA 1999.
47 NMHA n.d. b.
48 NAMI 1999 (in section “Executive Summary”).
49 NMHA n.d. b.
50 Ibid.
52 NAMI 1999 (in section “Executive Summary”).
53 NMHA 1999.
54 Johns Hopkins 1998.
55 Lechtenberger 1999.
56 UCLA 2000.
57 U.S. Department of Education n.d.
58 Packard Foundation 1996, 41.
60 Gullo 2000, A07.
Chapter 5
Tuning In on Dropping Out

A high school education has become increasingly important. Individuals who drop out of school are more likely to be unemployed than high school graduates and will likely earn less money when they do find a job.\(^1\) Additionally, dropouts are more likely to receive public assistance and dropouts comprise a “disproportionate percentage of the nation’s prison and death row inmates.”\(^2\) But a student dropping out of school not only affects the student, but also the larger society. An uneducated population will pose an increasing burden on society in the future because of limited earning potential, decreased tax revenues, and the costs of public assistance.

Lieutenant Governor Rick Perry, in addressing the Special Commission on 21st Century Colleges and Universities, stated, “with an increasingly global economy, advances in telecommunications, and the incredible progress in high-technology, more and more jobs will require a college education . . . Unless we encourage more of our citizens to pursue a college education . . . Texas will suffer from a growing education gap. That education gap could mean a Texas with fewer jobs, less innovation and a host of social challenges in an increasingly competitive world.”\(^3\) This applies with even more certainty to a person who drops out of high school. In the 1997-98 school year, over 27,000 Texas students dropped out of school.

In 1997, 4.6 percent of students who were enrolled in 1996, and did not graduate, did not return to school.\(^4\) The main problems in the area of dropouts are defining a dropout, counting the number of dropouts accurately, identifying who is at risk of dropping out, and providing prevention programs that work.

Defining Dropouts

One of the first issues that needs to be addressed is how to define “dropout” and the method used for calculating the dropout rate. The National Center for Education Statistics (NCES) collects information from states on dropouts. NCES has developed a definition of “dropout” which states must use when submitting data to NCES. For the 1996-97 school year, 32 states submitted data that met certain quality standards. Among those states, Texas had one of the lower dropout rates in the nation at 3.6 percent. NCES uses a different definition of dropout than the one used by the Texas Education Agency (TEA). Because of this definitional difference, NCES reports Texas’ dropout rate as 3.6 percent, while TEA reports a 1.6 percent dropout rate. Additionally, because some other states do not collect as much information as Texas, NCES uses a different methodology for counting dropouts in order to include as many states as possible in the survey.
During the last decade, the dropout rate in Texas has fallen. However, during the last decade TEA has changed its definition of a dropout, accounting for some of the change. The current definition of dropouts used by TEA for reporting dropout rates does not include students who have obtained a GED, students who have completed their high school course requirements but failed to pass the TAAS test necessary for graduation, and students who are expelled. Although none of these students have obtained a high school diploma, they are not counted as dropouts. Critics, such as the Intercultural Development Research Association, charge this leads to an undercounting of dropouts and gives a false impression of the dropout rate in Texas.

Also at issue is the dropout rate on which attention should be focused. Currently, TEA reports an actual annual dropout rate and an actual longitudinal dropout rate. Each measures dropouts differently and provides a different picture of the dropout rate. An annual dropout rate provides a picture of how many students drop out of school in a given year. However, this rate usually yields a low number, often providing a false impression of the extent of the dropout problem. A longitudinal dropout rate tells how many students dropped out over a number of years, for example how many students dropped out of school between 7th and 12th grades. However, with this rate, TEA must make estimations to account for students who changed schools. While the annual dropout rate for 1997-98 was 1.6 percent, the longitudinal dropout rate for the same year was 14.7 percent.
Texas does not currently calculate a status dropout rate, which looks at individuals within a certain age range to determine the number of dropouts. For example, persons between the ages of 16 and 24 would be surveyed to determine the number of persons who are not enrolled in school and do not have a diploma, within that population. But, status rates are often ambiguous because they are based on population estimates. A completion rate shows the number of students under a certain age who have completed high school. This rate could be manipulated by including students who do not graduate from high school but, for example, receive GEDs or complete all of the requirements for graduation but do not pass the TAAS.

In 1987, the 70th Legislature required the TEA to prepare biennial reports on the number of public school dropouts and to provide each legislature with a plan for reducing the dropout rate. The legislature set a goal of a longitudinal state dropout rate of not more than five percent by the 1997-1998 school year for students enrolled in 7th thru 12th grade. The legislature also set a cross-sectional state longitudinal dropout rate of not more than five percent, meaning the longitudinal dropout rates for each ethnic group should be less than five percent. In 1997-1998, TEA reported an actual longitudinal dropout rate of 14.7 percent, 9 percent for white students, 18.9 percent for African-American students, 20.4 percent for Hispanic students, and 7.6 percent for other students.5

### Dropout Rates

There are a number of methods for determining the dropout rate, including the following:

- **Annual Dropout (Event) Rate:** the number of students, in grades 7 through 12, who leave school each year without completing a high school program. TEA calculates the annual dropout rate by “dividing the number of dropouts by cumulative enrollment in Grades 7-12.” This rate is used by TEA.

- **Longitudinal (Cohort) Rate:** the total percentage of students from a class that drop out before completing their high school education. This figure can be actual or estimated. This rate is used by TEA.

- **Status Rate:** the number of individuals within a certain age range who are dropouts. A status dropout rate, for example, would look at the number of individuals between the ages of 16 and 24 who are not enrolled in school and have not received a high school diploma. Status rates “reveal the extent of the dropout problem in the population.” This rate is used by NCES.

- **Completion Rate:** this rate is calculated by tracking a class of 9th grade students over a given period of time and determining the percentage of students who graduated, received a GED, or continued to be enrolled. This is a positive indicator, rather than a negative one. This rate is used by TEA.

- **Attrition Rate:** compares the beginning and ending enrollments, over a four-year period, as an estimate of how many students leave the system. This figure is calculated by subtracting the 12th grade enrollment from the 9th grade enrollment four years earlier, with assumptions made about the number of students who moved out of the district. This rate is used by the Intercultural Development Research Association.

In 1996, the TEA began using the Public Education Information System Leaver Record System (PEIMS) to track dropouts. PEIMS provides a picture of the number of students leaving public schools and why they leave. PEIMS requires each school district to account for every student in 7th through 12th grade who was enrolled in the district the prior year. If a student is no longer enrolled, the school district must give a reason for the student’s absence. TEA provides a checklist of reasons from which to choose. These include student withdrew/left school because of age, poor attendance, low or failing grades, graduation, student withdrew with declared intent to enroll in another Texas public school district or a school district in another state, or student withdrew to return to home country.

In the 1997-98 school year, a total of 27,550 Texas students in grades 7-12 dropped out of school. The statewide annual dropout rate was 1.6 percent, the same as the previous school year. The annual dropout rate for white students was 0.9 percent, 2.1 percent for African-American students, 2.3 percent for Hispanic students, and 1.9 percent for other students. Of these dropouts, 53.5 percent were male, 46.5 percent were female.

### Table 5.1 1997-98 Dropout Rates by Ethnicity and Gender

<table>
<thead>
<tr>
<th>Enrollment in Grades 7-12</th>
<th>Percentage of Total Dropouts</th>
<th>Annual Dropout Rate</th>
<th>Longitudinal Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>828,660</td>
<td>28.10%</td>
<td>0.90%</td>
</tr>
<tr>
<td>African American</td>
<td>244,987</td>
<td>18.70%</td>
<td>2.10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>619,855</td>
<td>51.30%</td>
<td>2.30%</td>
</tr>
<tr>
<td>Other</td>
<td>49,637</td>
<td>1.90%</td>
<td>1.10%</td>
</tr>
<tr>
<td>Male</td>
<td>897,223</td>
<td>53.50%</td>
<td>1.60%</td>
</tr>
<tr>
<td>Female</td>
<td>845,916</td>
<td>46.50%</td>
<td>1.50%</td>
</tr>
</tbody>
</table>


Even with PEIMS, data submitted by school districts is difficult to verify, the information may be inaccurate, and the data is not audited. If a child withdraws with a declared intent to enroll in another school district, the school is not required to verify that the student actually enrolled in another school. Therefore it is possible for a student to drop out of school but never be identified as a dropout. By TEA’s own analysis, 25 percent of the students reported as transferring to another district within the state could not be found enrolled in another school district. Requiring a school to verify certain information would provide more accurate of tracking students. Verification could be something as simple as verifying that another school district requested a student’s transcript.

Inaccuracies occur because of simple errors in entering information, unfamiliarity with PEIMS, or manipulation. For example, a student who was
reported as “John Doe” last year is reported as “Jon Doe” this year and is reported in PEIMS as two separate students, causing errors in the system. Unfamiliarity with the system can also cause problems, causing student information to be reported inaccurately. Manipulation of student information can also cause inaccuracies. A high dropout rate can negatively impact the performance rating given to a school by TEA. Because schools regard performance ratings very seriously, there is a disinclination to report a high number of dropouts, possibly leading to an under-reporting of a school’s actual number of dropouts. Currently, TEA is not required to audit the data submitted by a school district. Without an auditing system, there is no system to ensure that a school district is submitting accurate and complete data.

Why Students Drop Out of School

Students drop out of school for a number of reasons. The most common reason given is poor attendance, followed by entering an alternative program or not pursuing a diploma, and pursuing a job. The challenge for the State of Texas is finding ways to keep students in school. School districts begin this process by identifying students who are at risk of failing school or dropping out. The Texas Education Code identifies a student in Grades 7-12 as at risk if the student:

- was not advanced from one grade level to the next for two or more school years;
- is at least two years below grade level in reading or mathematics;
- has failed at least two courses in one semester and is not expected to graduate within four years of entering ninth grade;
- has failed at least one section of the most recent TAAS exam; or
- is pregnant or a parent.\(^{11}\)

Once a student is identified as at-risk of dropping out of school, a school district is required to provide that student with accelerated instruction. In the 1997-98 school year, 32.6 percent of all students in grades 7-12 were identified as at-risk of dropping out of school.\(^{12}\) In the same year, though, 62.2 percent of dropouts were not identified as being at-risk of dropping out in the year they actually

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**The Top 10 Reasons for Dropping Out of School**

(as Reported by School Districts for 1997-98)

10. “I just can’t be hanging around here, man” (homeless or non-permanent resident): 0.6%
9. “I never liked tests anyway” (failed exit TAAS/not met graduation requirements): 1.8%
8 “I don’t need you either” (expelled, non-criminal behavior): 2.4%
7. “What? Fifty percent correct isn’t good enough?” (low or failing grades): 2.7%
6. “ Bringing up baby” (pregnancy): 3.2%
5. “We’re going to the chapel, and we’re . . .” (getting married): 4.9%
4. “I am just too old for this” (age): 6.3%
3. “McDonald’s pays better” (pursue a job): 12.4%
2. “I want to be like Frenchie in Grease” (enter alternative program, not pursuing diploma): 16.3%
1. “I’ve got better things to do with my time, like playing Nintendo” (poor attendance): 48.2%

dropped out of school, though they may have been previously identified as at-risk.\textsuperscript{13}

After direction from the legislature, TEA established six guiding principles in an effort to reduce the dropout rate. Those principles are:

\begin{itemize}
  \item Dropout rate reduction is based on the fundamental premise that all children can learn and succeed in school;
  \item A comprehensive teacher/administrator system must be launched to train teachers and administrators who are already in the system to more effectively reach all students and to recruit new, especially minority, administrators and teachers;
  \item Educational policies and practices that act as barriers to student success must be eliminated or revised;
  \item The organizational structure of schools must be adapted to accommodate the diverse academic and social needs of students;
  \item Instructional strategies that enhance student success from prekindergarten to graduation must be used in the classroom; and
  \item Collaborative arrangements between parents, schools, community agencies and businesses are necessary for successful dropout reduction programs.\textsuperscript{14}
\end{itemize}

Since 1991, TEA has used these guiding principles to develop state plans to reduce the dropout rate. The 1999-2001 State Plan to Reduce the Dropout Rate makes seven recommendations for reducing the dropout rate on the basis of these guiding principles. First, TEA recommends continuing to implement appropriate systems that target potential dropouts. School districts need to be encouraged to prioritize state and federal funds in applications submitted to TEA for the purpose of implementing dropout prevention and recovery programs. TEA will focus on advocacy for the recruiting, training, and professional development of teachers with backgrounds similar to students at high risk of dropping out. Parental participation is important, and TEA will expand parent involvement efforts and encourage school districts to provide ongoing training and information for parents. TEA needs to conduct research on dropout prevention and recovery programs to identify promising practices. The continued use of innovative technology such as distance learning and videoconferencing will also be encouraged by TEA. Finally, TEA will continue to try to improve the accuracy of dropout information reported to the agency.\textsuperscript{15} Some other recommendations offered by TEA include identifying limited-English-proficiency students at the secondary level as at-risk students; encouraging school districts to develop or expand career guidance and counseling programs, and reviewing the viability for future allocations for the Optional Extended Year Program (extended school year for students identified as likely not to be promoted to the next grade level).\textsuperscript{16}

\section*{Model Programs}
Texas has taken many steps in the last decade to reduce the dropout rate and great gains have been made. In the coming years, Texas faces the challenge of further reducing the dropout rate. Following are descriptions of programs implemented by school districts both within and outside Texas that may help address that challenge.

20/20 Analysis

This program focuses on educating the top 20 percent and bottom 20 percent of the student body in each school based on school performance. “By identifying students in the lowest 20th and highest 20th percentiles, 20/20 Analysis pinpoints those students for whom the existing instructional and related service program delivery is the least effective . . . ”17 Under this model, administrators and educators, using existing data, identify students above the 80th percentile or below the 20th percentile for whom curriculum adaptation and/or intensive instruction is needed.18 The administrators and educators then identify and analyze ways to change the curriculum and instructional practices to better serve these students, who frequently benefit from more intensive quality instruction, rather than different kinds of instruction.19 This phase calls for the active participation of teachers, parents, and service providers to develop a plan. The benefit of this system is that it can utilize existing data to identify students in need of specialized instruction. The program also focuses specifically on the individual needs of students for whom the learning process is least effective. Additionally, this approach focuses on using existing resources more efficiently and effectively. Data has shown that this program is successful in “improving the learning process of low- and high-20 groups.”20 This program was highlighted in Tools for Schools: School Reform Models Supported by the National Institute on the Education of At-Risk Students. The National Institute on the Education of At-Risk Students is a division of the Office of Education Research and Improvement within the United States Department of Education.

The Coca-Cola Valued Youth Program

This program focuses on middle and high school students who are limited-English-proficient and at risk of dropping out of school. These students become tutors to elementary school students. The tutors are paid a minimum wage, helping to reinforce a sense of worth for the students’ time and effort. The program has three levels: philosophy, instruction, and support. Under the philosophical tenets of the program, all students can learn; all students can actively contribute to their own education and to the education of others; and commitment to educational excellence is created by including students, parents, and teachers in setting goals, making decisions, monitoring progress, and evaluating outcomes. On the instructional side, there are classes for developing tutoring skills, field trips to explore economic and cultural opportunities, five guest speakers a year, and acknowledgment of student efforts and the contributions they make as tutors. The program also has a number of support strategies, including a curriculum to prepare students to tutor elementary children, an implementation team that coordinates and monitors project
activities at the campus level, and outreach programs to involve minority and disadvantaged parents. The Coca-Cola Valued Youth Program operates in 145 schools (54 schools in Texas) in 17 cities.21 This program is highlighted in Educational Programs That Work by the National Diffusion Network (part of the U.S. Department of Education’s Program Effectiveness Panel and in Reducing the Dropout Rate distributed by the Northwest Regional Educational Laboratory. The total cost of this program, for about 25 tutors and 75 tutees, is about $25,000, which includes training and technical assistance, materials, program monitoring, and a stipend for the tutors.

Project GRAD (Graduation Really Achieves Dreams)

Project GRAD works with feeder systems of schools, from kindergarten through high school, that have large at-risk populations. The program has five components: two math programs, reading and writing, social services, and class management. MOVE IT Math (Math Opportunities, Valuable Experiences, and Innovative Teaching) is a kindergarten through sixth grade program which “introduces algebra in the early grades, uses children’s literature and science to give meaning and purpose to math, emphasizes understanding of math principles, and allows flexibility in exposition and acceptance of alternative strategies for problem solving.”22 There is also a math component for high school students which provides students with courses in transition mathematics, algebra, geometry, functions, statistics and trigonometry, and pre-calculus and discrete mathematics. A reading and writing component concentrates on kindergarten through middle school and includes cooperative learning techniques, tutors, eight-week assessments, preschool and kindergarten instruction, family support teams, staff support teams, and professional development for teachers. The social services component provides guidance, counseling, community outreach, and family case-management services. Project GRAD also has a classroom management component which provides students with a consistent classroom organization from kindergarten through 12th grade. Students develop a constitution for the class and perform tasks that normally the teacher would perform. Project GRAD was initiated in the Houston Independent School District.23 This program and individual elements of this program have been highlighted in Tools for Schools: School Reform Models Supported by the National Institute on the Education of At-Risk Students and Reducing the Dropout Rate. During the first four years of implementing Project GRAD in a 10,000 student feeder system, the average cost is $200 per child; after the first four years, the average cost is $315-$320 per child, per year.

Success for All

A reading and writing program for elementary school children, Success for All particularly serves those schools with large numbers of disadvantaged and at-risk students. Currently used in more than 1,500 schools in 47 states, Success for All is an early, intensive intervention program for students in kindergarten and first grade who are beginning to experience academic difficulties. Students are grouped according to reading level for a 90-minute reading class beginning in first grade. The program emphasizes language skills; students read phonetic
storybooks “supported by careful instruction that focuses on phonetic awareness, auditory discrimination, and sound blending as well as meaning, context, and self-monitoring strategies.” Children experiencing difficulty then receive individual tutoring for 20 minutes each day. The tutor focuses on the elements of the reading lesson with which the child is struggling. For students in grades 2-5, the program focuses on opportunities to read, discuss, and write. Through the use of partner reading, identification of characters, setting and problem solutions in narratives, story summarization, writing, and direct instruction skills, children continue to enhance their reading and writing skills. Students are evaluated every eight weeks to determine their progress and the need for tutoring. The program also emphasizes working with parents to ensure the success of students. The program includes a Spanish reading curriculum, *Exito Para Todos*, for schools with Spanish bilingual programs.²⁵ Both the English and Spanish programs were highlighted in *Tools for Schools: School Reform Models Supported by the National Institute on the Education of At-Risk Students*. In a feeder system with 10,000 students, the average cost is $200 per student the first four years, and an average of $315-$320 per student in the following years (these costs include staffing and scholarships).

**Project Adelante**

Developed by Kean College and operated in three New Jersey school districts, Project Adelante seeks to improve the high school graduation rate of Hispanic students, increase their opportunities for college admission, and increase the number of Hispanics who enter the teaching profession through academic assistance, counseling, and a peer support group. Project Adelante focuses on students with limited English proficiency in grades 6-12. The students must be willing to attend and participate and their parents must agree in writing to support the project. The students meet for four hours on Saturdays during the school year and from 9 a.m. to 3 p.m. daily for five weeks during the summer. The students receive formal instruction in academic courses, such as English as a second language, science, and math. Classes are taught in both English and Spanish and teachers are free to design their classes and adjust their schedules as necessary to make the class most beneficial. Project Adelante also includes career counseling, mentoring, tutoring by college students, and group and individual counseling. Classes are held on the campus of Kean College in order to expose the students to a college atmosphere and, hopefully, encourage them to attend college.²⁶ This program is highlighted in *Model Strategies in Bilingual Education: Professional Development* by the Office of Bilingual Education and Minority Affairs in the U.S. Department of Education.

**Policy Implication:** In order to address the dropout problem, Texas needs an accurate picture of the extent and nature of the problem.
A statutory definition of “dropout” would eliminate the problem of tweaking the definition to obtain a lower dropout rate and ensure that when TEA reports a dropout rate, everyone would know exactly which students are being counted.

Policy Implication: Develop and implement a system for verifying data submitted by school districts through the PEIMS Leaver Record System and school districts should be held accountable for the information they submit. If the data used to generate the dropout rate is not accurate and reliable, the dropout rate is meaningless.

Policy Implication: Research dropout prevention programs to determine what works based on actual program evaluations and then convey that information to school districts. Dropout prevention programs can be implemented at all school levels in many different programs. Schools should be supported in these efforts.

Policy Implication: Implement a system to adequately train individuals in the PEIMS Leaver Record System. Adequate training for individuals at the school district level who actually input the data will help decrease errors and lead to more accurate reporting.

Policy Implication: Examine how effective TEA’s guiding principles and state plans to reduce the dropout rate have been in actually reducing the dropout rate. Consider if the guiding principles and state plan need to be adjusted to be more effective.

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2. Ibid.
5. Ibid.
6. TEA 1999a.
7. Ibid.
8. Ibid., 8.
9. Ibid., 8.
12. TEA 1999a, 10.
13. Ibid.
14. TEA n.d.
15. TEA 1999b.
18. Ibid., 6.
19. Ibid.
20. Ibid.
23. Ibid.
24. Success for All n.d.
25. Ibid.
Chapter 6
Youth in the Workforce

This chapter addresses preparing our teenagers who may not pursue college or other post-secondary education or those who have dropped out of school for the foreseeable future. Many of these teens are at risk of not participating in Texas’ economic expansion, which could have serious consequences for them and the state. This is particularly important given the fact that the unemployment rate among teenagers in Texas is nearly double the national rate, which means a large percentage of young Texans available to work are going without a chance to participate in a fundamental part of life (see Table 6.2).

Providing future generations, including those without college aspirations, with the necessary education, skills, and experiences is a paramount responsibility for today’s leaders, and the relatives and parents of young Texans, because our future is linked to theirs. This section examines the importance of workforce development, its history, what programs are available, and model projects for communities concerned about the development of all their members.

Job training is an issue of great importance when it comes to the future of young Texans. Without work, young people can become involved in situations that may lead them down less desirable paths or even to jail. Youths need to be employed because work can contribute significantly to their becoming productive citizens.

The Department of Labor estimates that today nearly 11 million youths between the ages of 16 and 24 are high-school dropouts or graduates who are not getting further education, which may result in permanent unemployment or under-employment. Only 42.5 percent of dropouts work, while 65 percent of those with a high school diploma work and 80 percent of college graduates are working.\(^1\)

The department estimates that the United States loses $88 million for each year's class of school dropouts.\(^2\) These statistics are troublesome when considering the current demand of businesses for employees at the state level and nationwide. A 1997 U.S. Department of Commerce study projected that a million high-tech workers will be needed by 2005.\(^3\) Texas’ economy is fast becoming knowledge-based, depending greatly on human resources, of which our youth are a key source.

A November 1999 news release on employment projections by the Bureau of Labor Statistics (BLS) predicts a 14-percent increase in employment over the 1998–2008 period. Professional specialty occupations and service workers are expected to provide 45 percent of the total projected job growth. The BLS expects accelerated job growth in the following occupations: executive, managerial, administrative, technical and related support, and marketing and sales. According to the news release, the 10 fastest growing occupations between 1998 and 2008 include:\(^4\)
Table 6.1  The Ten Fastest Growing Occupations in U.S.
(1998 - 2008)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Percentage of Change (expected)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer engineers</td>
<td>108</td>
</tr>
<tr>
<td>Computer support specialists</td>
<td>102</td>
</tr>
<tr>
<td>Systems analysts</td>
<td>94</td>
</tr>
<tr>
<td>Database administrators</td>
<td>77</td>
</tr>
<tr>
<td>Desktop publishing specialists</td>
<td>73</td>
</tr>
<tr>
<td>Paralegals and legal assistants</td>
<td>62</td>
</tr>
<tr>
<td>Personal care and home health aides</td>
<td>58</td>
</tr>
<tr>
<td>Medical assistants</td>
<td>58</td>
</tr>
<tr>
<td>Social and human service assistants</td>
<td>53</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>48</td>
</tr>
</tbody>
</table>


The Asian and Hispanic labor force are expected to grow at a rate of 40 percent and 37 percent respectively, over the same 10-year period. Additionally, a demographic shift is predicted that will push the Hispanic population past the black population by 2008. 

The Importance of Workforce Issues for Teens

Youths who pursue higher education end up with steady jobs, which contributes to their stability and future as productive citizens, while young people who do not acquire education or skills have a difficult time finding employment. Data from the BLS confirms that education equals employment.

Table 6.2  Employment Status of Individuals 25 years and older in U.S.
(September 2000, seasonally adjusted data)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Percent employed within respective population</th>
<th>Unemployment rate within respective population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than H.S. Diploma</td>
<td>43.8 percent</td>
<td>6.1 percent</td>
</tr>
<tr>
<td>High School Grad</td>
<td>64.1 percent</td>
<td>3.3 percent</td>
</tr>
<tr>
<td>Less than a Bachelor’s</td>
<td>74.5 percent</td>
<td>2.6 percent</td>
</tr>
<tr>
<td>College Grad</td>
<td>78.5 percent</td>
<td>1.9 percent</td>
</tr>
</tbody>
</table>


Note: Data is for the civilian noninstitutional population that includes persons 16 years of age and older residing in the 50 States and the District of Columbia who are not inmates of institutions (e.g., penal and mental facilities, homes for the aged), and who are not on active duty in the Armed Forces.

Note: Unemployed persons are all persons who had no employment during the survey reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.
The data also indicates that teenagers have a substantially higher unemployment rate, which can contribute to the problems many youths encounter today.

### Table 6.3 Unemployment Rate in U.S. and Texas

<table>
<thead>
<tr>
<th>Location</th>
<th>January 2000 (seasonally adjusted)</th>
<th>January 1998 (seasonally unadjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall (16 and older) 16 to 24 year olds</td>
<td>Overall (16 and older) 16 to 24 year olds</td>
</tr>
<tr>
<td>U.S.</td>
<td>4 percent 9.3 percent</td>
<td>5.2 percent 11.7 percent</td>
</tr>
<tr>
<td>Texas</td>
<td>4.7 percent unavailable</td>
<td>5.4 percent 19.8 percent</td>
</tr>
</tbody>
</table>


In 1983, a study was conducted that looked at 356 youths in the Chicago area to rank certain values and found that young people gave the highest score to the test item, “a job well done gives me pleasure.” This shows that young people are actually work-oriented, according to psychiatrist Daniel Offer. “They say they will be proud of their future profession. It is as if they believe that there is a job waiting for them, ready to be taken when they are ready.” If this were the case, then having a job waiting would be a dramatic experience for a young eager teenager. Ensuring the availability of training and educational opportunities has multiple benefits for our youths and the state’s economy. For many young Texans, participation in the workforce means more than money and opportunity—it means the satisfaction from the rewards of work well done.

### A Story of Need

Michelle dropped out of high school as a freshman to care for her newborn daughter. In 1996, she enrolled as a part-time student at a charter school and non-profit organization that provides academic and employment training and human services to dropouts and adults lacking basic skills, the American Institute for Learning (AIL) in Austin.

Michelle will complete her last high school credits in the next few months while pursuing her associate degree at Austin Community College. Her success is significant considering that she started at the AIL charter school with no academic credits. She developed a love for computers, designing web pages, and operating sophisticated programs such as Photoshop, an image manipulation software application. Michelle has achieved much, gaining multimedia skills while nurturing her interests in biology, mathematical modeling, and marketing. Michelle’s achievements have resulted in her being nominated as a candidate for a National Young Leader merit scholarship. If selected, Michelle will have the opportunity to attend seminars and work with high-level political figures.
While Michelle’s experience seems to be typical, there are other teenagers dealing with more serious issues every day. Another AIL student, Melanie, was kicked out of high school as a freshman and soon became involved in a neighborhood gang selling drugs. With one child already, she became pregnant again while dealing with an abusive relationship. Ultimately, Melanie reevaluated her future and decided to pursue a GED at the AIL. Presently, she has completed her GED and helps to recruit other young people to the AIL program. The experiences of these teenagers are part of the “grave threats” that face teenagers and children alike in America today, according to a 1999 report on the challenges confronting youth. Neglect, poor schools, and teenage pregnancy are some of the critical factors that are reducing the future pool of the state’s workforce, according to the report.

Sources: AIL Participant Profiles; NSBA et al. 1999.

Our national high school dropout rate of approximately 10 percent results in too many young people entering adulthood without the necessary skills and resources to maintain productive lives.

Source: U.S. Department of Justice Juvenile Mentoring Program 1998 Report to Congress

What can happen to a young person who has chosen a path other than working or school? He or she could land in a detention center. A youth committing a misdemeanor costs Texans about $85 a day, or $31,025 per year. On average, youth detention stays are eight months. If the person commits a felony, he or she would go to a Texas Youth Commission (TYC) facility, where the operating costs are $110 a day, or $40,150 per year. Once the young person legally becomes an adult, any crime committed requires prison time, where the costs average between $16,000 and $44,000 per year.7

The costs described above are only for operating facilities or centers; there are others such as the costs for arresting a youth (including maintaining a police force), prosecution (including judges’ salaries), sentencing, and one cost not usually considered: victim costs. The victim may require time off from work, counseling, public assistance or if deceased, the victim could have been an income-earning head of household with children or other dependents to support.

Reasons to Invest in Teens

Nationally, much has been made about the low test scores and inadequate skills of many of our teenagers. Test results from the last National Assessment for Educational Progress exams have been discouraging, while test results from the Texas Education Agency for the Texas Assessment of Academic Skills (TAAS) have become a high-profile issue in Texas. Only 60 percent of African-American and 64 percent of Hispanic students passed all final TAAS exams (required for graduation) given to 10th graders in February 1999.8 Many employers are speaking out about these statistics and the inability to find an adequate number of workers with the requisite skill levels.
Table 6.4 Texas TAAS Results for 10th graders taking exit exams for February 1999

<table>
<thead>
<tr>
<th>Category of students taking the TAAS exit exams</th>
<th>Passing all tests and meeting minimum requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students</td>
<td>75 percent</td>
</tr>
<tr>
<td>Black</td>
<td>60 percent</td>
</tr>
<tr>
<td>Hispanic</td>
<td>64 percent</td>
</tr>
<tr>
<td>White</td>
<td>86 percent</td>
</tr>
</tbody>
</table>


There are significant reasons for investing in our teenagers. Some of the societal costs of neglecting our youth in America include:

♦ each year’s group that does not finish high school will, over a lifetime, cost the nation $260 billion in lost earnings and foregone taxes;

♦ each year, the United States spends roughly $20 billion in payments for income maintenance, health care, and nutrition to support families begun by teenagers;

♦ the cost to society of one career criminal is estimated to be between $1 million and $1.3 million; similar calculations for a chronic substance abuser are between $333,000 and $809,000.9

A recent book on job prospects for less-educated workers concluded that the less-educated suffer a substantial deterioration in employment and earnings as a result of the relocation of businesses away from urban centers to the suburbs and in part due to a search for workers with higher-level skills.10 This shift has especially impacted minorities and younger males in large cities. Texas could thus face a challenge to its economic competitiveness because of a potentially large increase in its minority population, which has been evident in recent years. Population estimates by the Texas State Data Center (center) predict that:

♦ for the total projection period from 1990 to 2030, the proportion of the net change accounted for by Anglos would be only 11.3 percent under the [one] scenario . . . while blacks would account for 7.4 percent, Hispanics for 68.2 percent, and the other population group for 13.1 percent of the net change in the labor force. Minority growth will dominate patterns of change in the labor force in the coming years.11

In 1999, the Texas Youth Commission reported that 93 percent of its committed youth had completed less than 10th grade.

Source: http://www.tyc.state.tx.us/research/profile5.html
The Center estimated that if its population-estimate scenario was as accurate as it was in 1990, then the demographic shift would be realized and could yield a less educated workforce in Texas. The analysis seems to confirm that Texas teenagers such as Melanie and Michelle need additional assistance if they and others are to be productive in the Lone Star economy.

Our economy can only flourish if the teenagers at risk of dropping out of school or doing poorly academically are helped along, since they are a part of a large potential labor force consisting largely of minority groups. Letting young Texans fail in our education system or not supplying them with employable skills has tangible consequences besides leaving youth without skills; these failures could impact the state's competitiveness and future.

Federal Workforce Legislation

Concerns about the nation’s viability as an economic leader prompted the federal government to pass one of the first efforts to improve the nation’s workforce, the Economic Opportunity Act of 1964, which created the Job Corps. The Job Corps is a national residential training and employment program with a mission to attract eligible youths between the ages of 16 and 24 and teach them a variety of skills to make them employable and independent. The Job Corps has helped over 1.6 million youth and annually assists 66,000 individuals to lead productive lives at the 119 Job Corps centers nationwide. 12 The centers collaborate with labor unions, trade associations, and local providers to conduct vocational training.

In 1982, Congress passed the Job Training Partnership Act (JTPA) to ensure the skills of local workers match the skills that employers needed. It served as the nation’s principal vehicle to prepare youth and unskilled adults, including displaced workers, for entry into the labor force until it was replaced by the Workforce Investment Act of 1998. Additionally, JTPA tried to ensure job training for the economically disadvantaged and other individuals facing serious barriers to employment. JTPA linked employers, educators, and local governments in a network that provided localized job training to workers who would otherwise find it hard to land and keep a job, such as welfare recipients, young people looking for their first job, and older unemployed men and women. The JTPA initiative ended in Texas in 1999 and ended in the rest of the nation in July 2000. 13

A New Workforce Approach
In 1998, the Workforce Investment Act (WIA) replaced JTPA as a primary workforce development vehicle and signaled a change in philosophy. This act established five major titles:

**Title I** — authorizes the new workforce investment system, which establishes state WIA boards and authorizes states to develop five-year strategic plans (this is the enabling legislation for the novel one-stop concept);

**Title II** — reauthorizes adult education and literacy programs for fiscal years 1999-2003;

**Title III** — amends the Wagner-Peyser Act to require employment service/job service activities to become a part of the one-stop system discussed below and establishes a national statistics program. The title establishes the Twenty-First Century Workforce Commission to study the impact of information technology on the workforce;

**Title IV** — reauthorizes rehabilitation act programs through fiscal year 2003 and links them to state and local workforce development systems; and

**Title V** — authorizes states to unify their workforce development initiatives and offers states incentive grants for exceeding performance goals.14

While the new federal workforce initiative is being implemented across the nation by states, Texas’ own workforce plan, developed in the early 90s, was grandfathered in the WIA. The new approach of the WIA is focused on the training, education and employment needs of the individual (“the customer”), while meeting the needs of businesses for more skilled workers. The local workforce boards created by the WIA enable the local communities to control their workforce initiatives and strategies. The linchpin of this new concept is the “one-stop” approach where education, training, counseling, and other services are provided in a location that is easily accessible to those who need the services most or are being targeted for assistance.

The one-stop workforce provider concept has been implemented by several federal government agencies such as the Department of Labor (DOL) and Department of Justice, which provide funding for various youth initiatives such as the Juvenile Mentoring Program. It is believed that providing comprehensive services and support will improve the quality of the work force through providing expanded training and support assistance, which ultimately enhance the productivity and competitiveness of the nation.

The Workforce Investment Act of 1998 authorized the new Youth Opportunity Movement initiative. This initiative includes new programs such as Youth Opportunity Grants and Youth Offender Grants to concentrate ample resources in areas of substantial poverty and unemployment, in urban and rural communities. The Youth Opportunity Movement (YOM) is a five-year initiative
providing $1.25 billion in community and individual grants to increase youth employment in needed areas.

According to U.S. Labor Secretary Herman, “the Youth Opportunity grants program will develop new workers who are badly needed in today’s job market.” The program awarded $250 million in 1999 to targeted communities. It awarded 36 five-year grants in February 2000 to urban, rural, and Native-American communities. The Houston-Galveston area and the San Antonio-Bexar County area both received $11 million this year, and can receive $44 million over 5 years.

The other program, Youth Offender Grants, has been given $12.5 million to test creative approaches to combining job training and juvenile justice pilot initiatives. This initiative incorporates job training and education into programs to help youths between ages 14 - 21 who have broken the law or are at risk. The programs serve youth who have been in gangs or under criminal supervision or those in areas of high poverty and unemployment. There are three grants available: grants to neighborhood projects, grants to juvenile detention facilities, and grants for community-wide coordination. Houston received a $1.5 million grant in 1998 for a neighborhood project.

**The History of Workforce Programs in Texas**

The State of Texas recognizes the importance of its youths and their well-being as well as their impact on the state’s economy. Texas began to make changes to improve the employment potential of Texans in the early 1990s. Workforce-related programs were scattered throughout the state government, with some located at the Texas Employment Commission and some at the Texas Department of Commerce (now called the Department of Economic Development). In 1995, a consolidation of various programs into an integrated workforce development system occurred with the passage of H.B. 1863. This bill consolidated 28 workforce-related programs from 10 different state agencies into the Texas Workforce Commission (TWC). The TWC administers the various job training, employment, and employment-related educational programs available in the state, as well as the unemployment compensation program.

The change moved the state into an integrated one-stop delivery system through Texas workforce centers (this approach is also used by programs established under the federal Workforce Investment Act of 1998). There are some 128 one-stop centers in the state. The centers are managed by 28 local boards, which are able to address accountability locally while using the intimate knowledge of their locations to make key decisions about local workforce development. This new system is based on local control, customer choice, and increased efficiency, principles also reflected in the WIA, resulting in a seamless service for job seekers and employers. While other states completed implementation of the WIA in July 2000, Texas finished one year earlier and its workforce delivery system was developed three years prior to the passing of the federal workforce legislation.
A more recent effort is underway to strategically address the statewide issue of workforce development. The Texas Strategic Economic Development Planning Commission was created by S.B. 932 in the 75th Legislature, 1997, to chart a course for the state’s economy. While the WIA required states to develop a five-year workforce plan, the commission published its 10-year strategic plan for the state in 1998. The major objective of the plan outlined by the commission was that “Texas must make education and workforce development the state’s number one economic development priority.” The mission statement of the commission also advocates an expansive effort regarding the state’s workforce vision: “Texas must develop a knowledge-based economy that maximizes prosperity for all citizens and ensures global competitiveness across all its regions.”

**Workforce Programs Available For Youth**

There are several federal umbrella programs available containing numerous initiatives that address the skill development of youth. This section will outline the most significant ones. The Education and Training Administration at the DOL is the federal agency responsible for the major employment and training initiatives that address youth employment and training programs.

**Apprenticeship Training**

This program’s goal is to stimulate and assist industry in developing and improving apprenticeship and other training programs designed to provide skilled workers. An apprenticeship is a combination of on-the-job training and related classroom instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation. These programs are sponsored by joint employer and labor groups, individual employers, and/or employer associations. An electrician’s apprenticeship program operates in several Texas cities such as Austin, where students learn to build houses in the Casa Verde program and train as electricians in a comprehensive multi-year apprenticeship program.
program. The state’s Smart Jobs program has assisted many workers to improve their skills.\textsuperscript{21}

The Bureau of Apprenticeship and Training (BAT) registers apprenticeship programs and apprentices in 23 states and assists and oversees State Apprenticeship Councils (SACs) that perform these functions in 27 states, the District of Columbia, Puerto Rico, and the Virgin Islands. Upon completing a one- to four-year (2,000 hours to 8,000 hours) apprenticeship, the worker receives an apprenticeship completion certificate and is recognized as a qualified journey worker nationwide. Some registered apprenticeship programs also have dual accreditation through post-secondary institutions that apply credit from an apprenticeship completion toward an associate degree.\textsuperscript{22}

\textit{Innovation in Apprenticeship for Women}

The BAT provided funds totaling $748,000 for eight demonstration projects in 1999 seeking to identify and eliminate barriers to recruiting, retention, training, and placement of female apprentices in non-traditional occupations. Funds were provided to community-based organizations, employers, labor/management organizations, employer associations, apprenticeship sponsors, educational entities, state and local governments, partners, and stakeholders who agreed to match no less than one quarter of the amount of the awards.\textsuperscript{23}

\textit{Job Corps}

Job Corps is the largest residential education and training program in the country for low-income youth. This full-time, year-round residential program offers comprehensive training, education, and end-support services, including occupational exploration, work and social skills training, and competency-based vocational and basic education. This program has changed to Title IC under the WIA from its earlier designation as a Title IVB program under the JTPA.\textsuperscript{24}

\textit{School-to-Career}

The School to Work Opportunities Act of 1994 (PL 103-239) provided seed money to state and local partnerships to combine educational reform, workforce, and economic development efforts to raise academic standards and help youth prepare for future success. School-to-Work (STW) is called School-to-Career (STC) in Texas, where local entities and citizens make key decisions involving their communities. The initiative is based on the concept that education works best and is most useful for future careers when students apply what they learn to real-life, real-work situations. Components of the methodology include on-the-job-learning, goal-focused learning, career counseling, job support and placement, transportation, and other support services. There are three essential parts of all state STW programs:
School-based Learning — classroom instruction based on high academic and business-defined occupational skill standards;

Work-based Learning (WBL) — career exploration, work experience, structured training and mentoring at job sites;

Connecting Activities — courses integrating classroom and on-the-job instruction, matching students with participating employers while training mentors for the program.

There are nearly 18 million students served by STW partnerships nationally with over 178,000 employers involved, of which 109,000 provide work-based learning experiences for students. Some work-based learning (WBL) programs have found their students' performance improved. The STC programs in Texas have achieved notable results since the initiative began in 1997. Earnings of students in 1998 who graduated from the STC’s Tech Prep program were $3,189 more than other similarly educated students. Graduates of the Gulf Coast region’s STC program made $3,859,167 more than graduates of the same public community colleges and technical schools.

The Philadelphia school district found in 1997 that WBL program participants had higher GPA standings than students not involved in the programs.

<table>
<thead>
<tr>
<th>Table 6.5 1997-98 Philadelphia School District GPA Comparison of School-to-Work (WBL) to Traditional Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Point Averages for 11th &amp; 12th graders, 4th report period</td>
</tr>
<tr>
<td>GPA</td>
</tr>
<tr>
<td>WBL students</td>
</tr>
<tr>
<td>District Schools</td>
</tr>
</tbody>
</table>

In addition to having better grades, students involved in Philadelphia's School-to-Work programs had a significantly lower dropout rate than students not involved, 1.3 percent vs. 11.6 percent, during the 1997-1998 school year. The data also indicates that attendance rates among high school students completing work-based learning in Philadelphia’s School-to-Work programs were higher than the district total (85.4 percent vs. 79.7 percent) during that period. Additionally, WBL students had a higher graduation rate than the district total (87 percent vs. 72 percent). A Drexel University analysis conducted by human resources professor Frank Linnehan in 1998 found that WBL positively impacted program participants’ grades and attendance.

*JTPA Summer Youth Employment*
The WIA has combined the Summer and Year-Round programs, which were available under two different funding sources within the JTPA; however, these programs were phased out during the summer of 2000 and integrated into the WIA. The old JTPA year-round youth training programs provided a number of services: adult services, limited internships in the private sector, school-to-work transition services, and alternative high school services. The Summer program targeted economically disadvantaged young people by providing jobs and training during the summer. It provided basic and remedial education instruction (as well as academic programs), work-experience programs, and support services such as transportation.

**One-Stop Career Centers**

This innovative approach provides a comprehensive, high-quality delivery system for various employment and training, and support services. Individuals can go to a single location for assistance, which improves the administration of employer and job seeker services.

**Youth Opportunity Grants**

In 1999 the ETA announced that competitive grants would be awarded under the Youth Opportunity initiative, to reduce poverty and unemployment among youths between the ages of 14 and 21 in certain communities. The program specifically focuses on:

- increasing the long-term employment of youth who live in empowerment zones, enterprise communities, and high-poverty areas; and

- developing high-quality programs that help individual youths find better jobs and increase their educational attainment.

**Quality Child Care**

The Employment and Training Administration's BAT accepted applications earlier in 1999 for proposals addressing the implementation of the Quality Child Care initiative. This effort attempts to:

- assist in building a national system for the education and training of professional child care providers; and

- expand the national apprenticeship system by training more people in the area of child care to help create a viable industry.

This effort assist workers who can’t afford child care services, offering them help through a voucher or a vendor program offered by employers and supported by
for- and not-for-profit child care providers, local governments, and various other service providers.

**Texas and the Preparation of its Workforce**

Student achievement was relatively good for Texas students in recent years compared with the United States as a whole, as shown in Table 6.6. The table reflects how Texas ranked among other states on the National Assessment of Educational Progress (NAEP) exams taken in the indicated subjects during the year noted in parentheses. This test is used to compare states’ educational preparedness as well providing a national assessment used for global comparison.

<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>4th Grade</td>
<td>17th</td>
<td>5th</td>
<td>NO TEST</td>
<td>NO TEST</td>
</tr>
<tr>
<td>8th Grade</td>
<td>21st</td>
<td>22nd</td>
<td>3rd</td>
<td>27th</td>
</tr>
</tbody>
</table>

Source: Education Week, website at http://www.edweek.com/sreports/qc00/tables/achieve-t1.htm.

**Workforce Programs Directed at Youth**

Under the workforce umbrella, there are a number of programs that can address the needs of Texas youths:

**School-to-Career Program** — the TWC received a five-year $61 million grant to develop these partnerships (the state is applying for the fourth year of the grant currently). Texas received $10 million in 1998 and 1999. There are 27 regional partnerships that manage the implementation of funded activities. Texas had similar School-to-Work programs in place before the federal law was passed, such as the carpenter apprenticeship program in Concho Valley. Tech Prep, a program teaching students skills needed in the new economy received $8 million from the federal government for a consortium with 25 participants.

**Communities in Schools (CIS)** — this program is administered by the Texas Department of Protective and Regulatory Services and partners with public schools, the private sector, community-based organizations, and local, state, and federal government to help youths stay in school. In fiscal year 1998, the program helped 22 local programs serve 38,589 students. The 75th Legislature appropriated $3 million in additional Temporary Assistance to Needy Families (TANF) funds to the CIS program during the 1998-1999 biennium.

**Additional Workforce Programs Available in Texas**
There are other programs that certain youth can utilize if they need additional assistance. Teenage mothers or families have access to a host of services and programs that can help a young family, enhance the education level, or develop skills needed to land a steady job.

**Child Care Services** — the program helps low-income families move to self-sufficiency by providing child care subsidies to eligible parents during the period when they are at work, school, or in training. In 1999, over 100,000 children a day participated in this child care system, while the TWC spent $350 million to serve them. More than 55 percent of the state’s 4.1 million children are in child care, according to the agency. The TWC completed a landmark study outlining the child care needs of every county in the state in October 1999. The study looked at availability and affordability in each county as well as trends in population, workforce, and industry changes that could impact an area’s requirements. This data will assist the TWC and the local workforce development boards to better plan child care services for the various communities.\(^{38}\)

**Skill Development Fund** — this fund was created during the 74th Legislature, 1995, by H.B. 1863. The TWC awards $25 million biennially to businesses, consortiums, and associations for customized training for workers to meet the local needs of businesses. During the 1998-99 biennium, 101 grants were awarded and over 27,000 jobs were created or upgraded, assisting 554 Texas employers in cooperation with community colleges and technical schools and others.\(^{39}\)

**Self-Sufficiency Fund** — this fund was created during the 75th Legislature, 1997, to train individuals receiving TANF. The funds help TANF participants to find jobs that ultimately lead to their independence. The legislature appropriated $24 million for the 2000-01 biennium for the program, and other related welfare-to-work efforts, a $12-million increase over the 1998-99 biennium. This fund has benefited 3,000 recipients since it began in 1997.\(^{40}\)

**Texas Works Program** — this initiative is directed by the Department of Human Services’ Office of Programs. It provides grants for innovative strategies to provide welfare avoidance and workforce preparation services. The 2000-2001 budget includes funding for a comprehensive pilot in 3 or 4 sites ($4.2 million) and local innovation grants ($7.5 million) to help clients achieve success and reduce their dependence on cash assistance.\(^{41}\) The TWC and local workforce development boards have earned the state a $16-million bonus in 1999 from the federal government for excellent performance in placing welfare recipients in jobs. Texas is among the top 10 states for job placement of TANF recipients.\(^{42}\) These recipients can participate in child care programs, including the Dependent Care Assistance Plan that provides a $5,000 pre-tax deduction for those families needing child care services.

**Best Practices In Youth Programs (Texas & United States)**
Casa Verde Builders (TEXAS)

The American Institute for Learning (recently changed to American YouthWorks), based in Austin, administers this program, which focuses on reconnecting teenagers who dropped out of school and those under-educated adults who desire alternatives to welfare or crime. Started in 1994, the Casa Verde Builders’ program provides affordable, energy-efficient, and environmentally sound housing in the city’s low-income neighborhoods. Through an integrated “one-stop” approach, students learn how to build houses and earn a GED or high school diploma. There have been over 400 youths trained through this program. Participants learn construction skills and applied academics using the latest techniques available, which result in them gaining valuable job skills and experience as well as improved self-confidence. Some participants have also received post-secondary scholarships.

Through the Casa Verde Builders program, young people have constructed over 40 homes for low-income families, developed transitional housing for the homeless, rehabilitated a community center, weatherized over 140 homes, and developed a shop where cabinetry skills are taught. Such accomplishments serve as a positive boost to youths’ pride as well as the community’s. Casa Verde provides comprehensive services (education, training, counseling, and health services) to provide young people with marketable skills that will be with them for life.

This innovative program was named a Housing and Urban Development (HUD) Best Practice project in 1999. Casa Verde won a Presidential 1000 Points-of-Light Award in 1999. The federal government provides funding and support for the program. The Casa Verde Builders Program currently operates under a $180,000 Community Housing Development Organization (CHDO) contract, $700,000 in HUD YouthBuild funds, and $500,000 from the Texas Department of Housing and Community Affairs (TDHCA). Additionally, a $930,000 AmeriCorps grant covers educational stipends for the program participants. The sites around the state are expected to get $1.6 million from TDHCA over the next few years.

The State of Texas implemented the program statewide, with the passing of H.B. 2904 in the 75th Legislature, 1997. It is called YouthWorks in the Lone Star State. Sites are located in Austin, Brownsville, Houston, Levelland, New Waverly, San Antonio, and Sherman.

The Federal Bonding Program allows one-stop career centers to give an employer a federal bond, free of charge, as an incentive to hire an at-risk applicant, such as a low-income individual without work experience, a dishonorably discharged veteran, ex-convict or ex-addict. Texas found that Project RIO bonding and other services for releases from its state prisons saved the state $10 million annually, and made taxpayers out of tax users.


Project RIO (TEXAS)
The focus of Project RIO (Re-Integration of Offenders) Youth is the reintegration and prevention of reincarceration of offenders. The project started its youth initiative in 1995, which attempts to reduce the number of repeat youth offenders who return to institutional facilities. The program provides a link between education, training and employment services during incarceration with employment, training, and education after release. The TWC in collaboration with the Texas Department of Criminal Justice (TDCJ), the Windham School District, and the Texas Youth Commission (TYC) administer Project RIO. The youth component is funded annually by $800,000 from general revenue appropriations. The project was highlighted by the U.S. Justice Department in a special program review in 1998 as a potential model for other states such as Georgia.\textsuperscript{45}

The National Youth Employment Coalition recently selected Project RIO Youth as one of the most promising and effective job-training programs for young offenders in the nation. According to TWC chair Diane Rath:

Of the nearly 600 young men and women that Project RIO Youth served so far this year [1999], 59 percent have found jobs . . . That’s particularly striking, given that offenders are so young and that no other form of intervention has worked for them. Studies show that adult offenders who find work are three times less likely to offend again. We think that’s true for juveniles, too.\textsuperscript{46}

This is the first time since the coalition began awarding the honor that a program run by a state agency was chosen. This collaborative effort is based on the theory that if an inmate can find a good job quickly, he or she is less likely to return to a life of crime. The program provides comprehensive job preparation and placement services. Once an offender is at an institutional facility, a project staffer develops an individualized plan that can identify a career path for the offender and guide education and training placement decisions. The staff conducts a comprehensive review to assess the needs of the offender and assists in selection and placement in Windham, post-secondary education, and TDCJ or TYC programs.

Once released, project staff provide ex-offenders with individualized services including job preparation and search assistance. One of the key goals of Project RIO is to have an ex-offender employed as soon as he or she is released to help their integration begin positively. The program has documented nearly 70 percent of its participants obtaining jobs in recent years, which has been notably higher than non-RIO enrollees (36 percent).\textsuperscript{47}

\textit{High Schools That Work (NATIONWIDE)}

A program developed originally in 13 states in the southeast has garnered national attention because of the performance of participating schools. High schools in Abilene ISD, Beaumont ISD, and Corpus Christi ISD have participated in this program. High Schools That Work is the nation’s first large-scale
initiative to gather state, district, and school leaders in partnerships with students, parents, and the community to improve students’ ability.

There are now 22 states and over 970 sites, up from 22 in 1987, when it started. The program provides a structure based on clear goals, key practices, and conditions for advanced learning and elevated standards. One of the principal goals of the program is to blend traditional college preparatory courses with quality vocational and technical studies, which lead to higher academic and technical achievement of students. The plan is based on the belief that with the appropriate environment, most students can learn advanced academics and technical concepts.48

Baltimore City Fire Cadet Program (MARYLAND)

The Baltimore City Fire Cadet Program prepares high school juniors for careers in fire suppression and/or medical service. This easily transferable initiative won the 1997 National Youth Coalition PepNet award. It is a collaborative effort between the fire department, office of employment development, and the Baltimore City Public Schools. Students can obtain a driver’s license, EMT-B license (emergency medical technician), HAZMAT certification (hazardous material), or firefighter credentials upon graduation from high school. All those students who complete the program are employed by the fire department, private ambulance companies, or hospitals, or they attend post-secondary institutions.49
RURAL PROGRAM OF CENTAURI HIGH SCHOOL (COLORADO)

Centauri High School is located in a remote location in one of the poorest counties in the United States. It has developed a school-to-career program that can provide different skill sets to students based on their interests and abilities. The various career clusters include:

♦ Natural Resources — an aquaculture technician’s program developed in collaboration with a junior college. Students graduate with an AA degree or certificate in aquaculture technology;

♦ Health and Related Services — a certified nurse’s aide program developed in collaboration with the county hospital, in which students become certified nurse’s aides;

♦ Engineering and Technology Pathway — the school has a computer technician repair program and is preparing to provide a certificate course for students who want a job in computer repair;

♦ Arts and Communications — the applied communications class does weekly radio spots on local radio stations and organizes a school career fair. The high school is seeking funding to expand a video-editing laboratory so students can become certified;

♦ Business and Financial — Centauri has developed an educational internship in collaboration with local two elementary schools. Seniors planning to enter the field of education may intern at an elementary school and receive high school elective credit. A local state college provides training in tutoring and cognitive and social development of children.

This program has seen the high school graduation rate increase from 83 percent in 1993 to 92.9 percent in 1997, while the dropout rate decreased from 3.9 percent in 1993 to 0.9 percent in 1997. Also, ACT scores increased from 17.7 in 1993 to 19.3 in 1997.50

Policy Implication: Focus additional resources on securing employment of the growing minority population that will supply labor to Texas businesses.

Policy Implication: Provide funds to increase resources for developing innovative approaches to teaching teenagers required or advanced skills.

Policy Implication: Conduct studies to find out what particular groups need assistance or additional services to reach their potential (rural, urban, learning or language impaired, or underachieving youth).

Policy Implication: Specifically require the tracking of progress of initiatives concerning youth training and employment in the state.
Policy Implication: Maintain adequate statistics and statewide program oversight regarding youth workforce initiatives in Texas.

Policy Implication: Initiate a comprehensive effort leading to a plan to prevent the projected demographic shift from reducing the state’s revenue and competitiveness discussed in the Texas Strategic Economic Development Planning Commission (TSEDPC) plan in 1998, which will also further strengthen Texas’ economic position. The funding of a study to examine this key issue could come from a foundation. An effective plan could help the state to prepare more easily to compete against other states, regions, or continents for the advantage of hosting global markets, as it already does in semiconductors and telecommunications.

Conclusion

Providing more resources for the development of the workforce is a positive step since without a viable pool of workers, businesses will be denied sufficient resources, which will impact their competitiveness and ultimately the state’s economy and its citizens. What are the ramifications for Texas? If a company is unable to get the workforce it needs in this highly competitive economy, it will be forced to move to a location that will supply ample workers, be it China, Latin America, or other locations away from Texas. The state cannot afford an impression of inattentiveness to the needs of businesses, particularly since the state makes a significant amount of its revenue from sales, utility, and franchise taxes from the business sector.

Texas has also made great efforts to move from an oil and real estate-based economy to a knowledge-based economy, where skilled and educated workers are the key ingredients. The legislature created the TSEDPC to develop a statewide economic development plan, a 10-year blueprint for maximizing prosperity and ensuring global competitiveness in the state. Perhaps vigorous implementation of this plan will resolve many of the issues discussed.

1 ETA 1999.
2 USDOL 2000b.
3 OTP 1997.
4 BLS 1999
5 Ibid.
6 Offer 1985, 11-12.
7 Texas Youth Commission, costs for incarceration of youth in 1998. Data provided by the Texas Youth Commission.
8 TEA 1999c.
9 Burt 1998.
10 Holzer 1996.
12 Job Corps 1999.
13 JTPA 2000.
14 Workforce 2000.
15 ETA 1999.
16 USDOL 2000b.
17 Ibid.
18 Data provided by USDOL.
19 TWC 1999c.
21 Information provided by Casa Verde program.
22 USDOL 2000a.
23 BAT 1999a.
24 Job Corps 1999.
25 ETA 2000b.
26 TWC 1999d, 13.
27 Ibid., 16.
29 Ibid.
30 Ibid.
31 Ibid.
32 USDOL 2000b.
33 BAT 1999b.
34 Ibid.
35 STC 1999, 4.
37 Ibid.
38 TWC 1999e.
39 TWC 1998, 42.
40 Ibid., 44.
41 TDHS 1999.
42 TWC 1999b.
43 AIL 1999.
44 Data provided by AIL.
45 Finn 1998.
46 TWC 1999a.
47 Finn 1998, 14.
48 Ibid.
49 ETA 2000c.
50 Ibid.
Chapter 7
Targeting School Violence

Schools have long been imagined as warm, nurturing places, where young minds are opened to the endless possibilities of the world. But in recent years, that image has been tarnished. The mention of places like Columbine, Colorado; Jonesboro, Arkansas; Springfield, Oregon; and Paducah, Kentucky evoke images of young lives shattered by violence and of schools as dangerous places where life can end suddenly and inexplicably. In fact, during the writing of this report, a student opened fire on middle-school students in Fort Gibson, Oklahoma, injuring four classmates.

When the issue of school violence is mentioned, most people think of tragedies such as the ones mentioned above. But in fact, school violence includes many more, less publicized occurrences, from the schoolyard fight to bringing a weapon to school. Events such as the recent grandstand-clearing fight at a football game in Decatur, Ohio also come under the definition of school violence.

All of these events have led to a public perception that schools in America are increasingly dangerous places, that violence runs rampant through the halls of the local high school. However, reports indicate that, nationally, incidents of school violence have declined in recent years. In the following chart, the darker columns represent crimes against students at school and the lighter columns represent crimes against students away from school:

Figure 7.1 Total Crimes Against Students At and Away from School

A report in the *Journal of the American Medical Association* found that between 1991 and 1997, U.S. high school students became less likely to carry weapons, to engage in physical fights, and to be injured in physical fights. The report also stated that between 1993 and 1997, students became less likely to carry guns but not other weapons, to carry weapons on school property, and to engage in physical fights on school property.

**Texas Schools**

Despite a decrease in school violence nationally, during the 1997-98 school year, there were 63,003 assaults in Texas public schools, an increase of 27 percent from the previous year. In addition, there were 8,012 weapons confiscated, 576 of which were firearms, a slight decrease from the previous year. Five counties, Bexar, Dallas, El Paso, Harris, and Tarrant, accounted for a large portion of the crime in Texas schools. These five counties alone account for 26,647 of the assaults in Texas schools and 5,847 of the weapons confiscated, or 42.3 percent and 72.9 percent respectively.

In an effort to protect students from violence, the Texas Legislature enacted the Safe Schools Act (Act) in 1995. The Act requires a student to be removed from class and placed in an alternative education program if the student engages in conduct punishable as a felony. The student is also required to be removed from class and placed in an alternative education program if the student, while on school property or attending a school-sponsored or school-related activity, does the following:

- commits an assault or terroristic threat;
- sells, gives or delivers to another person, possesses, uses, or is under the influence of certain controlled substances or dangerous drugs;
- sells, gives, or delivers to another person, possesses, uses, or is under the influence of, or commits a serious act or offense while under the influence of an alcoholic beverage;
- engages in conduct that contains the elements of an offense relating to abusable glue, aerosol paint, or volatile chemicals; or
- engages in an act of public lewdness.

The Safe Schools Act requires a student to be expelled from school if, on school property or while attending a school-sponsored or school-related activity, the student:

- uses, exhibits, or possesses a firearm, an illegal knife, a club, or certain other weapons;
- commits an aggravated assault, sexual assault, or aggravated sexual assault;
♦ commits arson;
♦ commits murder, capital murder, or attempts to commit murder or capital murder;
♦ commits the offense of indecency with a child;
♦ commits an aggravated kidnapping; or
♦ sells, gives, or delivers to another person, possesses, uses or is under the influence of certain controlled substances or an alcoholic beverage and that conduct is punishable as a felony.  

As a part of this legislation, Disciplinary Alternative Education Programs (DAEP) and Juvenile Justice Alternative Education Programs (JJAEP) were created to serve students temporarily removed or expelled from school. DAEPs serve students removed from the classroom for disruptive behavior or for committing felonies off campus. JJAEPs, which are operated by the Juvenile Probation Commission, serve students expelled from school who have committed certain serious or violent crimes. A county with a population greater than 125,000 is required to operate a JJAEP. A county with a population less than 125,000 may voluntarily operate a JJAEP. Currently, 22 counties operate JJAEPs. Of the 3.9 million students in Texas public schools, about 4,000 attended JJAEPs and 59,000 attended DAEPs during the 1997-98 school year. The purpose of these programs is to remove students who are disruptive or dangerous to others, yet continue to provide them with an education.

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**Early Warning Signs**

There is a range of early warning signs that may help identify a child capable of committing a violent act. They are not equally significant and they are not presented in order of seriousness. Early warning signs may include:

- Social withdrawal
- Excessive feelings of isolation and being alone
- Excessive feelings of rejection
- Being a victim of violence
- Feelings of being picked on and persecuted
- Low school interest and poor academic performance
- Expression of violence in writings and drawings
- Uncontrolled anger
- Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors
- History of discipline problems
- Past history of violent and aggressive behavior
- Intolerance of differences & prejudicial attitudes
- Drug use and alcohol use
- Affiliation with gangs
- Inappropriate access to, possession of, and use of firearms
- Serious threats of violence

According to a report by the State Auditor's Office (SAO), the Safe Schools Act is not always implemented by school districts. The SAO identified more than 850 incidents during the 1997-98 school year that, under the Safe Schools Act, should have resulted in the expulsion of a student and placement in a JJAEP but instead, school officials placed these students in other settings. These incidents included 255 involving illegal knives, 218 with other weapons, 196 incidents of aggravated assault, and 74 incidents involving firearms. In addition, federal law requires state law to require students who bring a firearm to school to be expelled for a year. Schools that fail to remove these students violate state law and, in some cases, federal law. According to the same report, the Juvenile Probation Commission and a county juvenile probation department were aware of one school district's failure to expel students who were required to be expelled, but the commission and probation department lacked the statutory authority to make the district comply. TEA, on the other hand, did not take action against the district.

Additionally, the Texas Education Code requires school campuses to develop goals and methods for violence prevention and intervention.

Characteristics Of Youth Who Have Caused School-Associated Violent Deaths

- Has a history of tantrums and uncontrollable angry outbursts
- Characteristically resorts to name calling, cursing, or abusive language
- Habitually makes violent threats when angry
- Has previously brought a weapon to school
- Has a background of serious disciplinary problems at school and in the community
- Has a background of drug, alcohol or other substance abuse or dependency
- Is on the fringe of peer group with few or no close friends
- Is preoccupied with weapons, explosives or other incendiary devices
- Has previously been truant, suspended, or expelled from school
- Displays cruelty to animals
- Has little or no supervision and support from parents or caring adults
- Has witnessed or been a victim of abuse or neglect in the home
- Has been bullied and/or bullies or intimidates peers or younger children
- Tends to blame others for difficulties and problems caused by self
- Consistently prefers TV shows, movies or music expressing violent themes and acts
- Prefers reading materials dealing with violent themes, rituals, and abuse
- Reflects anger, frustration, and the dark side of life in school essays or writing projects
- Is involved with a gang or an antisocial group on the fringe of peer acceptance
- Is often depressed and/or has significant mood swings
- Has threatened or attempted suicide

Model Programs

In the wake of highly-publicized school violence across the nation, many states and school districts have started programs to address the potential of violence before it starts. In 1999, the Texas Education Code was amended to require school campuses to develop goals and methods for violence prevention and intervention. The following will discuss several model programs, identified as such in the 1999 Annual Report on School Safety published by the U.S. Department of Education and the U.S. Department of Justice, and will then highlight a high school and its efforts to reduce school violence. These model programs are well designed, have demonstrated effectiveness, and can be implemented as a part of a comprehensive school safety plan. While no single program is an answer, each school can design its own programs to effectively address the needs of each community.

I Can Problem Solve

I Can Problem Solve (ICPS) teaches children to think of nonviolent ways to solve everyday problems. ICPS helps children learn to resolve interpersonal problems and prevent antisocial behaviors. The children learn that behaviors have causes, people have feelings, and there is more than one way to solve a problem. ICPS is available for three separate levels: preschool, kindergarten and primary grades, and intermediate elementary grades. This program is based on more than 20 years of research and involves formal lessons, interaction in the classroom, and integration into the curriculum.

Positive Adolescent Choices Training

Positive Adolescent Choices Training (PACT), although developed especially for sensitivity to the needs of African-American youth, has been used with multi-ethnic groups. PACT addresses the problem of expressive violence, involving the loss of control among family, friends, and acquaintances, and targets high-risk youth between the ages of 12 and 16 who are selected by teachers based on skill deficiencies. Children must exhibit difficulties relating to peers, behavior problems (particularly aggression), history of violence, victimization, or exposure to violence. PACT helps adolescents learn more appropriate and
socially effective ways of interacting with others, how to recognize and control angry emotions that can interfere with verbal resolutions to conflict, and how to understand and avoid violence risk. This program is taught in small groups of 10 or fewer and targets skills that include giving constructive criticism, receiving negative feedback, and negotiating. The curriculum is taught one or two times per week for 19 weeks. Students receiving instruction reduced antisocial and violent behaviors by 38 percent.\textsuperscript{15}

\textit{The Gang Resistance Education and Training Program}

The Gang Resistance Education and Training Program (GREAT) is a nine-lesson curriculum taught from grades three through eight. The program teaches students how gangs and youth violence affect the quality of life, and allows students to discover for themselves the ramifications of gang and youth violence through structured exercises and interactive approaches to learning. Through the combined efforts of law enforcement, schools and the community children are provided the necessary skills and information to say \textit{no} to gangs and avoid random acts of violence. GREAT program participants were 4 percent less likely to use drugs, 3 percent less likely to be delinquent, and 4.5 percent less likely to be involved in minor offenses compared to students who did not receive the training.\textsuperscript{16}

\textit{Teaching Students To Be Peacemakers}

Teaching Students To Be Peacemakers shows teachers how they can encourage students to resolve disagreements peacefully. The training instructs participants how to establish peer mediation as a classroom and school discipline program. The program allows every student to be a mediator and students learn how to infuse conflict resolution training into different subject areas. The students are taught a four-step mediation procedure: (1) ending hostility; (2) ensuring commitment to mediation; (3) facilitating negotiations; and (4) formalizing the agreement. As part of the program students are also taught a negotiation procedure consisting of six steps: (1) describing what you want; (2) describing how you feel; (3) explaining the reasons underlying those wants and feelings; (4) reversing perspectives; (5) inventing optional agreements for mutual gain; and (6) reaching an agreement. This program led to a 63 percent reduction in antisocial and violent behaviors among students who participated in the program, compared with students who did not participate.\textsuperscript{17}
C.W. Otto Middle School

At C.W. Otto Middle School in Lansing, Michigan, a multifaceted program has been put in place to prevent violence at school and away from school. Otto created The Peace Center, which includes peer mediation, an after-school community service and violence prevention club, and a parent partner program offering support resources and classes for parents throughout the school year. Also, Power for Living is a required course for all eighth graders. This course helps students with substance abuse and violence prevention. These students also receive special instruction in social studies classes on laws and reporting weapon-carrying and crimes to appropriate officials. With the help of this program there was a 14 percent decrease in school suspensions during the first six months after it was initiated. Teachers and students reported feeling safer in and around the school.  

Policy Implication: Conduct research on school violence plans and relay information to the schools.

Texas schools are already required to develop a school violence prevention and intervention plan. But the amount of information available on these topics is staggering. The Texas Education Agency should conduct research on the school violence plans implemented around the nation and those recommended by the federal government and national organizations to identify best practices. This information should be relayed to schools in an effective manner to aid them in developing a school violence prevention and intervention plan. The legislature should also encourage schools to have school violence drills, much like fire drills, where students are taught how to react in the unfortunate event that violence visits their school.

Policy Implication: Fully implement the Safe Schools Act.

In addition, the Safe Schools Act, which is designed to remove students who are a danger to others from the school environment, needs to be fully implemented. TEA needs to insure that school districts understand when the Act requires a student to be removed to a DAEP and when the Act requires a student to be expelled. The Legislature should instruct TEA to enforce the Act.

4. Ibid., 1.
5. Texas Education Code, Section 37.006 (Removal for Certain Conduct).
6. Texas Education Code, Section 37.007 (Expulsion for Serious Offenses).
7. SAO 1999, 1.
8. Ibid., 6.
9. Ibid.
10. United States Code, Title 20, Section 8921 (Gun-Free Schools Act of 1994).
12. Texas Education Code, Section 11.253 (Campus Planning and Site-Based Decision-Making).
13. Texas Education Code, Section 11.253 (Campus Planning and Site-Based Decision-Making).
15. Ibid., 37.
16. Ibid., 48.
17. Ibid., 38.
Chapter 8
Crime Cuts Both Ways:
Juveniles as Perpetrators and Victims

Every child deserves the protection and support of a family and community.
All people deserve to feel safe in their persons and homes.

What happens to these societal values when a child walks into a home or a
school yard and kills people? The way we balance these two values – individual
protection vs. protecting society – sets the tenor for the structure and goals of
the juvenile justice system in the United States. Over the past ten years, the juvenile
justice system has moved from emphasizing rehabilitation to punishment. As an
illustration of this philosophical change from a rehabilitative to a punitive system, in 1995 the Texas Legislature changed the heading of Title 3 of the Family Code from “Delinquent Children and Children in Need of Supervision” to “Juvenile Justice Code.”

In that same bill, the age at which a youth can be tried as an adult was lowered to 14, the number of offenses for which a youth could receive long-term sentences (up to 40 years) was increased, information about the identities of, and offenses committed by youths was made more public, and the progressive sanctions system to facilitate surer and swifter punishment of youths was instituted.

The 75th and 76th Legislatures continued to fine-tune the juvenile justice system in Texas with the following enactments:

♦ more detailed information regarding juveniles arrested or convicted of
criminal activity is being made more widely available for law enforcement purposes (Section 58.106, Family Code);

♦ on the prevention and early intervention side, many services offered to youths at-risk for juvenile delinquency have been consolidated in a division of the Department of Protective and Regulatory Services to foster more effective use of resources (Chapter 265, Family Code);

♦ funding for the Progressive Sanctions Program was increased to address the need to intensively supervise and/ or incarcerate for longer periods of time chronic and/ or violent offenders; and

Crimes like theft, non-serious assaults, vandalism, liquor law violations, disorderly conduct, curfew and loitering violations, and running away remain as the crimes for which juveniles are most often arrested.

Project Spotlight was funded at $5.25 million for the 2000-2001 biennium and is being implemented in certain high crime neighborhoods (see box).²

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**The Spotlight's on Juvenile Criminals**

Project Spotlight is based upon the successful Boston Strategy to Prevent Youth Violence that uses increased law enforcement and community activity with teens on probation. The goal of the increased activity is to deter these highly at-risk young people from continued criminal behavior. Under the Boston Strategy youth firearm homicides decreased by 64 percent from 1996 to 1998; overall homicides were reduced by 39 percent in 1996 and 27 percent in 1997; and violent crime in public schools decreased 20 percent from 1996 to 1998.

Texas' Project Spotlight is being implemented in Bexar, Dallas, El Paso, Harris, Nueces, Tarrant, and Travis counties. Project Spotlight provides intensive supervision and surveillance by a team of police and probation officers working in partnership to monitor and enforce the terms of a teenager's probation. This supervision will include street presence of the officers and most likely evening visits to the homes of the young probationers. Project Spotlight not only offers police and corrections agencies ways to hold youths accountable, but also offers opportunities for community input and involvement. Neighborhood organizations, churches, and businesses are encouraged to help build a continuum of intervention services for Project Spotlight participants and other neighborhood youth at risk of juvenile delinquency.

Aside from intensive supervision and surveillance, services for the teens will be designed to meet the specific needs of individual probationers and their families. These services may include counseling, substance abuse treatment, mental health referrals, feedback related to the probationer’s progress toward discharge, and preparation and transportation for court appearances. Project Spotlight is focused not only on the teenager, but also on the family. Family development services, such as parent education and support groups, will be available to strengthen the family unit. Youth development services are also part of the project and may include training in life skills, decision-making skills, social skills, and physical fitness. Health care and vocational and educational assistance will be offered as well.

The goals of Project Spotlight are a 20-percent reduction in the violent crime rate in targeted areas, a 20-percent increase in the number of arrests made as a result of Project Spotlight; a 30-percent increase in the number of community supervision violations resulting in revocation of community supervision; and a recidivism rate of 25 percent for youths and young adults in all targeted areas. The program is in the beginning stages of being implemented in Texas, and its effectiveness in impacting juvenile crime will be closely monitored.

**Sources:** *Boston Police Department and Partners, The Boston Strategy to Prevent Youth Violence, Boston, 1998; Senate Interim Committee on Gangs and Juvenile Justice, Thinking Outside the Box, Austin, 1998, 20; Project Spotlight homepage at [http://www.spotlight.swt.edu](http://www.spotlight.swt.edu) and H.B. 1, 76th Legislature, Riders 11 and 12 of the Governor's Budget.*
**Policy Implication:** Monitor whether Project Spotlight and other juvenile justice legislation enacted in Texas has had an impact on the juvenile crime rate.
Texas is not alone in its increased efforts to deal with the growing problem of juvenile crime. Most states undertook significant juvenile justice reform in response to highly publicized rises in juvenile homicide rates in the late 80s and early 90s. Given the rise in the juvenile population, there were fears of a coming surge of “super predatory” youth prone to violence and crime in general.³

### Table 8.1

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* T = Transfer provisions, S = Sentencing authority, C = Confidentiality

Source: OJJDP 1999a, 89.
Coming of Age: Jurisdiction of the Juvenile Courts

Many state legislatures responded to the rise in juvenile crime by passing laws that excluded ever larger classes of juvenile offenders from the juvenile court jurisdiction based on their age and offenses, instead requiring them to be tried as adults. Proponents of these more punitive laws argued that the protections of the juvenile justice system are not sufficient to protect society from certain violent juveniles, who, either because of the seriousness of their offense or criminal history, should be held accountable for their crimes as adults.

In Texas, as in other states, the age of the offender and the nature of the offense determine whether the juvenile courts or criminal courts will have jurisdiction over the case. The district court or criminal district courts have exclusive jurisdiction over persons 17 years of age or older who violate Texas law. However, in certain cases, the juvenile court has the discretion to waive its jurisdiction over a juvenile under 17 years of age and transfer the case to the appropriate court, which will try the juvenile as an adult.  

A November 1998 report by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) analyzed legislation enacted by the states in 1996 and 1997 regarding juvenile crime. This report supplemented an earlier one studying such legislation enacted between 1992 and 1995. The OJJDP, in this most recent report, noted a continuing trend in states to modify age and offense criteria to allow more serious and violent juvenile offenders to be transferred out of the juvenile justice system and tried as adults. Between 1992 and 1995, 40 states modified their statutes to make it easier to prosecute juveniles as adults. This trend continued in 1996 and 1997, with 25 states making changes to their transfer statutes.

Juvenile Violent Crime in Perspective

Although much of the public backlash against juveniles was in response to the rise in violent, juvenile crime in the early 1990s, juveniles do not commit violent crimes at a rate much greater than their percent of the population. In 1998, people 10-17 years of age made up approximately 13.3 percent of the U.S. population and represented 16.63 percent of the violent crime arrests (murder, forcible rape, robbery, and aggravated assault). However, juveniles are greatly over-represented in property crime (burglary, larceny-theft, and motor vehicle theft) where juveniles represented 33.12 percent of the property crime arrests.
Texas’ story is similar. According to Texas Data Center estimates, people 10-16 years of age made up approximately 10.6 percent of the Texas population. (17 year olds are not included in this comparison because they are considered adults in the Texas criminal justice system.) According to 1998 arrest data, juveniles committed 14.34 percent of the violent crimes and 29.46 percent of the property crimes.\textsuperscript{8}

Although juveniles are not committing a greatly disproportionate amount of crime, the possibility that without intervention many may become lifelong criminals must be addressed.

**Juvenile Offenders**

**Juvenile Arrest Rates**

Although juvenile arrests do not present a complete picture of juvenile offenses (many juveniles who engage in criminal behavior are not arrested or are diverted to alternative programs), the arrest rate does reflect trends in juvenile crime.\textsuperscript{9} Statistically, the national juvenile arrest rate peaked in 1994 and has been on the decline since, in spite of the fact that the number of juveniles in the population has increased (see Appendix A).

Nationally, from 1995 to 1998 the population aged 10-17 grew by 4.0 percent (U.S. Census Bureau data), while the overall juvenile crime rate for the population aged 10-17 decreased by 14.61 percent. From 1995 to 1998, among juveniles 10-17 years of age, property crime dropped by 27.1 percent; violent crime dropped by 33.87 percent; and weapons crimes dropped by 28.73 percent (see Appendix A).

Although 17-year olds are not included in Texas juvenile arrest data because they are considered adults in criminal matters, Texas arrest statistics reflect a similar picture of the decline in juvenile crime. In Texas, from 1995 to 1998 the population aged 10-16 grew by 4.0 percent (U.S. Census Bureau data), while the overall juvenile crime rate for the population aged 10-16 decreased by 8.01 percent. Among juveniles 10-16 years of age, from 1995 to 1998, property crime dropped by 32.35 percent; violent crime dropped by 23.5 percent; and weapons crimes dropped by 39.31 percent (see Appendix B).
Why Has Crime Decreased?

The myriad reasons offered to explain the decrease in juvenile crime include:

♦ increased efforts to prevent the factors that put juveniles at risk of criminality, such as the availability of drugs or firearms, gangs, family conflict, lack of commitment to school, and having friends who engage in criminality or who are in gangs, as well as increased efforts to intervene early in the life of a youth exhibiting behavior problems;\textsuperscript{10}

♦ stabilization of drug markets, particularly crack cocaine;\textsuperscript{11}

♦ the upturn in economic conditions;\textsuperscript{12} and

♦ swifter and surer sanctions for juvenile offenders combined with stricter and longer sentencing for juvenile offenders.\textsuperscript{13}

The reasons for the decrease in crime will continue to be studied so that more effective means to positively impact the juvenile crime rate and juvenile criminals can be designed.

What Does Juvenile Crime Look Like?

The Office of Juvenile Justice and Delinquency Prevention offers the following snapshots of juvenile crime activity in the United States:\textsuperscript{14}

♦ more than 2.8 million juvenile arrests were made for all types of offenses in 1997. In 1997, juveniles were involved in 17 percent of violent index crime arrests and 35 percent of the property index crimes;

♦ juvenile violent crime is decreasing. The juvenile violent crime arrest rate (arrests per 100,000 persons ages 10 to 17) had increased steadily from 1985 to 1994 but has declined 23 percent from 1994 to 1997;

♦ the juvenile arrest rate for murder had the greatest increase and the greatest decline between 1988 and 1997 in comparison to other violent crime. The arrest rate for murder more than doubled between 1987 and 1993, but dropped 40 percent between 1993 and 1997;

♦ most juveniles do not recommit crimes. 54 percent of males and 73 percent of females who enter the juvenile justice system never return;

♦ the number of juveniles in public facilities increased by 51 percent between 1983 and 1995. Much of this increase was due to juveniles held for violent offenses; and
the growth and decline in juvenile homicides is related to the use of firearms. Between 1987 and 1994, juvenile homicide offenses involving firearms increased by nearly 200 percent, whereas juvenile homicide offenses involving other weapons increased by only 10 percent. Almost all of the decline in juvenile homicide offenses occurred in homicides committed with a firearm.

Although progress has been made toward decreasing juvenile crime, work remains to be done. The following figures illustrate the trends in violent, property, and drug crimes, as well as the facts that the violent crime rate in 1998 was about the same as in 1990 (Figure 8.1), the property crime rate decreased (Figure 8.2), and the drug abuse rate soared (Figure 8.3).

---

**Figure 8.1 Violent Crime Rates**

![Violent Crime Rates Graph]

**Figure 8.2 Property Crime Rates**

![Property Crime Rates Graph]

**Figure 8.3 Drug Abuse Rates**

![Drug Abuse Rates Graph]

Source: Analysis of 1990-1998 Crime in the United States statistics
The Gender Factor

In the following figures, some facts become readily apparent in the arrest trends. Although males and females each represented approximately 50 percent of the juvenile population in 1998 (U.S. Census Bureau data), females represented only 27 percent of the arrests. However, that represents an increase, from 22 percent in 1989. Even with this increase in female criminality, in 1998, males were over two and a half times more likely to be arrested than females (see Appendices A and C).

<table>
<thead>
<tr>
<th>Table 8.2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S. Arrest Trends for Juveniles (10-17 years old)</strong></td>
</tr>
<tr>
<td>Males</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Total Arrests</td>
</tr>
<tr>
<td>Violent Crime Arrests</td>
</tr>
<tr>
<td>Property Crime Arrests</td>
</tr>
</tbody>
</table>

Source: FBI 1998, Table 32.

Is Texas any different? Females are increasing as a proportion of those arrested, but Texas females represent a slightly higher percentage of the arrests than is true nationally. In 1989, females represented 28 percent of arrests, whereas in 1998, females represented 33 percent. However, in 1998, males are over twice as likely to be arrested for crimes as females (see Appendix B).

<table>
<thead>
<tr>
<th>Table 8.3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Texas Arrest Trends for Juveniles (10-16 years old)</strong></td>
</tr>
<tr>
<td>Males</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>Total Arrests</td>
</tr>
<tr>
<td>Violent Crime Arrests</td>
</tr>
<tr>
<td>Property Crime Arrests</td>
</tr>
</tbody>
</table>

Policy Implication: Given that in general males and females are exposed to the same risk and protective factors, research what factors make males much more likely to engage in criminality than females. Incorporate findings into existing prevention, intervention, and treatment programs relating to juvenile delinquency.

Policy Implication: Given the increasing female population of juvenile delinquents, explore whether prevention, intervention, and treatment programs need to be modified to address this change.

The length of this report does not permit delving into the complex world of the causes, types, and effects of all juvenile crime, but from the voluminous information available, two issues seem critical to address at this point: gangs and juvenile victims of crime.

Gangs

Gangs are not a new phenomenon, but have long been an intrinsic part of American culture, particularly in large urban areas with a high concentration of poor people and minorities. Within the last decade, the problem of youth gangs has been a growing concern of policymakers because the activities of gangs have become more widespread and gang crime has become more violent.

Response to Gangs

Society’s response to gang activity has been active on two fronts: preventing youths from joining gangs and suppressing gang activity. Policymakers, prevention and intervention advocates, and law enforcement agents agree that the best way to deal with gangs is to keep youths from joining them in the first place.

But young people do join gangs, so what can society do to minimize gang problems? Following a study by the Senate Interim Committee on Juvenile Justice and Gangs, Thinking Outside the Box, the 76th Texas Legislature invested much time, effort, and money to the problem of gang crime in Texas. In general, prevention and intervention efforts were improved by increased funding and coordination, and law enforcement measures were enacted to combat gang development, expansion, and crime.
Specifically:

♦ "criminal street gang" was defined as three or more persons having a common identifying sign or symbol or an identifiable leadership who continuously or regularly associate in the commission of criminal activities (Section 71.01, Penal Code);

♦ a criminal street gang database, administered by the Department of Public Safety, was established to contain information relating to criminal gangs gathered at the local level (Chapter 61, Code of Criminal Procedure);

♦ a criminal street gang member who commits a crime is subject to enhanced penalties (Section 71.02, Penal Code);

♦ the Texas Department of Criminal Justice must notify local law enforcement agencies when a gang member is released from incarceration (Section 499.051, Government Code);

♦ the Office of the Attorney General must establish an electronic gang resource system so that law enforcement agencies can get information about criminal street gangs in Texas (Art. 61.08, Code of Criminal Procedure);

♦ the Texas Violent Gang Task Force was established as a strategic partnership between local, state, and federal law enforcement agencies to provide quicker access to gang information, enhance cooperation and combined and cooperative use of resources to fight gang growth and activity (Art. 61.07, Code of Criminal Procedure); and

♦ soliciting people to become members of a gang is now a crime (Sections 22.015 and 71.022, Penal Code).

What do gangs look like?

Attempting to gather statistical data on gang membership and gang activity is a rather new feature in juvenile crime and activity statistics. Even at this point, basic questions have not been answered, such as how to define "gang," "gang member," or "gang-related crime" for reporting purposes. For example, gang-related crime can be considered either any crime committed by a gang member, or only a crime related to gang activity. This definitional distinction can result in significant differences in crime reporting from state to state and even from county to county. However, studies and surveys, most of which focus on gangs in a particular area, have been conducted to obtain statistically relevant information on gangs in the United States.
In an effort to capture a picture of gang activity, the National Youth Gang Center of the Office of Juvenile Justice and Delinquency Prevention is now conducting an annual National Youth Gang Survey. Its second effort, 1996 National Youth Gang Survey was released in July 1999 and illustrates trends in gang membership, crime, and activity. For purposes of the survey, “gang” was defined as a group of youths (under 18 years of age) or young adults (18-24-years old) in the respondent’s jurisdiction that is identified or classified by the respondent or the community as a gang.20

How many gangs are there and where are they?

The survey reports that gangs become more prevalent in jurisdictions as the populations increase.21 Among large cities, approximately 75 percent reported the presence of gangs, whereas in rural counties, 25 percent reported the presence of gangs.

There were an estimated 30,818 gangs with 846,428 gang members active in 4,800 jurisdictions in the United States in 1996.22 This is an immense increase from the 1980 numbers noted by W.B. Miller, who reported there were an estimated 2,000 gangs with 100,000 gang members active in 286 jurisdictions the United States.23

Although definitive data is not available on the number of gangs and gang members in Texas, Thinking Outside the Box24 and an Office of the Attorney General report, Gangs in Texas: 1999,25 have similar approximations of the number of gangs and gang members in the large metropolitan areas of Texas, where most of the state’s gangs and gang members are located. The publications put the number of gangs between 2200 and 2300, and the number of gang members between 51,000 and 55,000.
How serious is the gang problem in Texas and is it getting worse?

Gangs in Texas: 1999 discusses the seriousness of the gang problem in Texas. From the following table, it is clear that the gang problem is more serious in more populous areas and not a problem in less populous areas.  

<table>
<thead>
<tr>
<th></th>
<th>All Respondents</th>
<th>Less than 10,000</th>
<th>10,000-50,000</th>
<th>50,000-100,000</th>
<th>100,000-500,000</th>
<th>Greater than 500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Serious</td>
<td>4 (1%)</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Serious</td>
<td>60 (13%)</td>
<td>10</td>
<td>17</td>
<td>8</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Medium Priority</td>
<td>60 (13%)</td>
<td>13</td>
<td>26</td>
<td>6</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Problem/Not Serious</td>
<td>101 (22%)</td>
<td>46</td>
<td>41</td>
<td>4</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Not a Problem</td>
<td>224 (50%)</td>
<td>158</td>
<td>57</td>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

*Source: OAG 1999a, 10.*

The good news is that the gang problem in Texas does not appear to be getting more serious. The vast majority of jurisdictions, both large and small, report that the gang situation is about the same, somewhat better, or much better than it was last year. Only about 13 percent of the responding jurisdictions consider the gang situation to be worse than last year.  

<table>
<thead>
<tr>
<th></th>
<th>All Respondents</th>
<th>Less than 10,000</th>
<th>10,000-50,000</th>
<th>50,000-100,000</th>
<th>100,000-500,000</th>
<th>Greater than 500,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Worse</td>
<td>2 (0%)</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat Worse</td>
<td>57 (13%)</td>
<td>10</td>
<td>17</td>
<td>8</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>About The Same</td>
<td>259 (59%)</td>
<td>13</td>
<td>26</td>
<td>6</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Somewhat Better</td>
<td>69 (16%)</td>
<td>46</td>
<td>41</td>
<td>4</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Much Better</td>
<td>53 (12%)</td>
<td>158</td>
<td>57</td>
<td>5</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

*Source: OAG 1999a, 11.*
Most gang problems are home-grown so solutions need to take a local yet comprehensive approach. Effective gang prevention and intervention programs should include the following elements: community mobilization; outreach to high-risk youth and their families; employment, training, educational opportunities, and cultural enrichment; holding gang members accountable for their actions; and an organizational structure which enhances the ability of programs to provide the four former elements.28

**Policy Implication:** Given the indications that gangs appear to be present in many jurisdictions, communities of all sizes should have in place effective programs specifically designed to prevent youths from joining gangs and to suppress gang activity, investing community resources proportionately to the extent of the gang problem in the area.

**Youth Gang Member Demographics**

It is clear that youth gangs are now present in all sorts and sizes of communities - small, large, rural, suburban, and urban. Demographically, what do gangs and gang members look like?

**Age** The youth gang survey includes youths up to 25 years of age, but 50 percent of youth gang members are under 18,29

![Figure 8.5 Gang Member Demographics by Age](chart.png)

*Source: OJJDP 1999d, 16.*
Gender. It is clear from research that males make up the vast majority of gang members. Estimates on female membership range from as low as 3 percent to over 30 percent. The 1996 Youth Gang Survey estimates that females make up approximately 10 percent of gang membership. According to Gangs in Texas: 1999, females make up about 13 percent of gang membership in Texas and are achieving full-fledged membership in male gangs or forming independent female gangs.

Race/Ethnicity. In general, research has reported that youth gang members in the United States are predominantly African-American and Hispanic. Recent studies have found an increase in Caucasian gang members. The 1996 Youth Gang Survey found that nationally 44 percent of gang members were Hispanic; 35 percent African-American, 14 percent Caucasian, 5 percent Asian, and 2 percent “other.” Moreover, ethnic membership proportions varied from region to region. The southern region, which includes Texas, had a predominance of African-American gangs. However, gang membership is not always restricted to one ethnicity. The 1996 Youth Gang Survey notes that approximately 46 percent of the gangs were actually multiethnic/ multiracial.

Texas gang membership reflects the national average. A survey of 38 police agencies in Texas conducted by the Texas Law Enforcement Management and Administrative Statistics Program (TELEMASP), found that 42 percent of gangs in Texas are of mixed ethnicity, 34 percent are Hispanic gangs, 17 percent are African-American gangs, 2 percent are Vietnamese, 2 percent are Caucasian, and 3 percent are “other.” Unlike the southern region as a whole, however, Texas has a predominance of Hispanic, rather than African-American gangs.

Gangs and Crime

Much of the social and political interest in gangs is a result of the association of gangs with criminal activity, particularly violent crime. Currently, there is no national standard for defining or reporting gang crime or gang-related crime, therefore, a historical, statistical picture of gang crime is not available. But research studies point to several overall conclusions.

Are Gangs Responsible for a Disproportionate Amount of Crime?

According to several studies, youth gang members are responsible for a disproportionate share of violent and nonviolent offenses. A Seattle study on gangs found that gang members (15 percent of the sample) self-reported committing between 50 to 62 percent of general delinquency acts, minor assault, felony thefts, minor thefts, drug-trafficking offenses, and property offenses. In a study conducted in Rochester, New York, gang members (30 percent of the
sample) self-reported committing 70 percent of drug sales, 68 percent of all property offenses and 86 percent of all serious delinquencies.\textsuperscript{40}

The following figure from the TELEMASP survey shows the percentage of juvenile arrests involving gang members and the percentage of agencies reporting each level of gang activity. For example, the first bar of the figure shows that about 18 percent of the Texas law enforcement agencies which took part in the survey reported that 0 to 10\% of juvenile arrests involved youth gang members. As can be seen, approximately 20\% of the police agencies reported that the majority of juvenile arrests involve youth gang members (see the 4\textsuperscript{th} and 5\textsuperscript{th} bar of the figure).\textsuperscript{41}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure8_6.png}
\caption{Figure 8.6
Percent of Juvenile Arrests Involving Texas Youth Gang Members 1997}
\end{figure}

\textit{Source: TELEMASP 1997a, 5.}

\textbf{Gang Membership Intensifies Delinquent Behavior}

Does gang membership contribute to delinquency above and beyond the influence of associating with delinquent peers? Two longitudinal studies supported by the Office of Juvenile Justice and Delinquency Prevention explored this question in Seattle, Washington and Rochester, New York. Results of both studies indicate that the answer to this question is yes.\textsuperscript{42} There is consistent evidence that gang membership increases the rate of involvement in many delinquent behaviors, particularly violent crime and substance abuse, over and above the influence of having delinquent peers, and that gang membership significantly predicts criminal behavior.\textsuperscript{43}
Further, the studies found that gang membership contributes to increasing delinquent behavior independent of other risk factors. By implication, any decrease in gang membership should have a greater effect on decreasing juvenile crime.

**What Factors Lead to Gang Membership?**

Many research studies have been conducted to determine risk factors specific for gang involvement and many risk factors have been identified (see sidebar). Studies, however, have not clearly identified how important each of these risk factors is to influencing youths to join gangs. Prioritizing a risk factor’s relevance would be useful in designing more effective gang prevention and intervention programs.

<table>
<thead>
<tr>
<th>Risk Factors for Youth Gang Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community:</strong> neighborhood disorganization including poverty and residential mobility; underclass communities; presence of gangs in the neighborhood; availability of drugs in the neighborhood; availability of firearms; barriers to and lack of social and economic opportunities; lack of social capital; cultural norms supporting gang behavior; feeling unsafe in the neighborhood; high crime in the neighborhood; conflict with social control institutions.</td>
</tr>
<tr>
<td><strong>Family:</strong> family disorganization, including broken homes and parental drug/alcohol abuse; troubled families, including incest and family violence; family members in gangs; lack of adult male or parental role models; low socioeconomic status; extreme economic deprivation; parents with violent attitudes, and sibling antisocial behavior.</td>
</tr>
<tr>
<td><strong>School:</strong> academic failure; low educational aspirations, especially among females; negative labeling by teachers; trouble at school; few teacher role models; low commitment or attachment to school; high levels of antisocial behavior in school; low achievement test scores; and identification as being learning disabled.</td>
</tr>
<tr>
<td><strong>Peer Group:</strong> high commitment to delinquent peers; low commitment to positive peers; street socialization; gang members in class; friends who use or distribute drugs or who are gang members; and interaction with delinquent peers.</td>
</tr>
<tr>
<td><strong>Individual:</strong> prior delinquency; deviant attitudes; street smartness and toughness; defiant and individualistic character; fatalistic view of the world; aggression; proclivity for excitement and trouble; locura (acting in a daring, courageous, and especially crazy fashion in the face of adversity); social disabilities; illegal gun ownership; early or precocious sexual activity, especially among females; alcohol and drug use and trafficking; desire for group rewards such as status, identity, self esteem, companionship, and protection; hyperactivity; drinking; lack of refusal skills; and victimization.</td>
</tr>
</tbody>
</table>

*Source: Howell 1998, 6-7*

**Policy Implication:** Encourage more in-depth national research to determine what risk factors are the strongest and most consistent predictors of gang membership. Ensure that state and local agencies incorporate these findings into prevention, intervention, and treatment programs relating to gang membership.
Prevention Comes First

As concern over juvenile crime increased, researchers and policymakers began to look at juvenile crime not only as a criminal justice issue, but also a public health issue. Prevention early in the life of those at-risk for juvenile crime and swift and sure intervention when a youth exhibits problem behavior are the best ways to prevent a child from becoming a criminal, according to juvenile justice experts. Efforts to decrease risk factors and increase protective factors continue to show promise in diverting children from a life of crime. These programs range from child abuse prevention to drug, alcohol, and violence education, anger management, parental education, in-school health and mental care, improved classroom conditions, mentoring programs, curfews, and after-school activities. In 1996, there were 127 federal programs that focused on delinquent and at-risk youth. The Department of Human Services administered 50 of these programs, the Department of Justice 16, and the Departments of Labor and Education 32, with the rest administered by other agencies. Combined, the programs distributed over $4 billion dollars in 1996. However, federal funds to address at-risk youth are not always focused on areas of highest need. According to Lawrence Sherman, Professor and Chair of the Department of Criminology and Criminal Justice at the University of Maryland, most crime prevention funds are being spent in low-risk areas. In Texas, however, two major juvenile crime prevention programs, the Community Youth Development program and Project Spotlight, are specifically focused on areas with a high juvenile crime rate.

Risk factors that can lead to delinquent behavior:
- availability of drugs;
- availability of firearms;
- family conflict;
- lack of commitment to school; and
- friends who engage in problem behavior.

Protective factors that can reduce the chance of delinquent behavior:
- positive individual characteristics (e.g. having a resilient temperament);
- close relationships with family, teachers, and other supportive adults and peers; and
- beliefs and standards that promote school success and rejection of drugs and crime.

Source: OJJDP 1999c, 3.

Sherman also found that the effectiveness of most crime prevention programs is unknown and that some of the least effective programs receive the most funds. Programs that work include clear, consistently enforced rules, positive reinforcement of good conduct, anti-bullying campaigns, and self-control and problem-solving skills. Sherman cited the Head Start home visitation programs as very effective yet under-funded.
Programs that do not work include peer-group counseling and fear-based instruction such as Scared Straight. For substance abuse prevention, Sherman cited D.A.R.E. (Drug Resistance Education Program) as one of the most commonly implemented and funded programs that has not proven effective in preventing substance abuse.\(^{50}\)

**Policy Implication:** Continue to distribute funds dedicated to prevention of juvenile crime to areas of high juvenile crime to ensure the greatest impact on the juvenile crime rate.

**Policy Implication:** Ensure that local, state, and federal funds are used to implement programs that have proven track records of success in curbing juvenile crime.

### Dealing with Juvenile Crime

For those minors who do not avoid criminality, society has established a separate court, detention, and parole system. Experts contend that this juvenile system should encompass a balanced approach to three core values: community protection, accountability, and competency development (education and training) based on assessments of the individual and the family.\(^{51}\) This system's response may include a referral to an intervention program focused on the youth as an individual or the youth in the context of the family. However, there is a punitive element in juvenile justice. A juvenile may be required to pay restitution for damages resulting from the crime, incarcerated, and/or supervised by a probation officer.

Additionally, parents may be held responsible for the criminal acts of their children. Parents can be required to pay damages, court costs, or even do community service. This combination of intervention and punitive responses is often necessary because serious delinquents have many co-occurring problems that are best addressed on several fronts.\(^{52}\) In order to be effective in curbing juvenile crime, the chosen response must concentrate on changing behavior and improving social skills, focus on problem solving with both the juveniles and their families, have multiple styles of intervention, and be highly structured, intensive, and long-term.\(^{53}\)

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Comprehensive juvenile justice cuts across health, education, social services, courts and corrections. As such it calls for integration of policies that affect those agencies and their handling of children in contact with, or at risk of being in, the child welfare, mental health, juvenile justice or adult criminal justice system.

In Texas, parental responsibility laws range from requiring parents to do community service to payment of fines. According to a January 1999, report issued by the National Conference of State Legislatures surveying parental responsibility laws nationwide,\textsuperscript{54} such statutes may:

- impose a sanction on the parent. This could be a fine, incarceration, the payment of restitution, or the performance of community service (23 states);
- require the parent to pay institutional or procedural costs associated with their children's conduct. For example, parents may have to pay court costs or room and board while their child is being held in a juvenile justice facility (23 states);
- require the parent to attend treatment, counseling, education, or rehabilitation classes or programs (24 states); and
- require parents to attend court proceedings involving their child (10 states).

Texas incorporates all four forms in its own parental responsibility laws. The NCSL report found only three states, Delaware, Maryland, and Nebraska, which did not have any sort of parental responsibility laws (for a more in-depth discussion of Texas statutes on Parental Responsibility see Appendix. D).

**Coordinated, Comprehensive Efforts**

Efforts to decrease juvenile crime must be implemented not only on the prevention, intervention, and suppression fronts, but also in a coordinated and comprehensive manner. Coordination between state and local entities, as well as between juvenile justice, human service, and education programs is central to using limited personal, community, and state resources in the most effective manner to avoid duplication of services and identify a lack of services in an area or a population.

The programs offered to combat juvenile crime should be comprehensive, i.e., have adequate depth and breadth to meet the needs of children and their families.\textsuperscript{55} Trends in the programs that deal with at-risk youth and juvenile criminals are moving toward this more holistic provision of services developed to meet the individual needs of the youth and the family. These programs are particularly effective when they are developed at the local level to address that particular community’s problems and needs.
Don't Forget Teenage Fathers

There has been a great deal of research on the factors leading to and consequences resulting from teenage motherhood, but very little in relation to teenage fatherhood. This issue is receiving increased attention and is being researched in longitudinal studies conducted under the auspices of the Office of Juvenile Justice and Delinquency Prevention. These studies have concluded that juvenile delinquency and drug use put teenage males at significantly high risk for fatherhood and that teenage dads are more likely to commit crimes. Furthermore, the children of the teenaged father will be subject to increased risk factors for juvenile delinquency. Given the cyclical relationship between juvenile delinquency and fatherhood, any efforts to impact either of these problem areas should positively impact the other area.

National surveys find the rate of teenage fatherhood to be between 2 and 7 percent of male teenagers and that the rate grew substantially between 1986 and 1996. However, most likely this number is lower than the actual number because social systems, which are primarily geared to meeting the needs of the mother and child, do not focus on gathering information on the father.

Policy Implication: Texas does not consistently gather data on teenage fathers in Texas. Improve data gathering to attain a clearer picture of teenage fatherhood in Texas and its potential impact on juvenile law-breaking. For example, gather fatherhood information from clients of the social services and juvenile justice systems.

Policy Implication: Increase efforts to address the risk factors leading to and consequences resulting from teenage fathers in prevention and intervention programs for at-risk teenagers.

Juvenile Victims of Crime

Teens can be crime victims as well as perpetrators. The recent spate of tragedies at a few U.S. schools starkly illustrates this reality. However, these distressing instances of teen-on-teen violence at school are far from the norm and are, in fact, very rare occurrences in the teen population (see section on school violence). But why is it important to know about the victimization of juveniles? Crime impacts society in many ways, including creating victims. Victims of crime, who have been impacted financially, physically, psychologically, spiritually, or socially, in turn respond to the victimization in ways that further impacts society. For example, children who are victimized by abuse are more likely to engage in criminal behavior and end up clients of the criminal justice system.

Unfortunately, much of the victimization experienced by American teenagers is hidden from the public eye because many crimes against teenagers, including
child abuse, go unreported or unsolved. In 1996, according to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), in its Juvenile Offenders and Victims: 1999 National Report, approximately 48 percent of the serious violent victimization (rape, robbery, and aggravated assault) experienced by juveniles went unreported to any authority. About 33 percent of the victimizations were reported directly to the police. The remainder of the victimizations was reported to some other authority, such as a teacher. It is estimated that about one-third of the victimizations reported to another authority are eventually reported to the police. Therefore, only about 40 percent of the reported victimizations were reported to or discovered by police authorities. Thus only about 4 out of every 10 serious juvenile victimizations were able to be addressed by law enforcement.

Similar to the national situation, Texas does not consistently gather statistics on juveniles who are victims of crime, except for murder and domestic violence. Although agencies and policymakers recognize the value of having this information, Texas has only begun to assess the picture of victimization in Texas. For example, the Texas Crime Victims' Institute (institute) conducted a survey on the impact of crime on victims. Crimes committed by juveniles were not included because of the difference between juvenile offender laws and adult offender laws. Without these statistics on crimes committed by juveniles, one cannot get a clear picture of juveniles victimized by crime, because often juveniles victimize other juveniles. The institute noted that a separate study would need to be conducted on crimes committed by juvenile offenders. In spite of the hidden nature of juvenile victimization, available data do give some information about the teenage victims of crime.

**Are Teenagers Likely Victims of Crime?**

Teenagers consistently view themselves as immune from danger and harm. This feeling of invincibility is often cited as one reason for teenagers’ risk-taking behavior. However, according to Table 8.6 (which follows), youths (ages 12-17) are significantly more likely to be victims of serious violence than adults aged 25 and over and just as likely to be victims as young adults (ages 18-24).
Additionally, teenagers were less likely than 18–24 year olds to be victims of property crime, but more likely than people aged 35 and older. Younger teenagers (12-14) were significantly more likely to be victims of simple assault than older teenagers. Older teenagers were somewhat more likely to be victims of serious violence.65

In general Table 8.6 illustrates victimization rate by age group per 1,000 persons or 1995 and 1996 combined. 66

<table>
<thead>
<tr>
<th>CRIME</th>
<th>JUVENILES 12-14</th>
<th>JUVENILES 15-17</th>
<th>ADULTS 18-24</th>
<th>ADULTS 25-34</th>
<th>ADULTS Over 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious Violent</td>
<td>24</td>
<td>29</td>
<td>29</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
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<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<td>9</td>
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<td>3</td>
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<tr>
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<td>151</td>
<td>146</td>
<td>189</td>
<td>163</td>
<td>106</td>
</tr>
</tbody>
</table>


When Are Juveniles Mostly Likely to be Victims of Crime?

Although the public often views the dark of night as the time when most crime takes place, for teenagers the dark of night generally means a return to the safety of home. However, the daylight time between school and the safety of home can be trouble for teenagers. The four-hour period beginning at the end of the school day is when teenagers are most at risk of violence.67

Based on an analysis of data both from the National Incident-Based Reporting System and the National Crime Victimization Survey, the OJJDP found that teenagers were most likely to be victims of violent crime (murder, violent sexual assault, aggravated assault, and simple assault), and robbery during the hours directly following the school day.
The following figures visually depict a 24-hour period of juvenile victimization by violent crime and robbery. 68

**Figure 8.7**  Serious Violent Crime Over/Under Age 18

![Graph showing the percentage of serious violent crimes over and under age 18 at different times of the day.](image)

*Source: OJJDP, 1999a, 34*

**Figure 8.8**  Robbery Over/Under Age 18

![Graph showing the percentage of robberies over and under age 18 at different times of the day.](image)

*Source: OJJDP 1999a, 34.*
Further analysis of the data indicates that the time periods of increased juvenile victimization are associated with school hours, rather than simply afternoon hours. Yet, even on non-school days, victimization increases, though to a lesser degree, in the hours between 3 p.m. and 9 p.m. Victimization, particularly by violent crime, is much more likely on school days than on non-school days as illustrated in the following figures.

**Figure 8.9**
Violent Crime by School Days/Non School Days

![Violent Crime by School Days/Non School Days](image1)

Source: OJJDP 1999a, 35.

**Figure 8.10**
Robbery by School Days/Non School Days

![Robbery by School Days/Non School Days](image2)

Source: OJJDP 1999a, 35.
This peak victimization time period is also the time period of peak criminal activity for juveniles. As in victimization, serious, violent criminal activity is more pronounced on school days than non-school days. Robbery by juveniles tends to peak both after school and later in the evening around 9 p.m.\textsuperscript{70}

Texas recognizes the importance of caring for children after school. The Texas After-School Initiative, administered through the Texas Education Agency (TEA) and funded at $25 million for the 2000-2001 biennium, targets money to certain high juvenile crime zip codes for programs serving students at risk of academic failure or criminal activity (Rider 64 of TEA budget). Additionally, corporations may qualify for a tax credit for certain contributions to before-and-after-school-care programs and summer programs for children ages 5 through 13 (S.B. 441, 76\textsuperscript{th} Legislature).

**Policy Implication:** Statistics show that the peak time of teen criminal victimization is during the several hours following school hours. Programs aimed at deterring juvenile crime and juvenile victimization should focus on being active in the hours directly following the school day.

**Victims of Murder**

How many youths are murdered and who are they? Like other trends in juvenile crime, the number of juvenile murder victims peaked in the mid-1990s and continues to decrease. For the first time since 1980, the number of teenage murders nationwide (2,040 in 1998) is less than the number of teenage murders in 1980 (2,148).\textsuperscript{71}

![Figure 8.11](image)

**Figure 8.11**

*Juvenile Homicide Victims by Age*

*Source: FBI, analysis of reports issued in 1980, and 1990 to 1998*
Additionally, as is true in other juvenile crime trends, male teens are many times more likely to be murder victims than female teens. Until the age of approximately 13, the number of male and female murders are roughly equal, however, by the time teens reach the age of 17, males are over five times as likely to be murdered as females.\textsuperscript{72}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure8.12.png}
\caption{Male and Female Homicide Victims by Age for the Combined Years 1980 - 1997}
\end{figure}

\textit{Figure 8.12}

In 1997, juvenile homicide rates had dropped 39 percent since 1993.

There were 2100 juveniles murdered in 1997. Of juveniles age 13 - 17, 84 percent were killed with a firearm. No other age group in 1997 had a higher proportion of firearm homicides; young adults, aged 18 – 24 were a close second.


\textbf{Who is Killing Whom in Texas?}

As is true in the national figures, the chance of being a murder victim increases significantly for teens aged 15–19 years of age. And the trend of victimization increases and peaks during the ages of 20–29 years. Similar to national trends, males are many more times likely as females to be victims of murder beginning in the early teen years, as the following figure illustrates.
As shown in the following figure, young people from ages 15-24 are the primary perpetrators of murder. And males are overwhelmingly more likely to murder than females.
The Race Factor

The race of the victim was a significant factor in homicide statistics. Between 1988 and 1995, when blacks accounted for only about 15 percent of the juvenile population, more black youths were murdered than white youths.\(^{73}\) As the figure shows, the difference between the actual number of whites and blacks murdered is not significant, but given the fact that the blacks represent a much smaller proportion of the population their rate of murder is significantly higher than whites.

According to OJJDP, in the early 1980s, the black youth murder rate was four times greater than the white youth murder rate. The rate differential increased to seven times in 1993 and has been on the decline since that peak. The 1997 statistics show that black youths are five times more likely to be murder victims than white youths are.\(^{74}\)

![Figure 8.15: Juvenile Homicide Victims by Race](image)

**Policy Implication:** Increase efforts to gather data on juvenile victimization to obtain more comprehensive information on identifying juvenile victims of crime, where crime victimization occurs, and what is the impact of this victimization on the individual, the family, and the community.
Teenage Child Abuse

In Fiscal Year 1998, 44,532 Texas children were confirmed victims of abuse or neglect. Of that number, 6,943 were teenagers between the ages of 13 and 17. The number of teen victims in 1998 is an increase from the previous year when the Texas Department of Protective and Regulatory Services (TDPRS) reported 5,493 confirmed teenage victims of child abuse out of 33,961 confirmed victims. TDPRS is responsible for the protection of children from abusive or neglectful treatment by their parents or guardians.

The Effects of Abuse on Teens

Studies have shown that the prevention of child abuse can help fight crime. A 1992 U.S. Department of Justice study, "The Cycle of Violence," pointed out that 68 percent of youths arrested had a prior history of abuse and neglect. It also indicated that a history of abuse increased the odds of future delinquency and adult criminality overall by 40 percent. According to the study, male and female youths who had been abused or neglected, as children were more likely to be arrested than youths who were not abused or neglected were. The National Council on Crime and Delinquency's 1990 report "Juveniles Taken Into Custody" drew the same conclusion: "Youths with histories of severe abuse and neglect are much more likely to become chronic and serious juvenile offenders." More recently, a 1997 study conducted in Sacramento, California, by the Child Welfare League of America indicated that abused and neglected children were 67 times more likely to be arrested as pre-teens than non abused and neglected pre-teens. The study reported a connection between child abuse and neglect and later delinquent behavior. These studies demonstrate that early intervention and prevention programs for abused youth can help deter delinquency and criminality in at-risk youth.

Abuse Assistance and Prevention Services

In its fight against child abuse, TDPRS is developing programs to assist abused teens. The Prevention Brokers Case Management Program, for example, is designed to help abused, neglected, or delinquent children ages 7-17 before their problems become more serious. The program is aimed towards youth at risk of abuse or youth who have committed minor delinquent offenses. The program will allow families to meet in their homes with a case manager for an assessment of their needs and connect them with a number of family-focused services. It will also instruct families how to seek needed community prevention services. Improved family relationships, reduced likelihood of drug and alcohol abuse, fewer incidents of abuse, and reduced likelihood of committing delinquent offenses are some of the anticipated benefits of the program.
The Children's Trust Fund of Texas (CTF) is another program developed to serve abused or neglected children. The 69th Legislature established CTF in 1985 to help prevent child abuse and neglect. CTF provides funds to assist community-based prevention programs in all areas of the state. Since its inception, CTF has funded more than 250 such programs in Texas. Since fiscal year 1998, over 70,000 children have participated in CTF’s programs. 82

Family Outreach is a community-based program that helps families in times of stress. The program enlists volunteers to provide support, encouragement, and parenting information under the supervision of a TDPRS case manager. The program’s goal is to prevent child abuse and neglect by strengthening troubled families. Currently, there are 31 Family Outreach centers throughout Texas with discussion underway for a possible center in the Austin area. 83

To increase public awareness about abuse, TDPRS, CTF, and the Texas Committee to Prevent Child Abuse collaborated on the 1998 Child Abuse Prevention Kit, a community action and information kit. The kit contains an overview of the agency’s programs, statistics, public awareness materials, and resource information. The kit is distributed to individuals, school districts, local agencies, and advocacy groups, and it can also be downloaded for free via TDPRS’ web site. 84

**Teens in Foster Care**

In 1997, 12,730 Texas children were in foster care. Of that figure, 3,246 were between 14 and 17 years of age. 85 In 1998, 10,818 Texas children were placed in foster care, and teenagers between the ages of 14 and 17 accounted for 2,889 of them. 86

Children are placed in foster care because of physical or sexual abuse, neglect, alcohol or drug abuse, other problems that compromise their safety, disabilities, or the relinquishment of parental rights. The ages of the children may range from infancy through 18 years, and they may have special medical, physical, or emotional needs. They may belong to any ethnicity or race and brothers and sisters need to be placed together in a single family. 87

According to TDPRS, foster parents play a very important role in the lives of their foster children since they must provide daily care and nurturing for the children placed in their custody. Foster parents need to be positive role models. They must agree that the children’s needs come first. In most cases, this means helping prepare the children for reunification with their birth family, mentoring the birth parents, or working toward a relative or kinship placement. Nearly half the adoptions of children in TDPRS foster care are by their foster families.
Foster families are reimbursed monthly for a portion of the costs of caring for foster children through a combination of federal, state, and county funds. The reimbursement is limited to certain child-care-related costs such as food, clothing, recreation, transportation, and housing. In extraordinary circumstances, special rates may be reimbursed to foster families who care for children with exceptional needs that require providing a child with specialized care, food, clothing, or equipment.

Providing foster care may also assist teenagers in their educational performance. Teenagers in an abusive home environment often have difficulty maintaining a successful educational performance. Once a teenager is placed in protective assistance, he/she is taken through a series of educational assessments to determine the teenager's educational needs. Through the TDRPS assessment, children are given an educational profile that measures their reading level and their attendance record at school, in order to identify potential learning problems. TDRPS places children with learning problems in a foster care home that can meet their specific learning needs. Often the child is provided counseling and other services outside of the foster family. In addition, TDRPS works closely with schools and educators to provide students with services available within their particular school district.

While foster care can provide a better alternative for children in problem homes, it is often less than an adequate system. The average length of time that children spend in foster care varies. For instance, children eventually returned to their birth families spend an average of 10-11 months in foster care; however, children who are eventually emancipated live an average of 45 months in foster care. Children in foster care are more likely than children not in care to have emotional, behavioral and developmental problems because foster care cannot always provide the safety and stability that children require. For example, on a national level, children entering foster care move an average of three times, and 25 percent of all children in foster care will experience three or more placements during their stay in the system. Children need to be provided with a better sense of stability than the current system provides.

Innovative Foster Care Programs

In 1986 the Preparation for Adult Living (PAL) program was implemented to ensure that older youth in TDPRS care receive training in the skills and resources they need to function as a responsible adults. Foster care services end when a child turns 18, but they need help making the transition to being self-supporting. All youths 16 or older in substitute care receive PAL services. PAL assists older
youth in identifying and developing support systems they can rely on once they leave foster care. Services cover the following areas: personal and interpersonal skills, job skills, housing and transportation, health, planning for the future, and money management. Youths who fully participate in the PAL program are eligible to receive a limited transitional living allowance once they leave care. The allowance may not exceed $800 in total, and it may be distributed in increments not to exceed $350 per month. Those eligible may also receive a $200 household supply subsidy to help them purchase items to set up their living quarters. Youths who are in TDPRS' care and who obtain their high school diploma or its equivalent while they are in foster or other residential care may attend state supported vocational schools, colleges, and universities with tuition and fees waived. Also, several colleges and universities offer room and board scholarships to those who have been in foster care.  

Teen Runaways

Today there are approximately one million runaways from ages 12 to 17 on the streets of the United States. Runaways are common in every state in the nation; unfortunately, Texas is no exception. According to the Missing Persons Clearinghouse of the Texas Department of Public Safety, there were 64,689 reports of teenage runaways between the ages of 12 and 17 in Texas during 1998. The National Runaway Switchboard defines runaway youths as those under 18 years old who absent themselves from home or place of legal residence without the permission of parents or legal guardians. Usually family problems compel runaways to leave home, but drugs, physical or sexual abuse, and financial pressures can also play a part.

The consequences for runaways and their families are grim. According to the Texas Runaway Hotline, every year about 5,000 runaway and homeless youths die from assault, illness, and suicide. For the families of a runaway youth, time is consumed by contacting friends, neighbors, relatives, school officials, or anyone else who may know the runaway’s location. It can also be a time spent seeking help from counselors to resolve the problems that led the teen to run away in the first place.

Texas Services for Runaway Youth

Texas’ programs for runaways are administered by TDPRS, and some operate by contract with local agencies. The goal of these programs is to help runaways before they come into contact with the juvenile justice system or become victims of crime.
Texas has implemented several services that offer aid and support to runaway youth. These include the Texas Runaway Hotline, Services to Runaway and At-Risk Youth (STAR), the Children’s Trust Fund of Texas, and the At-Risk Mentoring Program, in addition to runaway shelters located throughout the state, and outreach programs in some cities.

The Texas Runaway Hotline is a toll-free, 24-hour-a-day service available to runaways. It is a community service organization under TDPRS. The hotline is similar to other hotlines throughout the country. It provides services for callers who are runaways or who are considering running away and family members in need of assistance. Established by the Governor in 1973, it became the first toll-free nationwide runaway hotline. Named “Operation Peace of Mind” until 1979, the Runaway Hotline was headquartered in Houston until 1983, when it moved to Austin.

The hotline’s counselors provide information on shelter information, peer support, medical services, pregnancy and prenatal counseling, and legal services. Also, if a runaway wishes to contact a parent, the hotline will set up a conference call that allows the child to speak directly to the parent or guardian. The hotline can also contact a shelter if the runaway requests, and in cases when the runaway cannot or will not speak with the parent or guardian in a conference call, the hotline will offer to relay a message to the parent or guardian to let them know that the child is safe.

In 1983, the 68th Legislature created the STAR program to provide assistance to runaway, at risk of running away, or truant youth. Often this group of young people had fallen into the gap between the Child Protective Services program of the TDPRS and county juvenile probation programs that are generally focused on those who have committed more serious delinquent offenses. STAR was created specifically to fill this gap in services. The program assists thousands of young people each year by helping them address the problems that lead to delinquent behavior. The 74th Legislature expanded STAR by providing additional funding and mandating that services be provided to 7-9-year-old children who commit delinquent offenses and to 10-16-year-old youths who commit misdemeanor offenses or state jail felony offenses. STAR services are provided by community agencies under contract with TDPRS. Family crisis intervention counseling, short-term emergency residential care, and individual and family counseling are some of the services that STAR provides. Contracting agencies must serve a primary county and may choose to serve other counties in their area. The number of young people receiving STAR services has increased from 6,219 in Fiscal Year 1995 to 25,028 in Fiscal Year 1998. STAR services were present in 234 Texas counties as of May 1998, and 54 contracts have been established in Fiscal Year 1999 to serve all 254 Texas counties. STAR budget
amounts have increased from $3,924,456 in Fiscal Year 1995 to $22,167,702 in Fiscal Year 1999.\textsuperscript{96}

Another service TDPRS is developing for troubled youth and their families is the At-Risk Mentoring Program that was created by the 76th legislature. It is designed to serve youth ages 7 to 17 who are at risk of substance abuse, educational failure, dropping out of school, juvenile delinquency, gang activity, or running away. In the program, a trained adult mentor will spend time with a particular youth on a weekly basis and provide the consistent supportive presence that may be lacking in the child’s life. Better performance in school, improved peer and family relationships, and the reduced likelihood of using drugs and alcohol are some of the anticipated benefits of the program.\textsuperscript{97}

**Federal Funding Under the Juvenile Justice and Delinquency Prevention Act**

The serious concerns raised by increases in violent juvenile crime have led many states to pursue legislation that addresses the changing nature of juvenile delinquency and to use a more accountability-based approach in dealing with serious juvenile offenders. Questions have also been raised on how to revamp the juvenile justice system into a more preventive measure to curb juvenile violence.

The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA) established the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The role of OJJDP is to provide leadership on a national level for the improvement of the juvenile justice system. In order to provide national leadership, coordination, and resources to prevent juvenile victimization and respond appropriately to juvenile delinquency, the OJJDP promotes a wide variety of juvenile justice training, prevention, and research programs.\textsuperscript{98} OJJDP provides funding to states, territories, localities, and private organizations through block grants and discretionary funding. Block funding goes to states and territories Formula Grants and State Challenge and Prevention money, and juvenile justice specialists administer funding through subgrants to states and localities. Discretionary funding is awarded through competitive peer review.\textsuperscript{99}

**State Formula Grants**

One of the award programs of OJJDP is the Formula Grant Program, which awards money through grants to state governments for their criminal justice programs. The OJJDP administers State Formula Grants under Part B of Title II of the JJDPA, which authorizes grants to states to assist in planning, establishing, and operating projects for the education, training, research, prevention,
diversion, treatment, and rehabilitation programs in the area of juvenile delinquency and programs to improve the juvenile justice system. JJDPA allocates formula grant funds annually to states on the basis of their relative population under age 18. The minimum allocation to each state is $600,000. States must demonstrate compliance with four core requirements of the JJDPA in order to receive their full allocation of the State Formula Grant funds: (1) removal of status offenders (juveniles who engage in conduct which would not be considered criminal if committed by an adult, such as truancy, running away, and breaking curfew) from secure facilities; (2) separation of adults and juveniles in secure custody; (3) removal of juveniles from adult jails and lockups; and (4) the elimination of the disproportionate confinement of minority juveniles where such conditions exist. A state’s allocation will be reduced by 25 percent for each core requirement with which the state is in noncompliance.100

To be eligible for formula grant funds, a state must submit a comprehensive plan applicable to a three-year period embodying the purpose of JJDPA and including provisions that provide:

♦ for an advisory group appointed by the chief executive of the state to carry out specified functions and to participate in the development and review of the state’s juvenile justice plan;

♦ within three years of submission of the initial plan, that status offenders and nonoffenders, such as dependent and neglected children, are removed from secure juvenile detention and secure correctional facilities;

♦ that juveniles alleged to be or found to be delinquent and youths within the purview of the deinstitutionalization core requirement not be confined or detained in any institution in which they have contact with adults incarcerated because they have been convicted of a crime or are awaiting trial on criminal charges;

♦ that no juvenile shall be detained or confined in any jail or lockup for adults (with exceptions); and

♦ for programs to eliminate the disproportionate confinement of minority juveniles where such conditions exist.101

Through Juvenile Justice Formula Grants, Texas has received $27,026,680 since Fiscal Year 1995. According to the Criminal Justice Division of the Office of the Governor, the amount is broken down yearly as follows:

♦ Fiscal Year 1995: $3,929,680;
♦ Fiscal Year 1996: $4,759,000;
♦ Fiscal Year 1997: $6,070,000;
♦ Fiscal Year 1998: $6,875,000; and
♦ Fiscal Year 1999: $5,393,000.\textsuperscript{102}
Challenge Activity Funding

The 1992 amendments to JJDPA authorized Part E - State Challenge Activities. This new program received its first appropriation in Fiscal Year 1995. Part E provides incentives for states participating in the Formula Grants Program to develop, adopt, and approve policies and programs in one or more of 10 specified Challenge Activities which range from developing basic physical and mental health programs for youths in the juvenile justice system to developing programs designed to serve as alternatives to suspension and expulsion from school. Eligible states receive an amount determined by the ratio of Part E funds to formula grant funds available to the state in a given fiscal year.

Each state can apply for a Part E grant in an amount equal to the sum of no more than 10 percent of the state’s Formula Grant allocation received, for each challenge activity in which the state participates, not to exceed the total amount of the state’s Part E allocation. For example, a state could have a Formula Grant allocation of $600,000 and a Part E allocation of $100,000. The state could then apply for up to $60,000 (10 percent of the Formula Grant allocation) for each Challenge Activity in which it chooses to participate. However, since a total of $100,000 Part E allocation is available to the state, the state could apply for $60,000 for one Challenge Activity, and $40,000 for another Challenge Activity. As an alternative, the state could apply for more Challenge Activities by applying for amounts less than $60,000 for each activity as long as the sum total of amounts does not exceed $100,000 (the total amount of Part E allocation available to the state).

Through the Challenge Activity Fund, Texas received $568,592 in 1995; $711,000 in 1996; $722,000 in 1997; and $703,000 in 1998. Funds have not yet been awarded for Fiscal Year 1999.

JJDPA Title V Community Prevention Grants

According to the FBI, in 1992 there were an estimated 2.3 million arrests of juveniles, and nearly 130,000 of these arrests were for Violent Crime Index Offenses. Arrests of juveniles for violent crime increased 57 percent between 1983 and 1992. By 2005, the total population of 15- to 19-year olds will grow by an estimated 23 percent. These statistics factored into the creation of Title V of the JJDPA in 1992. Title V established Incentive Grants for Local Delinquency Prevention Programs, also referred to as the Community Prevention Grants Program. The purpose of this program is to provide assistance to communities to prevent juveniles from entering the juvenile justice system. The program provides training and technical assistance to communities to assist them in developing their own delinquency prevention strategies.
Title V also provides seed money that is used to implement those plans over a three-year period. Each state, the District of Columbia, and U.S. Territories, is eligible to apply for program funds if it has a state agency designated by the chief executive under Section 299(c) of the JJDPA and a State Advisory Group (SAG), which is an advisory board appointed by the governor with members who have training, experience, or special knowledge concerning the prevention and treatment of juvenile delinquency or the administration of juvenile justice.

From 1994-1998, 619 communities in 49 states, Washington D.C., and four territories have received Title V Community Prevention Grants. In 1998, $18,833,000 was made available for distribution to the states under the program. This included unallocated funds from Fiscal Year 1997 as well as $18.8 million in Fiscal Year 1998 Title V funds. Grant amounts are based on a formula determined by each state's youth population subject to original juvenile court delinquency jurisdiction under state law. States or units of local government must match Title V funds with a 50 percent cash or the value of in-kind contribution.

During Fiscal Years 1994-1997, Texas was eligible for $5,119,000, and for Fiscal Year 1998, Texas was eligible for $1,369,000. Texas received funding as follows:

- Fiscal Year 1995: $1,244,999;
- Fiscal Year 1996: $1,444,000;
- Fiscal Year 1997: $1,373,000;
- Fiscal Year 1998: $1,369,000;
- Fiscal Year 1999: $3,086,000.

From 1994-1998, 23 Texas communities received Community Prevention subgrants.

**Model JJDP Program**

Texas recognizes the increase in violent juvenile crime and has been commended for its efforts in dealing with it. The Capital Offender Treatment Program is a promising specialized treatment program used to reach violent and chronic juvenile offenders. Participation in this program has been shown to reduce the likelihood of being rearrested for a violent offense within a year of release by 65 percent. Operated by the Texas Youth Commission's Giddings State Home and School and funded through general revenue, it has been recognized by the U.S. Department of Justice as a model program. The program is for violent juveniles who have committed murder or attempted murder. The intensive, 16-week program teaches juveniles to relate feelings with actions, create a sense of personal responsibility, and develop alternative ways to respond to risky
situations. Participants must reenact their crimes and are required to act out the role of both perpetrator and victim.\textsuperscript{112}
### Appendix A

**Arrests for Children Aged 10-17, Male & Female**

**In the U.S. 1990-1997**

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<td>% Change</td>
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<td>% Change</td>
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<td>Property Crime</td>
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Source: Federal Bureau of Investigation, Communications Unit
## Male Arrests for Children Aged 10-17

### In the U.S. 1990-1997

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Source: Federal Bureau of Investigation, Communications Unit
### Female Arrests for Children Aged 10-17

In the U.S. 1990-1997

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Source: Federal Bureau of Investigation, Communications Unit
### Arrests for All Children Aged 10-16

#### In Texas 1990-1998

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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
# Arrests for All Children Aged 10-16

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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
## Arrests for All Children Aged 10-16

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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
# Arrests for All Children Aged 10-16

## In Texas 1990-1998

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## Drug Abuse Violations (Grand Total)

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## Drug Abuse Violations (1) Sale / Manufacturing

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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
## Arrests for All Children Aged 10-16

### In Texas 1990-1998

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Sources: Analysis of DPS, Crime in Texas, annual reports 1990 - 1998
## Appendix C

### Total Arrest Trends for the United States, 1989-1998

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<td>Aggravated assault</td>
<td>264,798</td>
<td>258,766</td>
<td>4.5</td>
<td>31,571</td>
</tr>
<tr>
<td>Burglary</td>
<td>251,463</td>
<td>177,499</td>
<td>-32.1</td>
<td>74,962</td>
</tr>
<tr>
<td>Larceny/theft</td>
<td>674,316</td>
<td>538,205</td>
<td>-20.2</td>
<td>20,104</td>
</tr>
<tr>
<td>Motor vehicle-theft</td>
<td>124,042</td>
<td>81,470</td>
<td>-34.7</td>
<td>45,665</td>
</tr>
<tr>
<td>Arson</td>
<td>5,798</td>
<td>9,027</td>
<td>-7.9</td>
<td>4,529</td>
</tr>
<tr>
<td>Violent crimes</td>
<td>302,145</td>
<td>293,395</td>
<td>-3</td>
<td>8,750</td>
</tr>
<tr>
<td>Property crime</td>
<td>1,079,408</td>
<td>806,266</td>
<td>23.8</td>
<td>273,142</td>
</tr>
<tr>
<td>Crime Index</td>
<td>1,432,544</td>
<td>1,161,853</td>
<td>-17.1</td>
<td>270,691</td>
</tr>
<tr>
<td>Other assaults</td>
<td>498,277</td>
<td>641,510</td>
<td>50.6</td>
<td>66,447</td>
</tr>
<tr>
<td>Forgery and counterfeiting</td>
<td>35,623</td>
<td>43,052</td>
<td>8.7</td>
<td>7,429</td>
</tr>
<tr>
<td>Fraud</td>
<td>118,837</td>
<td>119,086</td>
<td>0.2</td>
<td>3,049</td>
</tr>
<tr>
<td>Embezzlement</td>
<td>5,606</td>
<td>5,463</td>
<td>-2.6</td>
<td>543</td>
</tr>
<tr>
<td>Stolen property, buying, receiving, possessing</td>
<td>96,380</td>
<td>72,291</td>
<td>25.5</td>
<td>25,295</td>
</tr>
<tr>
<td>Vandalism</td>
<td>157,655</td>
<td>157,468</td>
<td>0.2</td>
<td>193</td>
</tr>
<tr>
<td>Weapons carrying, possessing, etc.</td>
<td>126,209</td>
<td>111,170</td>
<td>-13.3</td>
<td>2,242</td>
</tr>
<tr>
<td>Prostitution &amp; commercialized vice</td>
<td>22,794</td>
<td>26,437</td>
<td>16.0</td>
<td>392</td>
</tr>
<tr>
<td>Sex offenses (except forcible rape &amp; prostitution)</td>
<td>60,321</td>
<td>58,399</td>
<td>-11.2</td>
<td>5,293</td>
</tr>
<tr>
<td>Drug abuse violations</td>
<td>691,925</td>
<td>618,781</td>
<td>18.4</td>
<td>1,619</td>
</tr>
<tr>
<td>Gambling</td>
<td>8,042</td>
<td>7,028</td>
<td>-11.7</td>
<td>542</td>
</tr>
<tr>
<td>Offenses against the family, children</td>
<td>35,197</td>
<td>59,348</td>
<td>-46.7</td>
<td>2,038</td>
</tr>
<tr>
<td>Driving under the influence</td>
<td>305,296</td>
<td>369,185</td>
<td>24.9</td>
<td>10,004</td>
</tr>
<tr>
<td>Liquor laws</td>
<td>291,032</td>
<td>251,221</td>
<td>7.2</td>
<td>6,860</td>
</tr>
<tr>
<td>Drunkenness</td>
<td>527,547</td>
<td>401,411</td>
<td>23.9</td>
<td>1,153</td>
</tr>
<tr>
<td>Disorderly conduct</td>
<td>356,418</td>
<td>323,474</td>
<td>-9.7</td>
<td>54,925</td>
</tr>
<tr>
<td>Vagrancy</td>
<td>14,957</td>
<td>1,667</td>
<td>21.9</td>
<td>1,176</td>
</tr>
<tr>
<td>All other offenses</td>
<td>1,389,177</td>
<td>1,232,610</td>
<td>20.4</td>
<td>269,567</td>
</tr>
<tr>
<td>Suicide</td>
<td>6,206</td>
<td>2,292</td>
<td>-43.9</td>
<td>1,444</td>
</tr>
<tr>
<td>Coffee &amp; tobacco &amp; liquor violations</td>
<td>32,426</td>
<td>86,292</td>
<td>183.2</td>
<td>1,404</td>
</tr>
<tr>
<td>Runaways</td>
<td>44,685</td>
<td>40,434</td>
<td>-8.9</td>
<td>1,130</td>
</tr>
</tbody>
</table>

Notes:
- * does not include suspicion
- * Violent crimes are offenses of murder, forcible rape, robbery, and aggravated assault
- * Property crimes are offenses of burglary, larceny-theft, & arson
- ** includes arson

Source: FBI, Crime in the United States, 1998 Table 32
## Parental Responsibility Laws in Texas

### Section 51.10, Family Code
The court is required to order a child’s parent or other person responsible for support of the child to employ an attorney to represent the child, if the child is not represented by an attorney, the right to an attorney has not been waived, and, after giving the appropriate parties an opportunity to be heard, the court determines that the parent or other person is financially able to employ an attorney to represent the child.

### Section 51.115, Family Code
Under this section, each parent, managing and possessory conservator, court-appointed custodian, or guardian of a child is required to attend certain hearings affecting the child under the Juvenile Justice Code.

### Section 54.021, Family Code
If the court finds that the person has engaged in truant conduct, among the options authorized by the statutes, the court may require the person’s parents, managing conservator, or guardian to attend a class for students at risk of dropping out of school.

### Section 54.022, Family Code
This section authorizes a justice or municipal court, upon the finding that a child has committed an offense within the court’s jurisdiction (other than a traffic offense or public intoxication), to enter an order:

- referring the child’s parents, managing conservators, or guardians for services under Section 264.302 (Early Youth Intervention Services); or

- if the court finds the parent, managing conservator, or guardian, by act or omission, contributed to, caused, or encouraged the child’s conduct, requiring that the person do or refrain from any act that the court determines will increase the likelihood of the child’s compliance with the court’s orders and is reasonable and necessary for the child’s welfare. This includes requiring the parent, managing conservator, or guardian to attend a parenting class or parental responsibility program and the child’s school classes or functions.

The justice or municipal court may order the parents, managing conservator, or guardian of a child required to attend a program to pay up to $100 for the costs of the program.

This section also requires the court to include in the summons issued to a parent, managing conservator, or a guardian an order to appear personally at the hearing with the child. It is a Class C misdemeanor for a parent, managing conservator, or guardian to fail to attend a hearing after receiving such an order.

### Section 54.0405, Family Code
Added in 1997 by the 75th Legislature, this section concerns placing a child on probation for certain sexual offenses. If a court requires that a child attend psychological counseling as a condition of probation, it may also order the parent or guardian of the child to:

- attend four sessions of instruction with an individual or organization specified by the court relating to sexual offenses, family communication skills, sex offender treatment, victims’ rights, parental supervision, and appropriate sexual behavior; and

- during the period the child attends psychological counseling, participate in monthly treatment groups conducted by the child’s treatment provider relating to the child’s counseling.
### Parental Responsibility Laws in Texas (continued)

<table>
<thead>
<tr>
<th>Section 54.041.</th>
<th>Under this section, if a child is found to have engaged in delinquent conduct or conduct indicating a need for supervision that has caused personal injury or property loss, the juvenile court may order the child or a parent to make full or partial restitution to the victim of the offense.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 54.041.</strong></td>
<td>Under this section, if a disposition hearing is held, the juvenile court is required to order the child, parent, or other person, if financially able to do so, to pay a fee of $20.</td>
</tr>
<tr>
<td><strong>Section 54.044, Family Code.</strong></td>
<td>The court may order under this section that the child's parent perform community service with the child.</td>
</tr>
<tr>
<td><strong>Section 54.06.</strong></td>
<td>Under this section, if, at any stage of a juvenile court proceeding, the child has been placed outside the child's home, the juvenile court, after giving the parent or other person responsible for the child's support a reasonable opportunity to be heard, must order the parent or other person to pay in a manner directed by the court a reasonable sum for the support in whole or in part of the child (the court may also waive the payment by an order).</td>
</tr>
<tr>
<td><strong>Section 54.061.</strong></td>
<td>This section provides that if a child is placed on probation, the juvenile court is required to order the child, parent, or other person, if financially able to do so, to pay to the court a fee of not more than $15 a month during the period of the child's probation.</td>
</tr>
<tr>
<td><strong>Section 106.115, Alcoholic Beverage Code.</strong></td>
<td>If a minor is convicted of an offense regarding the purchase or attempted purchase of alcohol, the possession or consumption of alcohol, driving while under the influence of alcohol, or misrepresenting his or her age in order to purchase alcohol, the court, in addition to assessing the statutory fine, must require the minor to attend an alcohol awareness program. When the minor is younger than 18 years of age, the court may also require the child's parent or guardian to attend the program with the child. Also, effective September 1, 1999, if the child fails to timely present evidence to the court that he or she has satisfactorily completed an alcohol awareness program or performed the required hours of community service, the court may order the child's parent, managing conservator, or guardian to do, or refrain from, any act if the court determines that doing or refraining from the act will increase the likelihood that the child will present such evidence to the court.</td>
</tr>
<tr>
<td><strong>Article 26.057, Code of Criminal Procedure.</strong></td>
<td>If a juvenile has been transferred to a criminal court and the criminal court appoints counsel for the juvenile this article authorizes the county that pays for the counsel to recover its costs and attorney's fees from the parent or other person responsible for the support of the juvenile, when the person is financially able to employ counsel for the juvenile, but refuses to do so.</td>
</tr>
<tr>
<td><strong>Section. 25.093, Education Code.</strong></td>
<td>This section makes it a Class C misdemeanor for any parent of a child required to attend school to fail to require the child to attend school.</td>
</tr>
<tr>
<td><strong>Chapter 41, Family Code.</strong></td>
<td>Under this chapter, a parent may be required to pay for actual damages arising from the negligent or willful acts of a child.</td>
</tr>
</tbody>
</table>
2 Criminal Justice Division, Office of the Governor, n.d.; H.B. 1, 76th Legislature, Riders 11 and 12 of the Governor's Budget.
4 Section 54.02, Texas Family Code.
5 Torbet and Szymanski 1998.
6 Ibid., 2.
7 Analysis of statistics from the Census Bureau and FBI 1998.
8 Analysis of statistics from the Census Bureau and TDPS 1998 report.
9 OJJDP 1999a, 51.
12 TELEMASP 1999.
14 OJJDP 1999c; OJJDP n.d. a; Snyder 1999.
16 Analysis of TDPS annual reports.
17 TELEMASP 1997a, 1.
18 Howell and Decker 1999.
19 Senate Interim Committee on Gangs and Juvenile Justice 1998.
20 OJJDP 1999d, 7.
21 Ibid., 8-14.
22 Ibid., 13.
24 Senate Interim Committee on Gangs and Juvenile Justice 1998, 8-9.
25 OAG 1999a, 12.
26 Ibid., 75.
27 Ibid., 75.
28 OJJDP 1999c, 12 and 25.
29 OJJDP 1999d, 16-19.
30 Ibid., 19
31 OAG 1999a, 4.
32 OJJDP 1999d, 23
33 Ibid., 23-26.
34 Ibid., 26-29.
36 Ibid., 28.
37 TELEMASP 1997b, 6.
38 Battin-Pearson et al. 1998, 1.
40 Ibid., 8-9.
41 TELEMASP 1997a, 4-5.
42 Battin-Pearson et al. 1998.
43 Ibid., 1.
44 Ibid., 8.
46 Cooper 1998 (in section “Causes of Youth Violence”).
48 Ibid.
49 Ibid.
50 Ibid.
51 Lieb et al. 1994, 6.
52 OJJDP 1999c, 8.
53 Kurlychek et al. 1999, 4.
54 Yee 1999, 1.
55 Burt 1998 (in section “Getting Started and Initial Implementation”).
56 Thornberry et al. 2000.
57 Ibid., 3 - 4.
58 Ibid., 1.
59 Ibid., 1.
60 NCAC n.d.
61 OJJDP 1999a, 15.
62 Ibid., 27.
63 TDPS 1998 report.
64 Crime Victims’ Institute n.d., 26
65 OJJDP 1999a, 26.
66 Ibid., 26.
67 Ibid., 34.
68 Ibid., 34.
69 Ibid., 35.
70 Ibid., 65.
72 OJJDP 1999a, 16.
73 Ibid., 17 – 18.
74 Ibid., 17 – 18.
75 TDPRS 1999.
76 Ibid.
77 TDPRS 1998.
78 NCAC n.d.
79 Ibid.
80 CWLA 1997.
81 TDPRS n.d. a.
82 CTFT n.d.
83 TDPRS n.d. b.
84 Ibid.
85 TDPRS 1998.
86 TDPRS 1999.
87 TDPRS n.d. c.
88 Telephone interview with Kingsberry Otto, DPRS, December 15, 1999
89 TDPRS 1999.
90 CWLA 1995.
91 Firman 1999.
92 TDPRS n.d. d.
93 USGAO 1989.
94 TDPRS n.d. e.
95 Ibid.
96 TDPRS n.d. f.
97 TDPRS n.d. g.
98 Federal Register 1999
99 OJJDP n.d. b.
100 Catalog of Federal Domestic Assistance n.d. a.
101 Ibid.
102 Criminal Justice Division, Office of the Governor, fax dated December 14, 1999.
103 Federal Register 1995.
104 Catalog of Federal Domestic Assistance n.d. b.
105 Criminal Justice Division, Office of the Governor, fax dated December 14, 1999.
106 Steiner n.d.
109 Ibid.
110 Catalog of Federal Domestic Assistance n.d. c.
111 Criminal Justice Division, Office of the Governor, fax dated December 14, 1999.
112 TYC n.d.
Chapter 9

The Role of Foundations and Faith-based Organizations

Overview

Foundations, charities and faith-based organizations play an important role in providing services and assistance to the state’s adolescent population, for government solutions alone cannot produce the requisite range of social services to young people who need so much attention while making the transition to adulthood. The private sector, through philanthropy or charity, and in partnership with government, can accomplish much. The current economy has sent the stock market surging and created a boom economy for corporations and individual investors. However, “charities report that individuals and companies are donating less to organizations that support the homeless, the young, and the hungry than they did in leaner times.” Economic and social changes are reflected in new relationships between government, charities, and religious or faith-based organizations.

Absolute numbers are difficult to determine, in terms of dollars matched to programs targeting at-risk youth between the ages of 12 and 18. Foundations and their overall subjects and grants overlap in many cases, as categories shown in one of the foremost references from The Foundation Center, the National Guide to Funding for Children, Youth and Families, which lists categories by primary subject and by type of support as well as individual grantees and amounts granted. A more specific look at regions is forthcoming in future publications of the center’s Foundation Giving. Various organizations report on and reflect trends, operations, and activities of foundations with programs in Texas or foundations operating solely in Texas.

Foundation Giving in the United States

The latest figures from The Foundation Center (January 2000), reflect the record-setting expansion of the U.S. economy, boosted by the continuing stock market boom, based on information from the nation’s nearly 47,000 grantmaking foundations, according to the center’s press release. Between 1998 and 1999 the amount given grew from $19.46 billion (actual) to an estimated $22.8 billion. This 17.2 percent increase fell short of last year’s record 21.7 percent gain; it represented the second largest one-year increase since 1985.

Children and youth remained the single largest category of recipients of foundation dollars, with their share of allocations rising to a record-high 20 percent. Grant dollars benefiting the economically disadvantaged, minorities,
women and girls, and men and boys showed biggest increases. While nonprofits benefited in nearly every field and discipline, the following findings were presented in the “News from the Center” press release:

♦ northeastern foundations provided the largest share of grant dollars at 35.7 percent;
♦ the south benefited from the biggest share of grant dollars at 28.5 percent;
♦ organizations in four states—California, New York, Pennsylvania, Texas—and the District of Columbia received close to half of larger foundations’ support.

The philanthropic sector continues to invest in the future of at-risk teens, and to assist those less able or those whose future looks bleak. From Governor George W. Bush comes a call for partnerships with faith-based and charitable organizations and their traditional role in addressing societal problems. Part of the increased interest in faith-based organizations is a result of the “charitable-choice” provision sponsored by Senator John Ashcroft of Missouri in Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). Enacted in August 1996, the federal welfare reform law encourages states to involve community and faith-based organizations in providing federally funded welfare services to the poor and needy and has set federal and state government in a new direction. Vice President Al Gore has recently declared that he, too, wants a “new partnership” between government and religious organizations.

As changes were made to services provided under Temporary Assistance for Needy Families (TANF), the use of contracts, vouchers, and other funding sources from charitable, religious, or private organizations has become increasingly important. The charitable-choice provision invites states to utilize private and faith-based organizations in delivering welfare services to the poor and needy. The responsibility of caring for the less fortunate or those in trouble has a new and vigorous face based on a robust economy and a renewed sense of the importance of interrelationships between the traditional sectors of community, government, and faith-based organizations.
The Role of Foundations and Charities

Private foundations in the United States now hold over $330 billion in assets and distribute more than $20 billion each year. Michael Porter, Harvard Business School professor, and Mark Kramer, founder of the Center for Effective Philanthropy, write in a recent *Harvard Business Journal* that the unique combination of factors enjoyed by most foundations—their long time frames, experienced professional management, and freedom from political and economic pressures—creates an environment that is conducive to creating innovative solutions to a range of social problems. As philanthropic dollars have aided in the battle against diseases, and assisted in innovative scientific advances due to the less restrictive regulations found in the private sector, so have they been directed toward finding new solutions to the problems of adolescents. In their article, the authors argue that “because foundation giving is strongly favored through tax preferences, the public should expect significant social benefits to result from foundation giving.” They conclude with an exhortation of sorts, that “improving the performance of philanthropies would enable foundations to have a much greater impact on society.” This message of spending wisely, whether private or public, is important. Finding solutions requires multi-dimensional thinking, not necessarily duplicating spending.

David Freeman in *The Handbook on Private Foundations*, defines the types of foundations:

**Independent foundations**, established by individual donors or families, develop their own character and style. Most are endowed and make grants from investment income.

**Corporate foundations**, legally separate from corporations, are established to carry out charitable giving and usually focus on educational, cultural, and social welfare needs of communities where the company facilities and employees are located.

**Community foundations** have multiple funding sources and a local or regional focus in their giving. Commonly, investments and charitable grantmaking and other charitable distributions are handled separately; investments are managed professionally, often by trustee banks. The assets of a community foundation consist of a number of component funds with varying charitable purposes. These foundations are classified as public charities and accordingly subject to fewer and different regulations than private foundations. The Houston Endowment, the largest in Texas with more than a billion dollars in assets, is an example.

**An operating foundation** is a private foundation that primarily conducts programs of its own, expending funds directly for the conduct of its own particular charitable activities rather than making grants to others. This distinction between operating foundations and those that are primarily grantmaking has long been recognized in the foundation field. Examples include the J. Paul Getty Trust, which operates museum activities, and the Russell Sage Foundation, which conducts and publishes research.
While foundations, as tax-exempt organizations, have an obligation to serve the public good, their charters support a wide range of charitable activities that change from time to time, as directors or trustees determine. A special purpose may be broad, such as the advancement of science or health, or quite limited and specific, such as research into the causes and cure of alcoholism. Many also offer more than money, developing expertise in approaching problems in special areas of interest.

This wide range of activities of foundations intersects the role of government in helping create a better society. In *Foundation News & Commentary*, Dorothy Ridings notes that “if you fund education, you are already involved in public policy. If you fund a child immunization program, you are involved in public policy.” The National Symposium on Foundations and the Public Sector outlines how foundations can do their part to connect with government directly and indirectly, and can help governments do a better job of more broadly communicating when government programs produce good results. And Ruby Hearn, senior vice president of the Robert Wood Johnson Foundation, notes that forecasting and philanthropy seem to have a natural affinity because foundations see their function as trying to get ahead of social problems.
Charitable Resources

The 1990s have rekindled a lively public debate on how to involve citizens and nonprofit organizations to meet the nation’s most pressing needs, Carol De Vita writes in her article “Viewing Nonprofits across the States.” De Vita, a senior research associate for the Urban Institute and its Center for Nonprofits and Philanthropy (CNP), looks at demographic trends and nonprofits and their ability to serve diverse population groups. Established in 1996, the CNP disseminates timely, nonpartisan research to policymakers, practitioners, researchers, the media, and the general public. The National Center for Charitable Statistics (NCCS), the statistical arm of the CNP, builds compatible national, state, and regional databases to establish uniform standards for the activities of charitable organizations. They track nonprofits, or public charities, and profile states based on information filed with the U. S. Internal Revenue Service (IRS).

As part of an Urban Institute project, their publication, *State Nonprofit Almanac 1997: Profiles of Charitable Organization*, is a companion volume to Independent Sector’s *Nonprofit Almanac: Dimensions of the Independent Sector*, which provides detailed information on the number of entities in each state that are classified as public charities under Section 501 (c) (3) of the IRS Code, as well as their assets, expenses, and public support. The Profiles publication classifies these nonprofits, representing some 98 percent of the total revenue, assets, and expenses of public charities, into 26 major groups by activities, using the NCCS-developed National Taxonomy of Exempt Entities (NTEE) classification system.

There are more than one million groups recognized by the IRS as nonprofit organizations. They include social welfare organizations, social and recreational clubs, employee pension funds, religious organizations, business leagues, and credit unions. Not listed are religious organizations, which are not required to apply for tax-exempt status, or organizations with gross receipts under $25,000. The greatest number of public charities is generally found in states with the largest populations, including California, New York, and Texas.

The following figure, Figure 9.2, represents the percentage of grants in various categories made by foundations in the U.S. in 1999.
Loren Renz, director of research at the Foundation Center, tracks the asset value of foundations, looking at the rate of foundation startups, and asks grantmakers to describe future plans. From evaluating startups on an individual basis to the macro level, Renz says that it takes several layers of analysis before seeing the emergence of smaller subcurrents and spotting trends.\(^{13}\) The latest report from The Foundation Center illustrates the chart above and shows that human services, a multipurpose subcategory—which includes a broad range of services to individuals, families, or target population groups—continued to receive the largest share of grants, ranked second by the share of grant dollars but first by share of grants.\(^{14}\)

*The Foundation Grants Index* shows figures based on a sample of 1,016 larger foundations; a one-time larger-than-ever grant from the Moody Foundation of some $140 million for a community recreation center, the largest ever in the human services field, made for the 23 percent ranking in all types of grants awarded. Human services can include youth development, crime and justice, and legal services, or varying percentages of this category, representing an aspect of the population targeted in this report. Using other criteria, children and youth accounted for the largest share of support, or close to 20 percent, as shown in the chart below, an amount that can include, of course, boys and girls in the 12 to 18 age range of this study.\(^{15}\)
Americans give about 2.1 percent of their annual budget to charity; a decrease from the 2.5 percent of a decade ago. However, with the economic boom of the 1990s, incomes have increased significantly causing record increases in the total amount given over the last two years in spite of the decrease in the percentage of income donated. In addition, exceptionally large new gifts into foundations added to the increases.\footnote{The Independent Sector, a coalition of charitable organizations, reports in a \textit{New York Times} article that donations from households dropped from 2.5 percent of their incomes a decade ago, to 2.1 percent last year. The number of households making any contributions fell to 70.1 percent last year from 75.1 percent in 1989.\footnote{And according to the article in the \textit{Times},}}\footnote{In some ways, the nation has never looked so bountiful. William H. Gates 3\textsuperscript{rd}, the chairman of the Microsoft Corporation, and his wife, Melinda, have created a foundation that dwarfs even those of the Rockefellers and Fords, and Harvard University will amass more than $2.3 billion in a single capital fund drive this year. Giving USA, which monitors philanthropic giving, reports a prosperity-driven surge to a record $175 billion in gifts last year, up nearly 11 percent from 1997. But about 90 percent of this $175 billion goes to religious organizations, some of which operate services for the poor, and to other organizations that cater mostly to the rich and the middle class like the opera, ballet, museums, and universities.} The Independent Sector, a coalition of charitable organizations, reports in a \textit{New York Times} article that donations from households dropped from 2.5 percent of their incomes a decade ago, to 2.1 percent last year. The number of households making any contributions fell to 70.1 percent last year from 75.1 percent in 1989.\footnote{And according to the article in the \textit{Times},}

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Prosperity has reached a certain level, but the “demand for services is through the roof,” says Paul Clolery, editor of NonProfit Times, a newspaper for executives of nonprofit groups. This increase in demand for services as well as competition from other charitable organizations, including animal charities and the arts (whose supporters give for “endowments and buildings more readily than for services,” says Julie Platek, vice president for fund development for Associated Catholic Charities of Houston), “means that raising money for emergency services, including disaster relief, food, shelter and clothing, is harder.”

Increase in the Number of Foundations in the Country and in Texas and the Southwest

Not only has the independent sector had an explosive growth in the last 20 years, but the rate of growth in the southwest has been especially rapid, from some 5,000 nonprofits in 1992 to 140,000 in 1998, according to Joe Youngblood of the University of Texas at Austin.

Youngblood, assistant dean at the LBJ School of Public Affairs at the university, pointed out in a recent article in the Dallas Morning News that today there are more than 1.5 million tax-exempt philanthropic and community service organizations in the United States that receive more than $150 million in annual contributions. He added that “studies estimate that the number of foundations may double by 2010, due to the anticipated $10 trillion transfer of assets from the post-World War II generation.” The independent sector “has been pressed to fill the gaps left by declining federal government support for many social welfare and cultural programs.” As requests outpace resources, both efficiency and effectiveness will need to be emphasized as this sector continues to partner with the public sector.

Figure 9.4 shows the rapid growth in the number of foundations established during the last two decades.
A NEW CENTER FOR PHILANTHROPY AND COMMUNITY IN AUSTIN 
FUNDED BY THE RGK FOUNDATION

In conjunction with the Houston Endowment, the center will study the importance of nonprofits as a major force in the country. UT-Austin becomes the second university after Indiana University and first in the southwest to address the role in bringing together the triad of philanthropy, community service and academia in Texas. To be headed by Curtis Meadows, former president and currently director emeritus of The Meadows Foundation of Dallas, the center will work at identifying scholars to work with helping foundations make intelligent decisions, such as learning the rate of recidivism in dealing with specific criminal and other antisocial matters.


Figure 9.4
Close to three-fifths of larger foundations established since 1980

Note: Based on Foundation Center Survey of 17,173 grantmaking foundations with assets of at least $1 million or making grants of $100,000 or more in 1997-1998. Establishment data was not available for 514 foundations. The number indicates the number of foundations formed in that period and still active in 1997-1998. Data incomplete for the period 1994-1998.
Foundation Giving in Texas

In Texas, traditional foundations that have become well-known for their philanthropic work include the following top ten, as ranked by the Nonprofit Resource Center of Texas. These are listed by assets, not specific programs. Grant amounts are not separated out as to specific programs, but as categories such as human services, health or housing shelter and mental health. 

- Brown Foundation, Houston $1,260 million
- Houston Endowment Inc. 1,145 million
- Moody Foundation, Galveston 905 million
- Meadows Foundation, Dallas 741 million
- Welch Foundation, Houston 667 million
- Communities Foundation, Dallas 328 million
- Temple Foundation, Lufkin 313 million
- Kronkosky Foundation, San Antonio 295 million
- Amon Carter Foundation, Fort Worth 271 million
- Burnett Foundation, Fort Worth 269 million

The Brown Foundation gives primarily to a variety of groups in the Houston area, including $109,000 to the University of Houston System’s Center for Youth Policy Development, $25,000 to a model program for middle-school reading, $10,000 for a Teen Health Center in Galveston to launch Teen Life Skills, to support therapists in the juvenile probation department’s homes, and $41,000 for a Healthy Family Initiative program. The Richardson Foundation in Fort Worth granted, among many examples listed, $87,000 toward the Butler Housing Complex program of the Boys and Girls Clubs of Great Fort Worth, $50,000 to the Cenikor Foundation providing drug awareness and prevention services, and many other programs including those for math and art educational programs. These grants indicate a diversity and breadth of programs assisting teens in the state, as reported by the National Guide to Funding for Children, Youth and Families, published by the Foundation Center.

The Hogg Foundation for Mental Health has long funded projects related to adolescent mental health. Some of their grants include $20,000 to a Teen Health Clinic at Baylor College of Medicine in Houston, $51,600 to Texas A&M Research Foundation for a study to prevent substance abuse in aggressive children, and grants to the University of Texas at Austin’s Center for Social Work Research and UT-Austin’s Center for Criminology and Criminal Justice Research.

Larger foundations at the national level are not limited to location or community, and can address broader societal concerns such as education, health, and adolescents. For example, the W. K. Kellogg Foundation sponsored an initiative...
that is designed to expand community partnerships by using a university’s faculty to foster partnerships among community, university, and social service agencies, creating a multiplier effect. The University of Texas at El Paso was the recipient of a $1.25 million grant of this type, which funded education-related projects for eighth graders in conjunction with UTEP faculty. The Kellogg Foundation also funded an education mentoring program for minority youth at the University of Texas at San Antonio for $50,000.

The National Center for Tobacco-Free Kids tops the list of 15 recipients in programs for children and youth by single highest grant amount, with its grant of $19 million from the Robert Wood Johnson Foundation, one of the largest 25 foundations in the United States. The Johnson Foundation also made grants totaling $78 million toward programs for children and youth. The Fighting Back Project was created “to test the hypothesis that a broad collaboration of community elements could develop a central unifying strategy to harness and focus their collective resources to significantly reduce their most serious substance abuse problems.” Fourteen participating communities include San Antonio. As the Kellogg and Johnson foundation activities indicate, many of the biggest foundations, although not located primarily in Texas, contribute to a variety of programs that do operate in Texas, including the Annie E. Casey Foundation, the Ford Foundation, the Pew Charitable Trusts, Wal-Mart, and the Colorado Trust, through grants made to the Search Institute.

Taking another tack is the order of General Telephone’s (GTE) mission, which is to ensure that a workforce will be in place and able to solve problems in order that the power of technology is fully utilized. The chairman and CEO of GTE, Charles Lee, states that a “common thread running through many of our grants and programs is technology, which plays a vital role in accelerating learning and preparing students for the 21st century.” Accordingly, GTE’s Foundation focuses on grants for education, especially math and science, and stresses the support of “innovative teachers and the encouragement of disadvantaged students to pursue careers in computer science, engineering and other high-tech fields.”

In Dallas, GTE has granted the Dallas Concilio of Hispanic Service Organizations a “Psyched about Science and Math” project for high-risk Hispanic girls in the fifth and sixth grades with mentors from local industry and high-technology programs. Texas A&M University’s GTECH Project was funded by a three-year GTE grant, part of a pilot initiative to assist classroom teachers in implementing innovative “hands-on” learning approaches that integrate math, science, and distance learning technology. York Junior High School near Houston designed a model space station, complete with simulated life support and communications systems, and conducted aerospace research on the Internet as a result of this grant. These grants allow for powerful boosts to students interested in learning science, according to GTE.

The Meadows Foundation in Dallas has a long history of providing grants to programs for Texas adolescents. In the past few years, some of the foundation’s grants have emphasized “at-risk youth” throughout the state and programs that
focus on school and work, providing either technical assistance or employment training. Grants to the American Institute for Learning, a charter school located in Austin, for $366,000 for the past two years, for example, fund school-to-work and educational and employment training programs. The Meadows Foundation gives money to arts programs, provides for camping trips for troubled youth, and funds construction projects for a youth ranch in the Hill Country. Both boys and girls, from junior high school students to teen parents, are targeted, from cities across the state.\(^{30}\)

The Burnett Foundation in Fort Worth addresses the area of mental health for adolescents by supporting programs such as the Violence Intervention Prevention Coalition for youth leadership development programs ($52,500), and the Liberation Community’s Youthbuild grant of $150,000. Smaller grants to Boys and Girls Clubs, Camp Fire Councils, and Communities in Schools are other programs for adolescents the Burnett Foundation finds a good match for its mission.\(^{31}\)

Additional Texas foundations that provide funding and reflect the great diversity of programs for teens include grants to Boys and Girls Clubs of Kingsville from the Kleberg Foundation for $18,200, and the Amon Carter Foundation’s grant of $161,820 to Boys and Girls Clubs of greater Fort Worth. In Houston, the Clayton Foundation made a grant of $12,500 to an organization called Avance, for programs directed at Hispanic youth; a project Southwestern Bell’s corporate foundation, SBC, also funded with a grant of $50,000; the Cullen Foundation contributed to the Boy Scouts in the amount of $160,000; and the RGK Foundation provided funds of $68,318 to the Junior League for a sixth-through-ninth grade Hispanic mother/daughter program in Austin.\(^{32}\)

Newer approaches to creating healthy communities for adolescents are addressing ways to cultivate resiliency and prevent high-risk behavior. Other factors that surround those young people who survive, even thrive, in less than healthy communities are investigated in the search for clues as to how some teens manage their way more successfully than others, many with little assistance or with great impediments to success. How do some young people who face adversity from poverty, drug-abusing parents, or bad neighborhoods, and yet rebound to pursue productive lives, served as a base line for one foundation’s model.\(^{33}\)

An example of grants directed toward identifying some core strengths, or “building blocks of healthy development, with positive outcomes” became the base line for the concept of resiliency that is at the core of work of the Search Institute of Minneapolis. While this organization is not based in Texas, it is devoted to the problems of youth, and has generated much enthusiasm as expressed by leaders in the field, as Bruce Esterline of the Meadows Foundation of Dallas mentioned in an interview. St. David’s Foundation in Austin also views the findings of the Search Institute favorably in assessing its programs for teens at risk and developmental strategizing. These guidelines for programs for
youth are used by other charitable organizations in Texas, in addition to those above. The approach focuses on positive, not problematic behaviors, and emphasizes the whole community of the at-risk adolescent, from siblings to parents, school, and work.\textsuperscript{34}

**Texas Initiatives to Encourage Faith-Based Organizations**

Texas has long enjoyed community outreach efforts by a variety of faiths, from churches, synagogues, mosques and the various faith-based organizations dedicated to helping people while instilling values. A variety of efforts from rehabilitating prisoners, moving people from welfare to work, and providing support to the working poor, is underway, with some success, according to state officials.\textsuperscript{35} According to Stanley Carlson-Thies, a leading national proponent of expanding the role of religious organizations, “on the government side, I would say that conceptually, Texas is a long way down the road, but on the faith community side, there’s a lot of lagging, still a lot of reluctance.”\textsuperscript{36} Churches are already stretched thin, with a small group of congregations doing the vast majority of the social-service activity, said Brian Burton of the Wilkinson Center, a service agency affiliated with Munger Place United Methodist Church in Dallas in an article in the *Dallas Morning News*. Still, the effort to change both the tone and the environment toward positive outcomes is there, even if the red tape can be daunting, as a Baptist minister in Huntsville said.

Measures to assist church groups in winning government contracts to provide social services are in the beginning stages. In 1996, the Governor’s Advisory Task Force on Faith-Based Community Service Groups surveyed Texas’ legal and regulatory landscape, identified obstacles to faith-based groups, and recommended ways Texas could create favorable environments in which they could flourish.\textsuperscript{37} Made up of both clergy and volunteers from across the state, from various ethnic and theological backgrounds, the task force presented its recommendations to Governor Bush. The governor also consulted noted scholars like Princeton University’s John Dilulio and Tillie Burgin, the founder of Texas’ successful Mission Arlington, before implementing any faith-based alternatives to social problems. James Wilson, author of such books as *The Moral Sense* and emeritus professor of management at the University of California at Los Angeles, was also consulted. Wilson believes that faith-based programs have produced “laudable results and remain under-funded due to government fears” of crossing that line of separation of church and state, but Wilson believes societal problems are character issues that need “in-the-trenches work.”\textsuperscript{38}

The task force’s first directive, aimed at fighting poverty and promoting welfare-to-work partnerships with faith-based groups, resulted in the issuance of an executive order directing state agencies to begin aggressive implementation of “charitable choice” provisions of the federal welfare law.

In the 75\textsuperscript{th} Legislature in 1997, several bills were passed supporting the effort by Governor Bush toward encouraging faith-based programs in meeting social needs. These included H.B. 2481 granting licensing exemption to some faith-
based alcohol and drug treatment programs that rely exclusively on faith to change lives.\textsuperscript{39} H.B. 21, while not directly related to “faith-based” organizations, protected those who donate medical devices in good faith to nonprofit health care providers from legal liability, and S.C.R. 44, known also as the “Inner Change Freedom Initiative,” was aimed at “urging corrections and law enforcement entities to use more voluntary faith-based rehabilitation programs and facilities to change the lives of criminal offenders, the first faith-based, pre-release prison unit in the nation.”\textsuperscript{40}

During the 76\textsuperscript{th} Legislature in 1999, the passage of H.B. 2017 required the Texas Department of Human Services (DHS) to assist in outreach efforts among its regional liaisons to promote partnerships. S.B. 215, the “Good Samaritan” bill, was passed in 1999 to protect medical professionals who volunteer their services free of charge to needy Texans from frivolous lawsuits. Physicians, dentists, nurses, optometrists, and others who want to render charitable care come under this category.\textsuperscript{41}

Recently, the Governor awarded five “Innovation Grants” to community and faith-based organizations, all of them Christian, to help people move from welfare to work. The DHS Office of Programs, Texas Works, will fund these from a total of some $7.5 million, according to certain criteria. The competitive grants will then be given to local communities to provide “welfare avoidance and workforce preparation services,” according to the DHS’s governmental relations division’s summary.\textsuperscript{42}

The Texas Commission on Volunteerism and Community Service looks at the Asset Development Model from the Search Institute as a template in its numerous outreach efforts.\textsuperscript{43} Spaced between foundations and faith-based organizations, the commission receives federal funding for programs, which, although not mandated to focus on youth initiatives, do so in Texas, “as more than half of their portfolio addresses educational needs through mentoring, intensive tutoring, and structured after-school programming,” according to Scott Hirsch. The commission is the governor-appointed body responsible for selecting, administering, and monitoring service programs in the state. Some of these include:

- Reading One-to-One, a tutoring program that operates in Houston, Dallas, and Brownsville, with members providing intensive one-on-one tutoring in reading. Data shows students tutored advance more than half a grade level beyond those who were not tutored.

- City Year San Antonio is made up of a corps of 70 members who provide a variety of services from assisting computer access for low-income youth, to parks restoration and educational assistance in schools.

- Amarillo Opera partners with Amarillo College to enrich arts education in the local school district, mentoring at-risk youth through an arts education program that teaches music appreciation as well as skills
development. The mentors, college students, also assist students with other school work.\textsuperscript{44}

The years from 12 to 18 represent a period of accelerated growth and change second only to infancy, a time of expanding horizons, self-discovery, and emerging independence, and a time of metamorphosis from childhood to adulthood. The fortunate ones negotiate their way to adulthood with the sustained involvement of parents and other adults. If adolescents are without this kind of protection, they may suffer from insurmountable obstacles to achieving the transition successfully.\textsuperscript{45} The role of foundations can provide the flexibility and creativity needed to bridge the gap that can exist between the role of government as the enforcer of society’s rules and regulations and the necessary experiments of adolescents as they make the transition to adulthood.
Summary and Conclusions

It would be premature or naïve to say that good faith efforts and money will solve all the particular problems of young women and men in our state and communities, both urban and rural. The problems are serious, but the triangulation of private, public, and faith-based organizations working together can provide a network that will make a difference to help guide adolescents into successful adulthood. A responsible and working adult who has successfully mastered the passage from youth to adulthood is the goal of all—families, foundations, and faith-based organizations.

Policy Implication: State government should look at successful programs developed by the many types of foundations when formulating its own programs. Many of these groups have identified elements that work as well as those that do not. The development of a statistical database to ensure that myriad efforts are neither replicated nor wasted would increase or enhance more successful outcomes of assets and allocations. More partnerships such as the one between faith-based organizations and former TANF recipients should be encouraged.

1 Kilborn 1999, 1, 34.
2 Cantarella 1999.
3 Itty 2000.
4 Center for Public Justice 2000.
5 Moore 1999.
6 Lee 1999.
8 Ibid.
9 Ridings 1999.
10 De Vita 2000.
11 Ibid.
12 Curtis 1999.
13 Foundation Center 2000a.
14 Ibid.
15 Ibid.
16 Ibid.
17 Kilborn 1999.
18 Ibid.
19 Ibid.
20 Miller 1999.
21 Nonprofit Resource Center of Texas 1999.
22 Cantarella 1999.
24 Kellogg 1999.
26 Ibid.
27 Boston University 1998.
28 Cantarella 1999.
29 GTE 2000.
30 Information provided by the Meadows Foundation.
31 Information provided by the Burnett Foundation.
32 Cantarella 1999.
33 Search Institute 1999.
34 Ibid.
35 Lee 1999.
36 Ibid.
38 Cooley 1999.
40 Ibid.
41 Materials courtesy of the Search Institute.
42 Materials provided by the Texas Commission on Volunteerism and Community Services 1999.
43 Ibid.
44 Ibid.
Chapter 10
Conclusion: All Kids are Our Kids

According to the *Webster’s Ninth New Collegiate Dictionary* adolescence means the process of growing up or a stage of development prior to maturity. As is clear to those who interact with adolescents, teenagers are in a state of flux or change on their way to adulthood and maturity. And this process does not take place in isolation, but in interaction with people and groups around them, such as families, schools, neighborhoods, churches, civic groups, friends, employers, law enforcement, athletic groups, and the media. The level and type of influence these groups have on teens varies from teen to teen, but, in general, the more positive the interactions between the groups and an individual teen, the better chance the teen has of developing into a person who behaves within the accepted norms of society.

Fortunately, most teens make the passage to adulthood safely.¹ Nationally, 85 percent of teens graduate from high school or get a GED, over 80 percent do not regularly use alcohol or marijuana, and over 50 percent have not had sex.² Many teens experiment with risky behaviors and test their parents’ rules - these actions are a natural part of the maturation process. But most teens do not make these risky behaviors a habit that follows them into adulthood. Most teens have adequate inner strength and adequate resources from their families, friends, and schools to discontinue risky behaviors.

Much research has been conducted to determine what factors positively and negatively influence the development of teenagers. For instance, the Search Institute (Institute) has identified essential building blocks of adolescent development. According to the Institute’s framework, there are 40 developmental assets (20 internal assets and 20 external assets) that children need to grow up healthy, competent, and caring (see Appendix). The Institute’s research shows that the more assets present in a child’s life, the more likely that child will traverse the passage into adulthood safely protected from high-risk behaviors, with positive attitudes and behaviors. The Institute documented the power of the assets in a 1996-96 survey of almost 100,000 6th-12th graders in 213 towns and cities across the United States.³

Table 10.1 illustrates that the more assets children have in their lives the less likely they are to engage in high-risk behaviors and the more likely they are to have positive attitudes and behaviors. For example, 53 percent of the children with only 0-10 assets have a problem with alcohol use and 33 percent have engaged in sexual activity. The percentage of teens with problem behaviors decreases as the number of assets increases.
Table 10.1
Protecting Youth From High-Risk Behaviors

<table>
<thead>
<tr>
<th></th>
<th>0-10 Assets</th>
<th>11-20 Assets</th>
<th>21-30 Assets</th>
<th>31-40 Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use</td>
<td>53%</td>
<td>30%</td>
<td>11%</td>
<td>3%</td>
</tr>
<tr>
<td>Illicit Drug Use</td>
<td>42%</td>
<td>19%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Sexual Activity</td>
<td>33%</td>
<td>21%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Violence</td>
<td>61%</td>
<td>35%</td>
<td>16%</td>
<td>6%</td>
</tr>
</tbody>
</table>


Additionally, as shown in Table 10.2, the more assets present in teens’ lives, the more likely they are to have positive attitudes and behaviors. For instance, teens with the most assets were over three times as likely to maintain good health than those with the least number of assets.

Table 10.2
Promoting Positive Attitudes and Behaviors

<table>
<thead>
<tr>
<th></th>
<th>0-10 Assets</th>
<th>11-20 Assets</th>
<th>21-30 Assets</th>
<th>31-40 Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Succeeds in School</td>
<td>7%</td>
<td>19%</td>
<td>35%</td>
<td>53%</td>
</tr>
<tr>
<td>Values Diversity</td>
<td>34%</td>
<td>53%</td>
<td>69%</td>
<td>87%</td>
</tr>
<tr>
<td>Maintains Good Health</td>
<td>25%</td>
<td>46%</td>
<td>69%</td>
<td>88%</td>
</tr>
<tr>
<td>Delays Gratification</td>
<td>27%</td>
<td>42%</td>
<td>56%</td>
<td>72%</td>
</tr>
</tbody>
</table>

According to the Institute, the average young person experiences about 18 of the 40 assets, but ideally should experience at least 31 of the 40 assets.\(^4\) It is worth noting that most youths make the transition to adulthood successfully, even if they are not given a majority of the support that would be beneficial to them.

However, some teens find risky behaviors attractive or difficult to discontinue. Risky behavior is considered by some sociologists to be an indication of a troubled teen, who has greater chances of getting into trouble as an adult.\(^5\) The younger these risky behaviors are undertaken, the more likely the child will make them a lifelong habit. In the case of juvenile offenders it has been found that among those who committed a violent offense between the ages of 10 and 12, 30 percent became chronic, violent offenders. For those who began their violent offending at an even younger age (9 or younger), 62 percent became chronic, violent offenders.\(^6\)

These habits can have major future consequences not only for the child, but also for society at large. For example, a lifelong smoking habit generally has high health costs for the individual and health care system. Similarly, the Office of Juvenile Justice and Delinquency (OJJDP) presented a scenario that calculated the cost, over a lifetime, of a juvenile who becomes a criminal. The scenario describes a lifetime criminal who has a drug habit and who did not finish high school (characteristics typical of adult criminals). It is estimated that the total cost to society, which includes incarceration costs, treatment costs, victim costs, court costs, health services costs, as well as lost wages, taxes, and productivity for the loss of one youth is between $2.2 to $3 million over the lifetime of the youth.\(^7\) Although these figures are speculative, certainly this type of scenario is instructive of the actual loss involved when just one child is lost to a life of crime, and concomitantly the benefit reaped each time a child is diverted into productive rather than destructive patterns.

The children whose safe passage to adulthood has been impeded or interrupted are the children on whom society should primarily focus its prevention and intervention efforts and resources. And certainly society does invest much time, energy, and money in its youth as this report has demonstrated. Whether enough is invested in our youth will remain an ongoing question. But for purposes of this report, perhaps the more pertinent question is, are we using our resources wisely to respond to the at-risk youth?
What are some characteristics of effective responses?

Since children do not act in a vacuum, response to the child must take into consideration the community surrounding the child, such as the family, the neighborhood, and the school. Using a metaphor, problem behavior in a teen is like a fissure in a volcano. Closing the active fissure without addressing the underlying pressures will most likely result in another fissure opening, i.e., other problem behavior. Using the same metaphor, the more pressures underlying the child’s behavior, the more likely the child is to engage in multiple problem behaviors. For example, teens who use drugs are more likely to carry guns; youths who carry guns are more likely to be in gangs; active marijuana users are more likely to consume alcohol; and teens who misuse substances are significantly more likely to engage in sex at an earlier age and in more risky sexual behaviors. Given the interplay between problem behaviors and the interplay of the child within larger social groups, recent research supports the importance of an integrated approach to helping youth – integrative both in correctly identifying and addressing the multitude of problems a child may be experiencing and in using a multi-disciplinary approach which may combine efforts of law enforcement officials, social workers, teachers, doctors, counselors, the media, community groups, churches, neighborhood organizations, and parents among others.

Effective response to problem behavior requires a sustained effort, i.e., one that treats the youth over a long period of time. Just as problem behavior does not usually stem from a single event, so adequate treatment of the child is not generally a single event. Additionally, the most effective programs start young. The younger the child is, the less set in problem behavior patterns the child is, and the more likely patterns of behavior can change. Effective programs offer enrichment, growth, and developmental activities, rather than simply focusing on the avoidance of bad behavior.

The Role of Government

Clearly, all the groups that inform the development of an adolescent have some role in ensuring the healthy development of children. And the best solutions are often found at the community level, when people work together to solve community problems with cooperation between local organizations and agencies. However, government does have a role. So what are some things government can do to help youths make the safe passage to adulthood?

♦ Target government funds and support for services or programs that have been proven to result in the goals that policy makers have set, i.e., make the most positive impact on youths and their families for the investment of dollars.
Ensure continued effective use of these funds by enforcing accountability measures developed for the program receiving government funds. For example, if a program has as its goal pregnancy prevention, have the program’s clients avoided becoming pregnant?

Distribute information about solutions that work to communities so they can develop effective programs most suited to the local need.

Facilitate cooperation between the groups that impact adolescents. For example, make it easier to share information between Child Protective Services, schools, and local mental health professionals so that a child in need can be identified and receive appropriate services more quickly.

Ensure that people who are entitled to benefits (such as food stamps, Medicaid, disability or death benefits) actually receive the benefits.

The Role of Individual Members of the Community

Helping a child grow into a healthy adult is the responsibility of all individuals in a family and community. What can each of us do to ensure a child’s safe passage? We as individuals must show kids we care about them and are willing to invest time in their development. Here are some common sense actions we can each take as caring adults and parents to make the safe passage easier and possible:

- look at and greet every child or adolescent you see;
- have a five-minute conversation with a child or adolescent about her or his interests;
- send a "thinking of you" or birthday card, letter, or e-mail message to a child or adolescent;
- invite a young person to do something you enjoy doing together (play a game, go to a park, go to a movie, etc.);
- have an open-door policy in your neighborhood so kids feel welcome in your home for refreshments, conversation, or just hanging out;
- model and talk about the values and priorities you wish to pass on to your children;
- regularly do things with your child, including projects around the house, recreational activities, and service projects; and
- invite caring, trustworthy, principled adults into the lives of your children.
Teens Helping Themselves and Others

But adults are not the only ones responsible for healthy maturation. Teens can help other teens and themselves become adults in a healthy manner. Here are some suggested activities, although there are many more:

♦ take advantage of interesting and challenging opportunities through youth programs, co-curricular activities, and congregational youth programs;
♦ talk with peers and adults about boundaries, expectations, and values. Commit to supporting each other in the ones you share;
♦ get to know an adult you admire; and
♦ find chances to build relationships with younger children through service projects, volunteering, tutoring, baby-sitting, and other opportunities.\(^\text{12}\)

All kids are our kids and any personal or social resources expended in ensuring their safe passage to adulthood are investments that will benefit not only one particular child, but also the future of society as a whole.

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No matter how much money is spent, how many elaborate programs are initiated, how many laws are passed, or how many professionals are hired, the experiences of young people will not fundamentally change unless individuals - parents, youth, neighbors, friends, grandparents, and others - take personal responsibility to contribute to the healthy development of children and adolescents in their community.

-The Search Institute
## Appendix

<table>
<thead>
<tr>
<th>Asset Name</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Support</strong></td>
<td></td>
</tr>
<tr>
<td>Family support</td>
<td>Family life provides high levels of love and support.</td>
</tr>
<tr>
<td>Positive family communication</td>
<td>Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).</td>
</tr>
<tr>
<td>Other adult relationships</td>
<td>Young person receives support from three or more nonparent adults.</td>
</tr>
<tr>
<td>Caring neighborhood</td>
<td>Young person experiences caring neighbors.</td>
</tr>
<tr>
<td>Caring school climate</td>
<td>School provides a caring, encouraging environment.</td>
</tr>
<tr>
<td>Parent involvement in schooling</td>
<td>Parent(s) are actively involved in helping young person succeed in school.</td>
</tr>
<tr>
<td>Community values youth</td>
<td>Young person perceives that adults in the community value youth.</td>
</tr>
<tr>
<td>Youth as resources</td>
<td>Young people are given useful roles in the community.</td>
</tr>
<tr>
<td>Service to others</td>
<td>Young person serves in the community one hour or more per week.</td>
</tr>
<tr>
<td>Safety</td>
<td>Young person feels safe at home, at school, and in the neighborhood.</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
<td></td>
</tr>
<tr>
<td>Family boundaries</td>
<td>Family has clear rules and consequences, and monitors the young person’s whereabouts.</td>
</tr>
<tr>
<td>School boundaries</td>
<td>School provides clear rules and consequences.</td>
</tr>
<tr>
<td>Neighborhood boundaries</td>
<td>Neighbors take responsibility for monitoring young people’s behavior.</td>
</tr>
<tr>
<td>Adult role models</td>
<td>Parent(s) and other adults model positive, responsible behavior.</td>
</tr>
<tr>
<td>Positive peer influence</td>
<td>Young person’s best friends model responsible behavior.</td>
</tr>
<tr>
<td>High expectations</td>
<td>Both parent(s) and teachers encourage the young person to do well.</td>
</tr>
<tr>
<td><strong>Boundaries and Expectations</strong></td>
<td></td>
</tr>
<tr>
<td>Creative activities</td>
<td>Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.</td>
</tr>
<tr>
<td>Youth programs</td>
<td>Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.</td>
</tr>
<tr>
<td>Religious community</td>
<td>Young person spends one hour or more per week in activities in a religious institution.</td>
</tr>
<tr>
<td>Time at home</td>
<td>Young person is out with friends &quot;with nothing special to do&quot; two or fewer nights per week.</td>
</tr>
<tr>
<td><strong>Asset Name</strong></td>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Achievement motivation</td>
<td>Young person is motivated to do well in school.</td>
</tr>
<tr>
<td>School engagement</td>
<td>Young person is actively engaged in learning.</td>
</tr>
<tr>
<td>Homework</td>
<td>Young person reports doing at least one hour of homework every school day.</td>
</tr>
<tr>
<td>Bonding to school</td>
<td>Young person cares about her or his school.</td>
</tr>
<tr>
<td>Reading for pleasure</td>
<td>Young person reads for pleasure three or more hours per week.</td>
</tr>
<tr>
<td>Caring</td>
<td>Young person places high value on helping other people.</td>
</tr>
<tr>
<td>Equality and social justice</td>
<td>Young person places high value on promoting equality and reducing hunger and poverty.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Young person acts on convictions and stands up for her or his beliefs.</td>
</tr>
<tr>
<td>Honesty</td>
<td>Young person &quot;tells the truth even when it is not easy.&quot;</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Young person accepts and takes personal responsibility.</td>
</tr>
<tr>
<td>High expectations</td>
<td>Both parent(s) and teachers encourage the young person to do well.</td>
</tr>
<tr>
<td>Planning and decision making</td>
<td>Young person knows how to plan ahead and make choices.</td>
</tr>
<tr>
<td>Interpersonal competence</td>
<td>Young person has empathy, sensitivity, and friendship skills.</td>
</tr>
<tr>
<td>Cultural competence</td>
<td>Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.</td>
</tr>
<tr>
<td>Resistance skills</td>
<td>Young person can resist negative peer pressure and dangerous situations.</td>
</tr>
<tr>
<td>Peaceful conflict resolution</td>
<td>Young person seeks to resolve conflict nonviolently</td>
</tr>
<tr>
<td>Personal power</td>
<td>Young person feels he or she has control over &quot;things that happen to me.&quot;</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Young person reports having a high self-esteem</td>
</tr>
<tr>
<td>Sense of purpose</td>
<td>Young person reports that &quot;my life has a purpose.&quot;</td>
</tr>
<tr>
<td>Positive view of personal future</td>
<td>Young person is optimistic about her or his personal future.</td>
</tr>
</tbody>
</table>

1 Offer et al. 1985, 121.
2 USDHHS n.d. in section “Profile of American’s Youth.”
3 Search Institute 1999.
4 Ibid.
5 Burt 1998, in section “Theories of Youth Development and Their Implications.”
6 OJJDP 1995, 3-4.
7 OJJDP 1999a, 82.
8 Ibid., 58-59; NCASA 1999a, 2
9 Burt 1998, in section “Why Use a Holistic Approach?”
10 Ibid.
11 Search Institute 1999.
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Contributors to the Report

Chapter 1: The Population at Issue: Teen Demographics in Texas and the United States - Julie Valentine, Christopher Brown, Richard Sanchez, David Thomason

Chapter 2: Playing With Poison: Teenage Substance Abuse – Alejandra Rocha, Stephen Boske

Chapter 3: Other Health Issues: Risky Behavior the No. 1 Issue – Alejandra Rocha, Emily Brownlow

Chapter 4: Mending Minds: Teens and Mental Illness – Linda Gibson

Chapter 5: Tuning In on Dropping Out – Stacy Lassig, Betsy Heard

Chapter 6: Youth in the Workforce – J. Joseph Stewart

Chapter 7: Targeting School Violence – Stacy Lassig

Chapter 8: Crime Cuts Both Ways: Juveniles as Perpetrators and Victims – Tammy Edgerly, Sharon Weintraub, Bill Paxton

Chapter 9: The Role of Foundations and Faith-based Organizations – Dunya Bean

Chapter 10: Conclusion: All Kids Are Our Kids – Tammy Edgerly, SRC Staff

Editor: Douglas Mac Lean

Editorial Assistant: Elizabeth Tschudi

Graphic Designer: Hector Meza

Graphics: Candy Black and Emily Brownlow