



*Motivation, Education, & Training, Inc.*  
*Community Needs Assessment Update 2022-2023*





**Table of Contents**

**Executive Summary** ..... - 7 -

**Recommendations**..... - 8 -

    Community Assessment Update 2022.....- 9 -

    Recommendations 2023-2024 .....- 15 -

**Methodology**..... - 16 -

**Demographics & Community Description** ..... - 23 -

    Population Density.....- 23 -

    Population Change.....- 23 -

    Age.....- 23 -

    Race and Ethnicity.....- 24 -

    Family Composition .....- 25 -

    Family Status of Head Start Children.....- 25 -

    Demographics Key Findings.....- 26 -

**Economic Activity** ..... - 27 -

    Texas and Service Area Industries.....- 27 -

    Unemployment.....- 27 -

    Median Income Level and Source of Income .....- 28 -

    Median Income by Race/Ethnicity .....- 29 -

    Social Security Recipients.....- 29 -

    Public Assistance of Families in Poverty .....- 29 -

    Head Start Family Employment .....- 29 -

    Economic Activities Key Findings .....- 29 -

**Head Start and Early Head Start Eligibles**..... - 31 -

    Children Eligible by Age.....- 31 -

    Race and Ethnicity of Head Start and Early Head Start Eligible Children .....- 31 -

    Dual Language Learners Eligible for Head Start and Early Head Start .....- 32 -

    Homeless Children Eligible for Head Start and Early Head Start .....- 33 -

    Children in Foster Care Eligible for Head Start and Early Head Start .....- 33 -

    Children with Disabilities Eligible for Head Start and Early Head Start.....- 34 -

    Head Start Eligible Children and Families Key Findings .....- 35 -

**Poverty** ..... - 36 -



Poverty in the MET Service Area.....- 36 -

Number of Families Living in Poverty.....- 37 -

Characteristics of Families in Poverty.....- 37 -

Poverty by Family Type .....- 38 -

Poverty Rate by Race and Ethnicity.....- 38 -

Poverty Rate by Worker Status.....- 39 -

Poverty Key Findings.....- 39 -

***Educational Needs of Eligible Families*** ..... - 40 -

    Educational Attainment .....- 40 -

    3<sup>rd</sup> Grade Test Scores.....- 40 -

    Adult Literacy .....- 40 -

    Educational Attainment of Head Start Families .....- 40 -

    Head Start Families Receiving Assistance with Adult Education .....- 41 -

    Education Key Findings.....- 41 -

***Health and Social Services*** ..... - 42 -

    Child Abuse.....- 42 -

    Drug and Alcohol Abuse .....- 42 -

    Crime Rates .....- 42 -

    Maternal and Child Health .....- 43 -

    Infant and Child Mortality .....- 43 -

    Low Birthweight Infants .....- 43 -

    Prenatal Care.....- 43 -

    Teen Birth Rate.....- 44 -

    Prevalent Health Problems.....- 45 -

    Social Services Used by Head Start Families .....- 46 -

    Health and Social Services Key Findings .....- 46 -

***Nutrition Needs of Eligible Families***..... - 47 -

    Food Insecurity .....- 47 -

    Children Eligible for Free/Reduced Price Lunch .....- 48 -

    Population Receiving SNAP Benefits .....- 48 -

    Women, Infants and Children (WIC) .....- 48 -

    Nutrition Key Findings.....- 48 -

***Housing and Homelessness***..... - 49 -



**Housing Burden** ..... - 49 -

**Substandard Housing** ..... - 50 -

**Assisted Housing Units** ..... - 50 -

**Homeless Count (PIT)** ..... - 50 -

**Homeless Children** ..... - 51 -

**Housing and Homelessness Key Findings** ..... - 51 -

***Early Care and Education*** ..... - 52 -

**Head Start** ..... - 52 -

**Service Area Early Care and Education Portfolio**..... - 52 -

**Preschool Service Gap**..... - 53 -

**Infant and Toddler Services** ..... - 55 -

**Childcare Landscape**..... - 56 -

**Childcare Capacity by County** ..... - 57 -

**Childcare Subsidies** ..... - 58 -

**Childcare Needs** ..... - 60 -

**Childcare Quality** ..... - 62 -

**Head Start Parents Work Schedules**..... - 62 -

**Early Childcare and Education Key Findings**..... - 62 -

***Transportation and Communication*** ..... - 63 -

**Transportation Needs of Head Start and Early Head Start Families** ..... - 63 -

**Broad Band Access**..... - 63 -

**Transportation and Communication Key Findings** ..... - 63 -

Table 1. Purpose of the Community Assessment ..... - 16 -

Table 2: Community Assessment Process ..... - 20 -

Table 3: Distinguishing Features of ACS..... - 20 -

Table 4: Summary of Data Sources ..... - 21 -

Table 5: Data Analysis Strategies ..... - 22 -

Table 6: Population Change ..... - 23 -

Table 7: Population by Age Group ..... - 23 -

Table 8. Percent of Population by Age..... - 24 -

Table 9: Population by Race and Ethnicity ..... - 24 -

Table 10. Family Households with Children..... - 25 -

Table 11. Households by Family Type..... - 25 -

Table 12. Change in Unemployment ..... - 28 -

Table 13: Median Income Level by Family Type ..... - 28 -

Table 14: Characteristics of Families Receiving Public Assistance Income ..... - 29 -



Table 15: Head Start and Early Head Start Eligibles ..... - 31 -

Table 16: Children with Limited English Proficiency ..... - 32 -

Table 17: Homeless Children by County ..... - 33 -

Table 18: MET Homelessness Services ..... - 33 -

Table 19: Children in Foster Care..... - 34 -

Table 20: Children with Disabilities..... - 34 -

Table 21: MET Head Start Children by Disability Type - PIR ..... - 35 -

Table 22: Poverty Rates ..... - 36 -

Table 23: Number of Families Living in Poverty ..... - 37 -

Table 24: Characteristics of Families in Poverty ..... - 37 -

Table 25: Poverty Rates by Family Type ..... - 38 -

Table 26. Poverty Rates by Work Status..... - 39 -

Table 27: Educational Attainment ..... - 40 -

Table 28: HS Families Receiving Assistance with Adult Education ..... - 41 -

Table 29: Child Abuse..... - 42 -

Table 30. Crime Rates ..... - 42 -

Table 31: Low Birthweight Babies..... - 43 -

Table 32: Late or No Prenatal Care by Race/Ethnicity..... - 44 -

Table 33: Teen Birth Rate..... - 44 -

Table 34: Quality of Life ..... - 45 -

Table 35: Health Factors ..... - 45 -

Table 36: Socio-economic Factors ..... - 45 -

Table 37: Social Services Used by Head Start Families ..... - 46 -

Table 38: Food Insecurity Rate ..... - 47 -

Table 39: Students Eligible for FRP Lunch..... - 48 -

Table 40: Cost Burdened Households..... - 49 -

Table 41: Substandard Housing ..... - 50 -

Table 42: Assisted Housing Units..... - 50 -

Table 43: Homeless Children by County ..... - 51 -

Table 44: Service Area Early Childhood Landscape ..... - 52 -

Table 45: Early Childhood Landscape by County ..... - 52 -

Table 46: Early Childhood Landscape by County ..... - 53 -

Table 47: Public Preschool Slot Allocations ..... - 53 -

Table 48: Penetration Rate of Public Preschool Programs ..... - 54 -

Table 49: Children by Age ..... - 54 -

Table 50: Children by Single-Years in Poverty ..... - 55 -

Table 51: Number of Child Care Programs by County ..... - 57 -

Table 52: Childcare Capacity by County..... - 57 -

Table 53: Subsidies by Workforce Area ..... - 58 -

Table 54: Percent of Family Income Spent on Child Care..... - 60 -

Table 55: Child Care Subsidy Reimbursement Rate..... - 60 -

Table 56: Work Status of Families with Children Under Six ..... - 61 -

Table 57: Child Care Needs for Children Under Five Years..... - 61 -

Table 58: Childcare Quality..... - 62 -



Figure 1: Community Assessment Process ..... - 17 -  
Figure 2: How does the CA inform? ..... - 19 -  
Figure 3. Race of Head Start Children..... - 32 -  
Figure 4: Poverty Rates ..... - 36 -  
Figure 5: Poverty Rates by Race/Ethnicity ..... - 38 -  
Figure 6: Educational Attainment of Head Start Families ..... - 41 -  
Figure 7. Teen Birth Rate by Race..... - 44 -  
Figure 8: Food Insecurity..... - 47 -  
Figure 9: Population Receiving SNAP..... - 48 -  
Figure 10: Cost Burdened Households ..... - 49 -  
Figure 11. Service Area ECE Needs ..... - 56 -



## Executive Summary

### **Agency Update**

In 2022 Motivation, Education and Training (MET) took several steps to address community challenges that were identified as issues of concern in prior community assessments. For example, using the COVID – 19 relief allocation pandemic assistance, the agency launched a mobile health and wellness unit to serve Head Start and Early Head Start families. The WOW (wellness on wheels) unit provides factual information about health and mental health throughout the service area. The WOW unit directly facilitates access to health and social services which addresses the lack of health, mental health, and oral health service providers in rural counties.

MET also garnered resources to respond to the high rates of child abuse in the service area. Child abuse data shows that rates of abuse have decreased in some counties, however this trend could be the result of lack of oversight and reporting due to the pandemic because the data lags by two years when reported by the state. Through the Community Based Child Abuse Prevention Fund (CBCAP), MET created the Partnership for Thriving Families program which funded another mobile health and wellness unit that works in conjunction with the HOPES home visiting program. The CBCAP investment will total over \$3 million for the next four years.

The agency is also addressing employment challenges. MET successfully negotiated with the US Department of Labor and received a grant of \$1,199,000 to serve 68 disadvantaged youth/young adults in Maverick and Zavala counties over three years through the YouthBuild program. YouthBuild will train and certify young adults in construction and nursing in the cities of Crystal City and Eagle Pass, Texas.

### **2022-2023 Update on Community Needs**

The needs of the communities in the service area remain largely unchanged since the last community assessment update which was completed in 2022. The data does indicate several changes that the agency will consider in the next goal setting cycle. These include:

- Employment has increased over the last year as families and the economy recover from the pandemic. Additionally, the employment rate among Head Start and Early Head Start families has increased dramatically growing from 74% of all children having at least one parent working from 52% during the last update. MET programs have been critical in helping families find employment.
- General poverty rates are down however, among children under five, poverty continues to increase in most counties. The population is also increasing and poverty remains greater among children, families headed by a parent of color, and families with less than two working parents. Single female-headed families continue to experience the highest rates of poverty among all types of families.
- Information from the MET Program Information Report (PIR) for Head Start and Early Head Start shows that most families reported they were in need of health education,



parenting education, and emergency/crisis intervention. The social services MET staff provided to families increased dramatically over the past year. This could be a function of increased enrollment or families may be responding to the lack of pandemic assistance and the expiration of the child tax credit which brought some families financial stability which has now fallen way.

- Housing issues continue to remain a challenge in the service area. The percent of the population that experiences a housing burden increased significantly between the last update and the current year. The increase in the population, coupled with lack of an increase in affordable / assisted housing units, and an increasing cost of living may be a contributing factor to this trend.
- The early care and education landscape continues to evolve. There has been a reduction in childcare providers in most counties. However, overall, slightly fewer children are served. There has been a significant increase in the number of children served by programs that accept child care subsidies. The child care subsidy rate has also increased dramatically since the data in the last community assessment. There are currently 586 Early Head Start slots offered by two different grantees throughout the service area and there are 945 Head Start slots offered by three grantees. The area has 6,982 Texas Pre-K slots. The data indicates the service area counties are all overserved by Head Start and the number of slots allocated through Head Start and Texas Pre-K exceeds the number of children in poverty. Several of the service area counties are approaching universal access to preschool for three and four-year old children. Since the last community assessment there has been a reduction in Texas Pre-K slots, but additional slots have been converted to a full-day program, which has drawn enrollment from Head Start. The need for Early Head Start remains significant and infants and toddlers remain underserved in all counties.
- Rates of crime and violent crime have increased in all service area counties.
- There have been no significant changes in community resources or strengths since the last community assessment update.

## Recommendations

The recommendations from the last community assessment remain relevant. They are as follows:

### **Community Assessment 2021**

***Recommendation: Continue to review program models in consideration of changes in the early childhood landscape and limited access to high-quality early childhood education programs.***

In order to maximize early childhood investments in the community it is important for MET Head Start and Early Head Start programs to continue to consider the make-up of the childcare system and access to high-quality early learning programs. The service area early care and education system is well developed, but falls short in childcare affordability and the number of early learning slots in high-quality programs. MET Head Start and Early Head Start programs should continue to evaluate the full range of Head Start and Early Head Start program options and expand care





where needed when funding is available, particularly for infants and toddlers and for full-day services for low-income families. These two cohorts are impacted by a significant childcare slot gap. Maternal and child health outcomes are also poor, especially for new mothers of color. Early Head Start is one way to address disparities that are present at birth that have a lifelong impact on children while improving access to full day childcare that supports families in working, thus moving them out of poverty.

The program may want to review the program models and consider converting or changing the slot allocations to address staffing issues that undermine program quality such as turnover rates, and the need to implement more intensive service delivery for children that are exposed to adverse early childhood experiences, and the need to increase wages for teachers so they are at parity with other state-funded preschool programs operating in Texas. This could occur by using a recently completed wage and compensation study to review the roles of all staff and the organizational structure alongside site enrollment trends and the wages paid to staff with similar qualifications working in other preschool programs.

### **Community Assessment Update 2022**

***Recommendation: During the next program year, MET could further engage the Head Start health services advisory committee and other partners in gathering data on health challenges experienced by program families.*** Low-income persons, children, and families face challenges in maintaining their health and well-being because of health disparities that are present at birth, that persist throughout life for individuals in poverty and individuals of color. MET collects a variety of data that could be used to develop initiatives and to develop policies, procedures, and operational guidelines. For example, in mental health the program could devise a process for assessing the number of adverse experiences a child is exposed to during the enrollment assessment and could automatically refer children and families with high rates of exposure to the mental health team.

The reduction of health disparities and need to address substance abuse issues is a complex problem that must be addressed using multi-faceted collaborative strategies. MET can expand on this work by increasing awareness of available resources among families and partners. For example, program staff can compile and collect information about resources and share it with doctors, hospitals, childcare providers, and community health workers. Social media can also be used to build trust and a good reputation among underutilized providers. The service landscape has also changed since the infusion of COVID-19 funds. Exploring the types of programs that have expanded as well as the programs that will be exhausted in the near future as pandemic funding supplements fall away may limit the impact of any other shifts in access to health programs and services that occur as the focus of public funding changes. MET can also expand services to youth aged 6-17 years to reduce rates of substance abuse through positive youth development programming.



At a systemic level, MET can support an increase in access to services by promoting the acceptance of Medicaid reimbursement among providers, particularly those for children with special health care needs. Other activities that include shortening and streamline provider enrollment processes and pooling money to avoid duplication and increase coordination can also occur through health advocacy groups that are formed to magnify the efforts MET is already undertaking to resolve community health challenges.

MET staff are very skilled and knowledgeable in the areas of health and health access. They can also play a critical role in educating providers on how to communicate better with families and with low-income individuals. For example, the program could produce public fact sheets on how to explain the importance of lead testing for children, resources in the community to support health, or staff can work through the health services advisory committee and engage with other initiatives in the community to advocate for public policies that work to address complex health challenges.

Another area of concern that is underreported in data is substance abuse. To the extent possible, MET can partner with local substance abuse coalitions to bring attention to growing rates of substance abuse, particularly in the rural areas, where a small population limits the collection of data that describes the extent of the problem. Ways that MET can support substance abuse prevention efforts include integrating substance abuse education into training programs and agency environments. Staff can also perform outreach to programs that are providing treatment and resources to families with substance abuse issues so that children in these families are prioritized for enrollment in Head Start and other programs. At the same time, caregivers experiencing substance abuse issues can be referred to and enrolled in other agency and community programs as quickly as possible. Outreach efforts can further target these high-risk families.

Another strategy for improving health is to draw attention to the role that power and race play in health equity and the profound impact of health equity on service area residents. There are many factors that impact the health of the population. Health equity exists when there are not unnecessary, avoidable, unjust, or unfair systemically caused differences in health status. Two additional factors also play a role in health equity these are: 1) Power – the ability to do something or act in a particular way and to influence or direct the behavior of others and 2) Racial justice - Racial justice is the systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people can achieve their full potential in life, regardless of race, ethnicity, or the community in which they live.

Data shows deep health inequities that are rooted in power and structural racism. The social determinants of health also contribute to poor health. Families are impacted by violence, poverty, hunger, and trauma that exacerbates health problems. For example, maternal child health outcomes are worse for black/African American and Hispanic/Latino mothers and educational disparities are



prevalent for children of color when achievement rates are compared to the rates of achievement among all children. The direct impact of health inequities is frequently seen first in maternal child health outcomes which are a predictor of the future health of the population. The service area counties also experience concerning maternal child health outcomes.

Three strategies that can be implemented by MET to impact health inequities include:

Power Building: Helping low-income families become engaged in systems changes will enhance their ability to set the public agenda and participate in government decisions in new ways. The foundation for participatory roles has been laid through the Head Start shared governance framework which will support the transition of family representatives into system leadership roles. The work of the health services advisory committee can also be leveraged in support of this recommendation. To facilitate this activity the program can:

1. Engage in broad community outreach through meetings and by facilitating one-on-one meetings between parents and leaders that have a role in public health decisions;
2. Apply for family and youth funding to support the establishment of a community coalition in all MET's service area counties.
3. Recruit families for a health awareness initiative and use stories to engage core health leaders in advocacy efforts; and:
4. Organize an effort focused on strategy, narrative, and program-based teams where all are trained speak out about health inequities that are persistent in the service area.

Two additional strategies include:

Engaging in the Redesign of Health Systems: There are several efforts underway in Texas that are seeking to address health inequities. As a direct service organization, MET staff have a lens of experience that is unique that can contribute to these efforts. If possible, integrating Head Start and other program staff and parent representatives into health equity programs and initiatives could benefit families by cultivating health equity champions and reframing issues so that they encompass family voice and their lived experience with the health care system.

Narrative Building: Spending time increasing public awareness about the ways that children and families are engaged in and impacted by health issues can be a driver of change. Through social media, blogs, public speaking, and campaigns the program can educate the public and normalize conversations about racism in public health and elevate stories that challenge the dominant narrative and emphasize the values of humanity and wellness in health.



***Recommendation: Expand services to adolescent youth and serve them in the context of the family and community.***

MET addresses the needs of children and families using holistic services. A more targeted approach towards programming that spans the full range of needs for youth aged 6-17 years would be a positive approach to expanding prevention efforts already undertaken by the agency.

Positive Youth Development (PYD) programs engage young people in intentional, productive, and constructive ways while recognizing and enhancing their strengths. These programs promote positive outcomes by providing opportunities, fostering positive relationships, and giving the support that is needed to develop young people's assets and prevent risky behaviors. MET is able to reach youth through the Serving Military Veterans and their Families (SMVF) program using the Youth Empowerment Solutions program. The services in SMVF can also be linked to MET's employment and training programs (Youthbuild) and the Youth Emotional Support unit suicide prevention program. Expanding assets for youth aged 6-17 years in MET's service area, particularly the most rural and underserved communities, will assist in creating and establishing healthy communities, strong families, and protective factors among children, while extending MET's services across the lifespan.

***Recommendation: Encourage broader workforce participation for individuals in poverty and families with less than two family members that are working and assess and address barriers to employment for those that are not working or in job training.***

Strategies to support this recommendation could include sharing poverty statistics by the number of workers in the family and poverty statistics by educational attainment levels. Information could be disseminated by family service staff or during parent meetings and training sessions or by MET case managers. Other helpful program strategies might be encouraging the use of Workforce Solutions agencies in helping parents to obtain financial assistance with career training fees, involving Head Start parents with local business development organizations, and setting career development goals through the family partnership agreement or other employment and training programs offered by the agency or agency partners. The development of social capital can help families bridge into new social networks that support employment mobility.

Families are in need of supplemental programs to support their basic needs due to lack of work activities, low-paying jobs, and high rates of single parenthood, including high rates of births to single mothers, particularly births to single-mothers without a high school diploma. It would be beneficial to focus additional resources on assisting individuals and families receiving assistance in maintaining eligibility for supplemental programs when needed. To increase information about services, the program could circulate key information through the parent newsletter, inform parents about community events, and train family advocates and case managers to effectively connect families with benefits and programs that provide financial relief.



For families that are working, lack of income and income volatility makes it difficult for families to predict their income in each week, which forces them to make choices about which bills to pay, what housing they can afford, how to manage debt, and how to prioritize the needs of the family. All of this impacts the ability of families to build assets that help them transcend poverty. Families face new questions such as: will my employer call me into work? If I get laid off, can I collect unemployment benefits and how much will I get? How will this impact other benefits I receive? What am I supposed to do about childcare now that my center is closed? And on and on.

Six aspects of income insecurity can be used as a lens for creating strategies to reduce family financial volatility. These include:

1. **Work hour instability and schedule unpredictability.** The nature of employment for many low-income families creates income instability because there are changes in the number of hours that low-income workers work each week. Low-income families are also impacted by “schedule unpredictability” which means they receive their work schedule with less than one week’s notice and are more likely to have jobs that place them “on call”. Nearly 60% of workers earning less than \$15,000 experience these work arrangements<sup>1</sup>.
2. **Delays in unemployment insurance eligibility and changes in the process for obtaining unemployment benefits.** The pandemic unemployment assistance led to a need to upgrade employment insurance systems and created staffing issues that meant delays in the receipt of assistance for weeks or months. This is especially true for workers that were part of the gig economy. While the state is catching up with the backlog, low-income workers with variable jobs and earnings report they are still unable to predict the income they will receive, which has together with changing benefit levels increased income volatility for workers that earn the least<sup>2</sup>.
3. **Changes in Critical Benefits Sensitive to Changing Income.** The pandemic expanded benefits for many programs such as SNAP and TANF (Temporary Aid for Needy Families). Within the service area a significant number of people receive some type of income support. The changing scope of benefits as the pandemic supplements expire have made it more difficult for families to predict which benefits they will qualify to receive, especially considering income fluctuations due to unstable work arrangements. Reasons that families may lose benefits include lagging or incorrect calculations in income, loss of benefits because food assistance and unemployment insurance is calculated as income, and delays in applications due to processing issues.
4. **Childcare challenges continue to persist.** Low-income families face disproportionate challenges accessing safe, affordable, reliable, high-quality childcare. With the onset of the pandemic, childcare access changed abruptly. The perfect storm of changing

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<sup>1</sup> Hunter, S. September 2018. “Unstable Work Schedules and Earnings Volatility.” Poverty Facts. University of California Davis Center for Poverty Research.

<sup>2</sup> The Century Foundation (2020). Unemployment Data Dashboard. <https://tcf.org/content/report/unemployment-insurance-data-dashboard3/>



- employment, lack of ability for low-income workers to work from home and continued staffing issues have further reduced accessibility to childcare for low-income families in the service area.
5. **Savings and Access to Credit.** Head Start families are less likely to have a savings account and face constraints in accessing credit, making it difficult for them to adjust to unexpected expenses or fluctuations in income.
  6. **Health Issues and Trauma.** It is widely acknowledged that low-income communities of color, including communities throughout the service area have been disproportionately impacted by COVID-19. In addition to the tragedies families have faced in regard to lives lost and community impacts, it is also a factor in income volatility. For example, families are still hit with unexpected illness such as covid positivity and must miss work to care for themselves or their family, when a worker gets sick, new responsibilities must be pushed to other caregivers, and families are experiencing higher levels of stress due to the trauma they experienced during the pandemic.

**Recommendation:** MET can enhance programming to address the needs of children that are exposed to adverse early childhood experiences. Adverse childhood experiences (ACEs) disrupt a child's sense of safety and the nurturing they need to develop, thrive and learn. ACEs include exposure to child abuse and neglect as well as exposure to alcohol abuse, substance abuse, domestic abuse and untreated mental illness in the child's home. ACEs also include being treated differently due to race or ethnicity. Ultimately, experiencing ACEs results in lower life expectancy. Most children that have one ACE factor have at least one other ACE.

County-level data across several factors (poverty, family status, mental health, and substance abuse) indicate that there is a high prevalence of children with ACEs in Head Start and a large number of adolescents using MET services that are highly at-risk which exacerbates an already higher likelihood of experiencing multiple ACEs found among children in poverty living throughout the service area. One strategy to address this finding could be to develop a system to monitor and track ACE exposure among Head Start children. For example, the program could select indicators from the annual Program Information Report and data that will be tracked and compared to the characteristics of families and children in the program, as well as triangulated with attendance data, behavioral incidents, and other needs. By collecting thorough family information (poverty, divorce/family disruption, exposure to crises etc.), staff can develop ACE scorecards that can be utilized for ongoing program development.

Mental health concerns are also connected to many challenges faced by individuals and families in the service area. Activities that could support improvements in the mental health service system include:



- To fight stigma, facilitate an education campaign that encourages people to talk more openly about mental illness, ask for help when they need it, and understand that their illness is not shameful. This strategy could also include expanding participation in mental health awareness weeks designated by the National Alliance for Mental Illness.
- Build local capacity for public mental health research in poor countries in the service area to provide county-level data on child expulsions, suicides, mental illness, and other gaps in services related to substance abuse treatment and mental health.
- Conduct a one-day community conversation about mental health using the Mental Health in My Community resources published by the U.S. Department of Health and Human Services. (<https://www.mentalhealth.gov/talk/community-conversation/>).
- Participate in health fairs and classes aimed to improve education about mental health issues, services, and resources in the community.
- Draw in hard-to-reach parents to improve their social connections and mental health protective factors.
- Provide information about substance abuse services and resources to improve awareness of how to access substance abuse assistance.
- Provide training to staff and parents that helps them recognize the importance of preventing mental health problems at an early age using the social-emotional development domains of the state early learning guidelines.
- Provide information and training related to cultural norms and expectations for young children as it pertains to mental health.

### **Recommendations 2023-2024**

***Recommendation: Leverage the agency programs focused on protective factors to support children exposed to violence in their communities.*** The service area counties demonstrate higher rates of violent crime than ever before. MET can utilize agency expertise to provide training to families on ACEs and possibly extend this support into the communities where children are impacted by violence. Offering additional infant and toddler programming will also serve as a buffer for children who are more likely to experience ACEs in their neighborhood and for children who are exposed to trauma such as domestic violence.

***Recommendation: Collect data to identify inequities among the Head Start and Early Head Start population.*** The program may benefit from tracking the status of children that are members of subpopulations to ensure they are benefiting from the program at the same rate as their peers. This could include children with disabilities, children with behavioral problems, and children that have high rates of absenteeism. The public data sets in the service area do not provide adequate data to identify the needs of these groups.



## Methodology

### *The Comprehensive Community-Wide Strategic Planning and Needs Assessment Update*

The purpose of the community-wide strategic planning and needs assessment update is to provide a current snapshot of the well-being of families and children in the Motivation, Education, & Training, Inc. service area. The community-wide strategic planning and needs assessment (community assessment) assists the agency in designing a program that meets community needs and builds on the strengths and resources in the community. This document is prepared in accordance with 45 CFR 1302.11. It serves as an overall assessment of local social and economic conditions as they relate to the needs, priorities and lives of Head Start eligible children and other low-income families in the Head Start service area. It provides information compiled from various local, regional, national, state, and authoritative sources.

Purpose of the Community Assessment
To guide and solidify the overall vision and direction of the agency.
To inform decision-making and program planning, including coordinated approaches.
To educate staff and stakeholders.
To establish the program goals and long and short-term program objectives.
To address changing priorities and policies and to respond to trends and changes.
To mobilize community resource and maximize community relationships.
To identify the service and recruitment area served by Head Start and Early Head Start.
To identify the number of Head Start and Early Head Start eligible children and families in the service area and appropriate locations for services.
To identify community partners.

Table 1. Purpose of the Community Assessment

Throughout the community assessment process, the staff, board, and policy council worked collaboratively to determine the information to collect, methods for collecting data, the participants for each data collection method, the anticipated process timelines, and the data sources for each indicator in the community assessment. The community assessment was prepared by Heartland Solutions, a Colorado consulting firm.



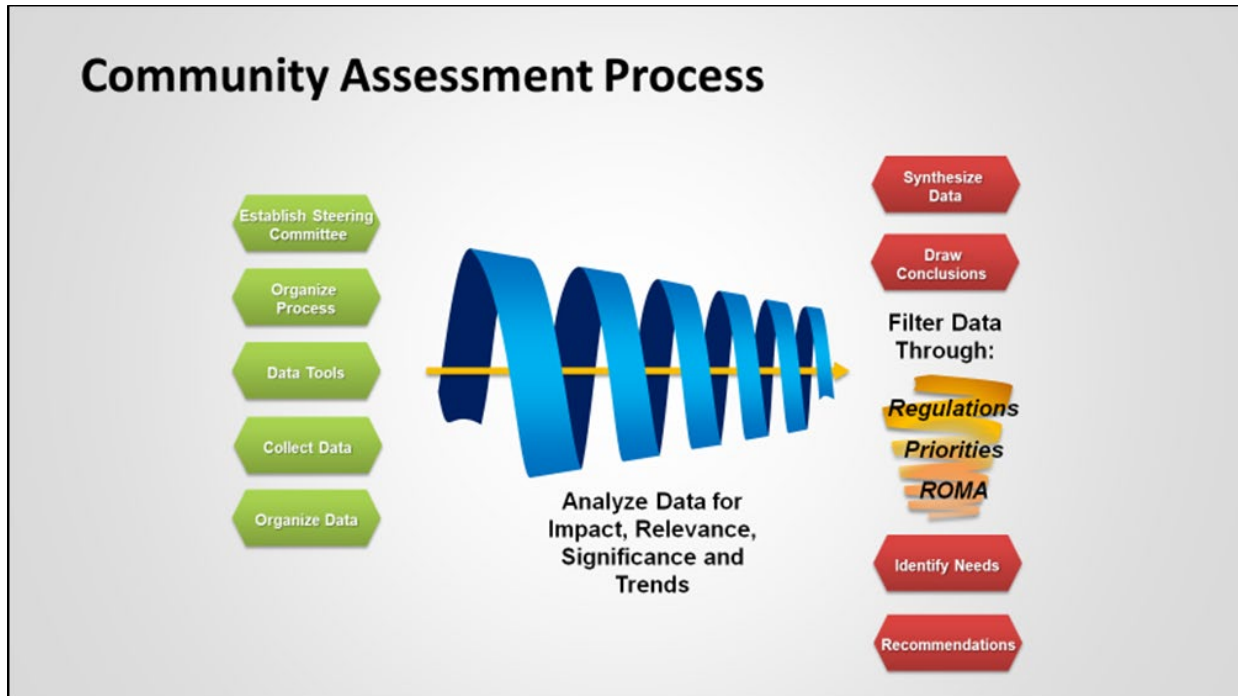


Figure 1: Community Assessment Process

The community assessment includes the following information:

- *Overview of the Head Start Service Area.* An overview of the service area including the economy and trends in the community, children, and families. In years two-five, an update of relevant data and emerging trends is provided.
- *A Complete Analysis of the Community-Wide Conditions.* An internal and external analysis of quantitative and qualitative data in order to address verified urgent and local needs. In years two-five of the program service cycle and update for the community conditions is provided.
- *A Description and Analysis of the Needs of Low-Income Families in the Service Area.* The agency staff worked with the Heartland demographer and research team to discover the needs of low-income individuals using a variety of sources. In years two-five the recommendations are reviewed in response to data trends.
- *A Description of the Head Start Eligible Population.* A profile of the service area’s Head Start and Early Head start eligible families based on authoritative information sources, including the number of eligible infants, toddlers, preschool age children, and expectant mothers, along with their geographic location, race, ethnicity, and spoken languages. In program years two-five an analysis of changes in the Head Start and Early Head Start eligible population is completed.
- *Special Populations.* An analysis of children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Educational Agency Liaisons and an estimate of the number of children in foster care. In years two-five any changes in service and supports for this population are noted.



- *Early Childhood Education Programs.* A review of other child development, childcare centers, and family childcare programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served. In years two-five any changes in service and supports for this population are noted.
- *Children with Disabilities.* A description of the number of children with disabilities, including the types of disabilities and relevant services and resources provided to these children by community agencies such as IDEA Part C and B providers. In years two-five any changes in service and supports for this population are noted for each area, including if no significant changes occurred.
- *Employment, Education, Housing, Health, Nutrition, Transportation, Asset Development, and Social Service Needs.* A description of the needs of low-income families and children including prevalent social or economic factors that impact their well-being. In years two-five any changes in service and supports for this population are noted.
- *Parent Needs.* Typical work, school, and training schedules of parents with eligible children. In years two-five any changes in service and supports for working families are noted.
- *Community Resources, Assets, and Strengths.* A review of community resources available to Head Start eligible families in the service area and low-income individuals. This data is reviewed and updated as part of the community assessment update in years two-five.
- *Barriers to Services.* Barriers to services identified through an analysis of data and alignment to the needs of families, the community, and agency needs/resources. This information is collected in years two-five as part of the community assessment update.

The community assessment and the updates will serve as the program baseline for identifying current community needs, designing new plans, choosing community partners, developing strategic collaborations, evaluating the effectiveness and progress of prior strategies and interventions for serving low-income families and children in the community, and for making decisions about the program that can accelerate outcomes for children and families. The community assessment and community assessment update are also used to assess and identify the program recruitment and service area, develop goals and objectives, select program options and calendar, and to establish the annual selection criteria and program priorities.

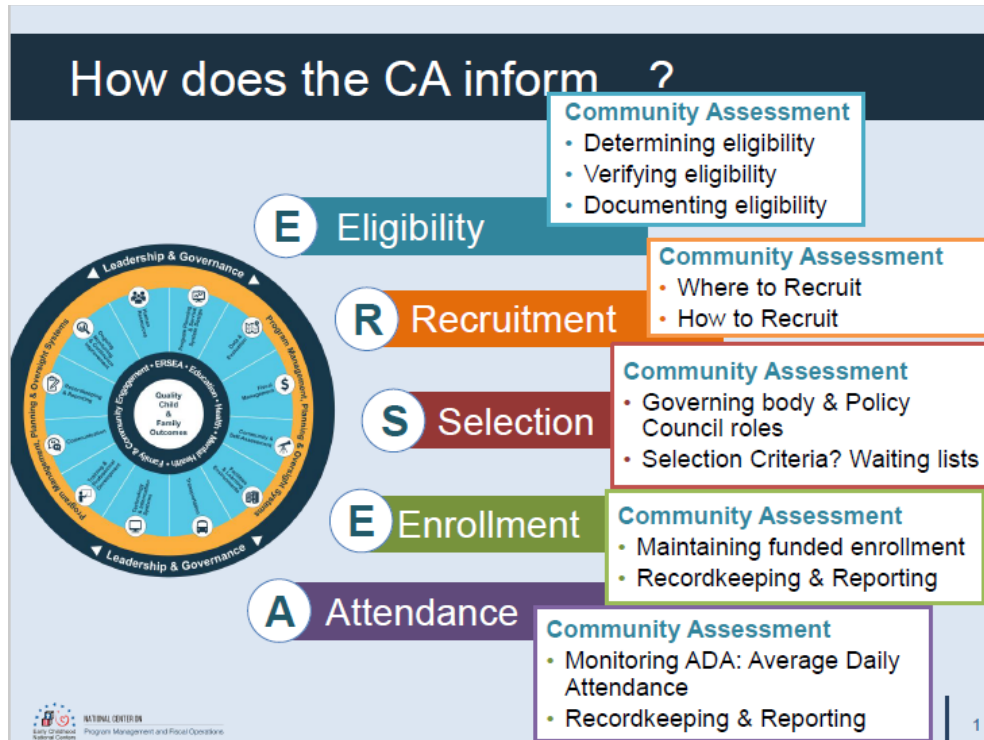


Figure 2: How does the CA inform?

Community Assessment Process			
	Comprehensive April 2021	Update Activities	Update 2023
Needs assessment workgroup created, assessment coordinator identified within MET and Heartland, appointed the agency team, and created a data map, including quantitative and qualitative data and sources.	April 2021	Workgroup Convened	November 2023
Implement data collection plan (qualitative and quantitative data), timelines monitored, defined roles of staff, board members, agency partners, consultants.	May-June 2021	Review data from prior year	November 2023
Data analysis and key findings are identified.	June 2021	Identify any emerging trends and changes	November 2023
1 <sup>st</sup> draft is submitted for review. Agency staff and governing body members review data and identify critical community issues, resources, and service gaps.	May 2021	Submit summary of changes and review with planning team	November 2023



Community Assessment Process			
	Comprehensive April 2021	Update Activities	Update 2023
Final draft is submitted for approval.	June 2021	Planning team develops any recommendations or changes	January 2023
Presentation to Board and Policy Council and approval of CNA.	June 2021	Submitted to governing bodies	February 2023

Table 2: Community Assessment Process

**Sources of Data and Data Collection Methods**

Numerous primary and secondary data sources were used to describe the demographics of the service area and the physical, social, and economic well-being of low-income families. Sources of data included population datasets such as the U.S. Census Bureau, the CARES Community Engagement Network website, Texas Education Agency the Kids Count Data Center, Texas Department of Health and Human Services, Healthy People 2030, and the County Health Ranking reports. In addition, the assessment includes information garnered from other secondary sources such as community health and needs assessments published by other agencies in the service area.

Internal data included information necessary to create a profile of children and families, services received, and services for children with disabilities. These sources included the Head Start/Early Head Start Program Information Report for Motivation, Education, & Training, Inc.

Distinguishing Features of ACS 1-year, 3-year, and 5-year Estimates		
1-year estimates	3-year estimates	5-year estimates
12 months of collected data	36 months of collected data	60 months of collected data
Data for areas with populations of 65,000+	Data for areas with populations of 20,000+	Data for all areas
Smallest sample size	Larger sample size than 1 year	Largest sample size
Less reliable than 3 years or 5 years	More reliable than 1 year; less reliable than 5 years	Most reliable
Most current data	Less current than 1-year estimates; more current than 5-year estimates	Least current
<b>Best Used When</b>	<b>Best Used When</b>	<b>Best Used When</b>
Currency is more important than precision	More precise than 1-year, more current than 5-years	Precision is more important than currency
Analyzing large populations	Analyzing smaller populations and geographies	Analyzing very small populations and tracts for which 1-year data is not available

Table 3: Distinguishing Features of ACS



Summary of Data Sources	
Quantitative Data	
Source	Topics
U.S. Census; American Community Survey	Demographics, Education, Income, Healthcare/Insurance, Employment, Housing, Nutrition, Maternal and Child Health, Basic Assistance, Economics,
U.S Department of Labor; Bureau of Labor Statistics and Texas Workforce Commission	Employment, Income and Wages, Industry, Workforce
Texas Department of Health Services	Behavioral Risk Factors, Health, Immunizations, Oral Health, Birth Defects, Health Workforce, Nutrition
U.S. Center for Disease Control	Oral Health
Annie E. Casey Foundation. Kids Count Data Center	Dual Language Learners, Maternal and Child Health, Child Abuse, WIC Enrollment
United Health Foundation	Health Rankings
Mental Health America	Mental Health
U.S. Department of Housing and Urban Development	HUD and housing information
CARES Community Engagement Network	Population Density, Demographics, Education, Student Achievement, English Language Proficiency, Health, Neighborhood and Environment, Housing, Veterans, Insurance, Health Professional Shortage Areas, Immunization Data, Elderly Population Demographics, Nutrition
National Center for Education Statistics	Education, Student Achievement, Disabilities, English Language Learners, Economically Disadvantaged Students
Head Start Program Information Report	Head Start Demographics, Enrollment, and Services

Table 4: Summary of Data Sources

**Methods for Data Analysis**

Initial data analysis was completed by Heartland Solutions and the MET management team. Conclusions and recommendations were formulated from these reviews and were considered by the board of directors and the Head Start policy council. These conclusions and recommendations will form the basis for planning and guide the agency vision for the next several years. Heartland utilized the following process to analyze the community assessment data:

Data Analysis Strategies	
Analysis Task	Purpose
Data was organized and combined according to information about each indicator that was assessed.	Although data differs slightly combining the data allows the assessment team to analyze the multiple dimensions of a single issue.
Closely related information was grouped together and organized into domains.	Issues were analyzed in order to connect conditions to the different statistical, programmatic, and opinion indicators that facilitate a complete understanding of issues.



Data Analysis Strategies	
Analysis Task	Purpose
The data was analyzed to identify similarities in findings across data sources.	The thematic analysis allows the assessment team to rank needs present in the service area.
Needs are ranked and categorized.	Classification of the needs assists in developing strategies to address each need.
The program staff determine how the program can address needs.	The comparison of data allows the agency to assess how effectively the community is meeting the needs identified in the community assessment.

Table 5: Data Analysis Strategies



## Demographics & Community Description

### Population Density

There have been no changes in population density since the last community assessment update.

### Population Change

Population growth is calculated by measuring the difference between the rate of birth and the rate of death in an area. Population growth can impact the population in several ways. Since the initial community assessment, population growth has slowed for the state and for each county, however it continues to grow. The largest change in the population in the service area is in Montgomery County.

Population Change <sup>3</sup>			
Area	Total Population 2010	Total Population 2020	Change
Austin	28,417	30,167	+6.1%
Chambers	35,906	46,571	+32.7%
Hardin	54,635	56,231	+2.9%
Harris	4,092,264	4,731,145	+15.6%
Liberty	75,643	91,628	+21.1%
Montgomery	455,828	620,443	+36.1%
Polk	45,413	50,123	+10.3%
San Jacinto	26,384	27,402	+3.8%
Waller	43,268	56,794	+31.2%
Texas	25,145,557	29,145,505	+15.9%

Table 6: Population Change

### Age

The table below shows the population of the service area counties by age group. There is no significant changes in the trends in the last update.

Population by Age <sup>3</sup>								
County	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Service Area	412,295	1,077,329	518,943	873,073	791,881	703,853	619,223	622,547
Austin	1,689	5,445	2,364	3,326	3,234	3,691	4,323	5,820
Chambers	2,877	9,138	3,578	5,547	6,059	5,736	4,630	5,006
Hardin	3,684	10,442	4,371	7,202	7,375	7,117	7,484	9,681
Harris	350,766	898,185	435,750	753,626	669,099	581,186	500,607	491,390
Liberty	6,202	16,695	7,756	12,453	10,696	10,931	10,264	11,176
Montgomery	39,540	115,724	48,676	75,008	81,079	79,756	72,869	77,536
Polk	2,652	7,476	3,765	6,025	5,793	6,588	8,472	9,384
San Jacinto	1,580	4,616	1,767	3,453	2,837	3,385	4,716	6,220
Waller	3,305	9,608	10,916	6,433	5,709	5,463	5,858	6,334
Texas	1,997,007	5,384,475	2,804,109	4,210,488	3,888,044	3,542,967	3,214,983	3,593,369

Table 7: Population by Age Group

<sup>3</sup> United States Census Bureau, American Community Survey. 2021.



Percent of Population by Age <sup>3</sup>								
County	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
<b>Service Area</b>	412,295	1,077,329	518,943	873,073	791,881	703,853	619,223	622,547
<b>Austin</b>	7.3%	19.1%	9.2%	15.5%	14.0%	12.5%	11.0%	11.0%
<b>Chambers</b>	5.6%	18.2%	7.9%	11.1%	10.8%	12.3%	14.4%	19.4%
<b>Hardin</b>	6.7%	21.4%	8.4%	13.0%	14.2%	13.4%	10.8%	11.7%
<b>Harris</b>	6.4%	18.2%	7.6%	12.5%	12.8%	12.4%	13.0%	16.8%
<b>Liberty</b>	7.4%	19.1%	9.3%	16.1%	14.3%	12.4%	10.7%	10.5%
<b>Montgomery</b>	7.2%	19.3%	9.0%	14.4%	12.4%	12.6%	11.9%	12.9%
<b>Polk</b>	6.7%	19.6%	8.2%	12.7%	13.7%	13.5%	12.3%	13.1%
<b>San Jacinto</b>	5.2%	14.9%	7.5%	12.0%	11.5%	13.1%	16.8%	18.7%
<b>Waller</b>	5.5%	16.5%	6.1%	12.0%	9.9%	11.8%	16.5%	21.7%
<b>Texas</b>	6.1%	17.9%	20.3%	12.0%	10.6%	10.1%	10.9%	11.8%

Table 8. Percent of Population by Age

### Race and Ethnicity

The following table illustrates the race of the population in the service area. There has been no significant change since the last community assessment update.

Race and Ethnicity <sup>3</sup>							
County	White	Black	Asian	NAAN	Other	Multiple Races	Hispanic or Latino
<b>Austin</b>	61.6%	8.5%	0.5%	0.0%	0.3%	1.6%	27.2%
<b>Chambers</b>	66.0%	7.7%	0.8%	0.1%	0.0%	2.0%	23.1%
<b>Hardin</b>	86.0%	5.6%	0.7%	0.2%	0.2%	1.1%	6.0%
<b>Harris</b>	28.9%	18.5%	6.9%	0.1%	0.2%	1.9%	43.0%
<b>Liberty</b>	61.4%	9.4%	0.4%	0.4%	0.0%	1.2%	26.7%
<b>Montgomery</b>	64.9%	4.9%	2.9%	0.1%	0.1%	2.2%	24.5%
<b>Polk</b>	71.0%	9.4%	0.7%	1.4%	0.0%	1.9%	15.3%
<b>San Jacinto</b>	74.3%	.2%	0.1%	0.4%	0.0%	2.3%	13.5%
<b>Waller</b>	42.8%	24.2%	1.1%	0.1%	0.0%	1.1%	30.0%
<b>Texas</b>	41.3%	11.7%	4.8%	0.2%	0.2%	2.0%	39.4%

Table 9: Population by Race and Ethnicity





### Family Composition

According to the most recent American Community Survey estimates, 37.17% of all occupied households in the report area are family households with one or more child(ren) under 18 yrs.

Family Households <sup>3</sup>				
County	Total Households	Total Family Households	Total Families with Children	% Families with Children
Austin	11,569	8,634	3,698	31%
Chambers	14,266	11,518	6,447	45%
Hardin	21,188	15,789	7,448	35%
Harris	1,635,749	1,113,437	609,993	37%
Liberty	27,417	19,617	9,418	34%
Montgomery	205,719	154,426	77,545	37%
Polk	17,945	12,659	5,582	31%
San Jacinto	10,143	7,000	2,925	28%
Waller	15,586	11,419	5,386	34%
Texas	9,906,070	6,838,900	3,582,718	36%

Table 10. Family Households with Children

Households by Family Type <sup>3</sup>						
County	Pop. 0-17 yrs.	Children in Single Parent Households	% in Single Parent Households	# Children in Single-Parent Households <sup>4</sup>		% of children under 6 in Single-Female Households
				3 yrs.	4 yrs.	
Austin	7,100	1,525	21.4%	102	87	42%
Chambers	12,009	1,811	15.0%	356	217	57%
Hardin	14,120	3,405	24.1%	475	365	45%
Harris	1,247,584	347,248	27.8%	36,121	29,282	39%
Humble	10,072	1,587	15.7%	0	83	36%
Liberty	22,877	4,593	20.0%	133	183	40%
Montgomery	155,219	25,216	16.2%	2,835	2,282	36%
Polk	10,113	3,597	35.5%	245	382	43%
San Jacinto	6,196	1,168	18.8%	23	17	37%
Waller	12,842	2,858	22.2%	475	253	40%

Table 11. Households by Family Type

### Family Status of Head Start Children

According to the Head Start Program Information Report (PIR) for MET Head Start programs in the service area, 886 children live in single-parent families (63%) and 578 children live in two-parent families (37%). Within Head Start, a greater percentage of children live in single-parent

<sup>4</sup> United States Census Bureau, American Community Survey. 2021. Table S1101



families compared to the general community. This trend is consistent with the last community assessment update.



### **Demographics Key Findings**

The service area is primarily rural with several urban communities. Since 2010, the population has increased substantially with the largest increase occurring in Montgomery County in which the largest cities are located. Although Harris County is part of the service area, MET only serves the rural areas, including the City of Humble. The racial composition of the service area continues to be largely white and Hispanic/Latino.

### **2023 Update**

There have been no changes that are significant since the last community update in regard to family status, race or ethnicity. In the past year, the composition of families and demographics of the population have changed by less than 1% across all categories. The gaps and needs identified in the last community assessment remain relevant as follows:

- The diversity in the population is connected high rates of poverty as the jobs available for individuals of color, who do not demonstrate educational attainment rates at parity with whites, do not pay enough to lift individuals and families out of poverty.
- Another significant population trend is a decline in births that has occurred since 2010, which should be taken into consideration when planning for early childhood program slots. In the service area counties, there are fewer children aged 3 and 4 years than children aged birth-to-two years (see Head Start and Early Head Start eligibles section).
- Family structure is important for poverty fighting programs to consider. For example, family structure can play a role in the mental health, physical well-being, and longevity of life. According to Raley and Wildsmith, over time the rise in unmarried and stepfamily living has coincided with a rapid acceleration of family instability and more children transitioning to multiple living arrangements. The struggles of single-mothers and seniors living on a limited income have been noted in research as harmful to health and wellbeing, and as predictors of future economic stability for the economy. The community assessment data indicates that there remains a significant percent of children living in single female-headed households throughout the counties. Montgomery County is of concern because it is home to a large percentage of the population under five years and has some of the highest rates of children living in households headed by a single mother.



## Economic Activities

### **Texas and Service Area Industries<sup>5</sup>**

There have been no changes in the service area industries since the last community assessment update. The majority of the service area counties are located in the Gulf Coast Workforce Region which includes the counties of Austin, Chambers, Harris, Liberty, Montgomery, and Waller.

In addition to energy, the region features other important industries. Its southern location, with easy access to the Port of Houston makes it an ideal distribution point for numerous maritime, railroad, airline, and motor freight companies. Other industries such as education, trade, and healthcare benefit from a population growth rate that more than doubles that of the nation. Furthermore, Houston is one of the top spots in the country for corporate relocation and investment due to its low cost of doing business.

Hardin County is part of the Southeast Texas Workforce Region. The major industries in this area include Trade, Transportation and Utilities, followed by Government and Manufacturing. There has been no change since the last community assessment update in the primary industries in this area. Polk and San Jacinto counties are in the Deep East Texas Workforce Region. The primary industries in this area are Healthcare, Education, and Manufacturing. Agriculture also is a strong component of the economy.

The regional workforce plans for each workforce area indicate that the labor markets have begun the road to recovery after the pandemic. However, growth has been uneven and the energy sector still reflects unemployment rates higher than they were before the pandemic. The region's high concentration of energy jobs and its major petrochemical complex results in a critical need for skilled crafts and technical jobs that require more education and training than a high school diploma, but less than a college degree. In the Southeast and Deep East Texas Regions there are a number of manufacturing jobs rated as high – growth that also require a need for skilled labor.

### **Unemployment**

The trend of decreasing unemployment rates continues throughout the service area, although the change has not been significant.

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<sup>5</sup> <https://datausa.io>



Change in Unemployment <sup>6</sup>					
County	Unemployment November 2021	Unemployment November 2022	Unemployment Rate November 2021	Unemployment Rate November 2022	Rate Change
Austin	630	500	4.6%	3.5%	-1.0%
Chambers	1,401	1,077	6.7%	5.1%	-1.7%
Hardin	1,674	1,241	6.7%	5.0%	-1.8%
Harris	118,784	95,812	5.2%	4.1%	-1.1%
Liberty	2,562	2,005	7.3%	5.6%	-1.7%
Montgomery	13,834	11,212	4.7%	3.7%	-1.0%
Polk	1,250	993	6.7%	5.4%	-1.3%
San Jacinto	709	569	6.0%	4.8%	-1.2%
Waller	1,253	1,077	5.0%	4.2%	-0.8%
Texas	651,011	544,188	4.5%	3.7%	-0.8%
United States	6,416,592	5,598,780	3.9%	3.4%	-0.5%

Table 12. Change in Unemployment

### Median Income Level and Source of Income

There have been no significant changes to median income in the service area. Single female-householders continue to earn the lowest income of all family types<sup>7</sup>.

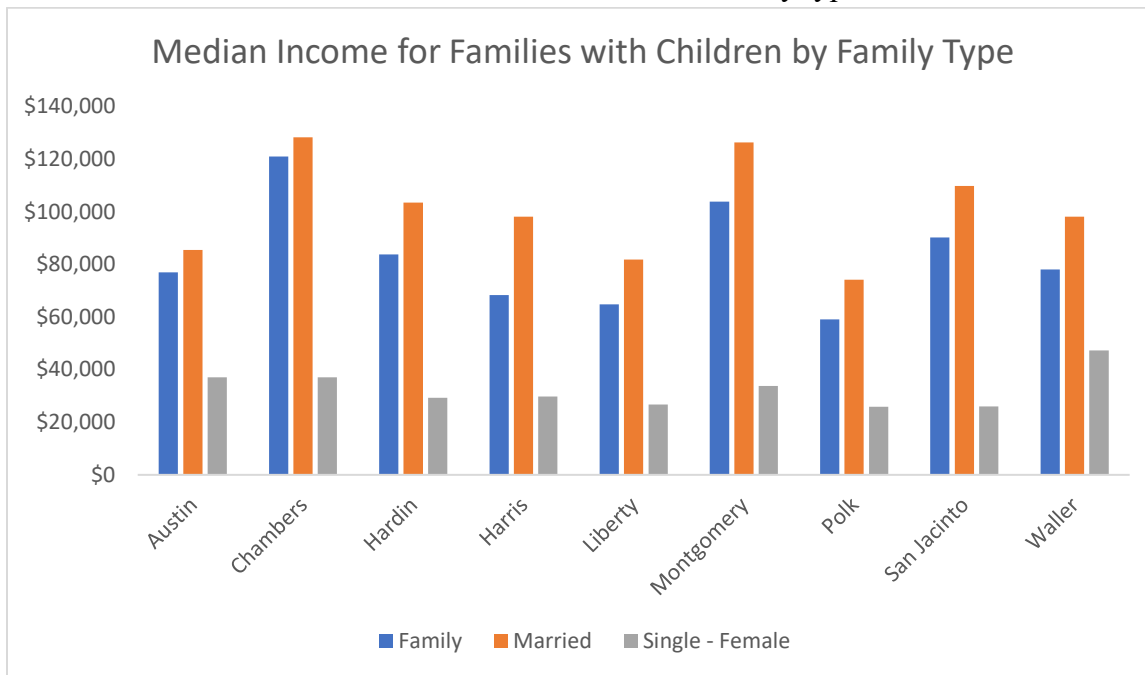


Table 13: Median Income Level by Family Type

<sup>6</sup> U.S Department of Labor, Bureau of Labor Statistics 2022.

<sup>7</sup> United States Census Bureau, American Community Survey. 2021 Table S1902 & S1903



### Median Income by Race/Ethnicity

There has been no change in the trend for individuals of color to have a lower income than their peers. Whites continue to have the largest median income.

### Social Security Recipients

A small percentage of households have received social security income in the last 12 months, even though many more individuals are likely eligible for assistance. This trend has not changed since the last community assessment.

### Public Assistance of Families in Poverty

The rate of families in the MET Head Start program and the rate of families in the service area that receive public assistance, such as Temporary Aid for Needy Families and Supplemental Security Income (SSI) is illustrative of the high rates of poverty found among Head Start and Early Head Start families.

Families Receiving Public Assistance Income <sup>8</sup>			
Area	Families with Public Assistance	Married-Couple Families	Single-Female Households
Austin	6,182	4,976	911
Chambers	11,049	8,577	1,313
Hardin	9,515	7,079	830
Harris	894,577	655,549	67,578
Liberty	16,369	13,307	963
Montgomery	134,890	114,234	6,932
Polk	6,182	4,218	456
San Jacinto	3,675	2,532	601
Waller	10,473	10,428	8,357

Table 14: Characteristics of Families Receiving Public Assistance Income

### Head Start Family Employment

Among Head Start families in the service area, 48% of parents in either two-parent or single parent families are unemployed which is significantly higher than the service area unemployment rate at over seven times the combined unemployment rate for the service area.



#### Economic Activities Key Findings

Since the last community assessment update, the rate of unemployment among Head Start families decreased. While the parental unemployment rate is still high it does indicate there is an increasing need for childcare services.

<sup>8</sup> United States Census Bureau, American Community Survey. 2021. Table B09010.



**2023 Update**

The findings for last year remain consistent with the data collected for this update. However, the disparity in income and employment is continuing to improve. The unemployment rate decreased by 1% in all counties and median income increased slightly. There is still a racial disparity in income. The median income has changed less than 1% since the last community assessment update. The employment rate among Head Start families increased significantly and the employment rate among families improved to 74% of children having at least one parent working, as opposed to 52% during the last community assessment update.



## Head Start and Early Head Start Eligibles

### Children Eligible for Head Start and Early Head Start by Age

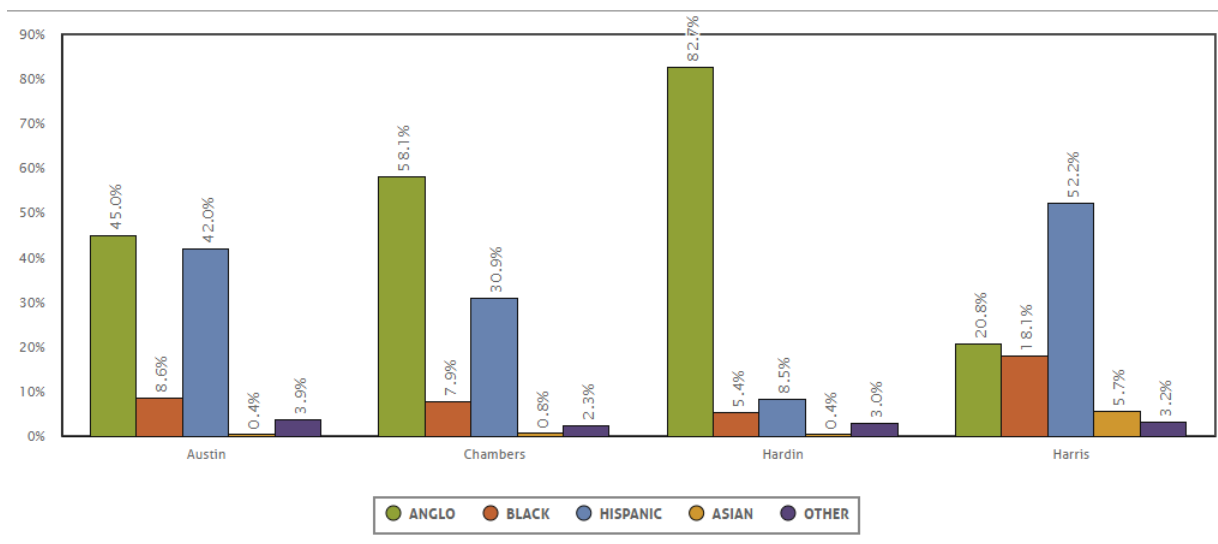
In the service area counties, there are 37,116 children aged 0-2 years and 25,723 children 3 and 4 years. This data indicates that there are 2,898 infants and toddlers eligible for Early Head Start and 1,895 children eligible for Head Start which is a slight decrease from the prior year. There are also 2,893 pregnant women living in poverty.

MET Head Start and Early Head Start Eligibles						
Note – Data is calculated for Humble. Harris County is included for reference						
Area	# of Children Under 3	# of Children Aged 3 & 4	Poverty Rate for Children Under 5	EHS Eligibles	HS Eligibles	Annual Births to Women in Poverty
Austin	885	781	11%	97	86	31
Chambers	2,072	937	14%	290	131	202
Hardin	2,278	1,212	19%	433	230	341
Harris	203,857	138,006	24%	48,926	33,121	19,624
(Humble)	539	185	24%	129	44	118
Liberty	3,469	3,030	22%	119	191	255
Montgomery	23,298	16,665	15%	763	667	1,438
Polk	1,463	1,107	30%	438	332	278
San Jacinto	825	517	18%	149	93	115
Waller	2,287	1,289	21%	480	271	115
<b>TOTAL</b>	<b>37,116</b>	<b>25,723</b>		<b>2,898</b>	<b>1,895</b>	<b>2,893</b>

Table 15: Head Start and Early Head Start Eligibles

### Race and Ethnicity of Head Start and Early Head Start Eligible Children

There has been no significant change in the race and ethnicity of Head Start and Early Head Start eligible children.



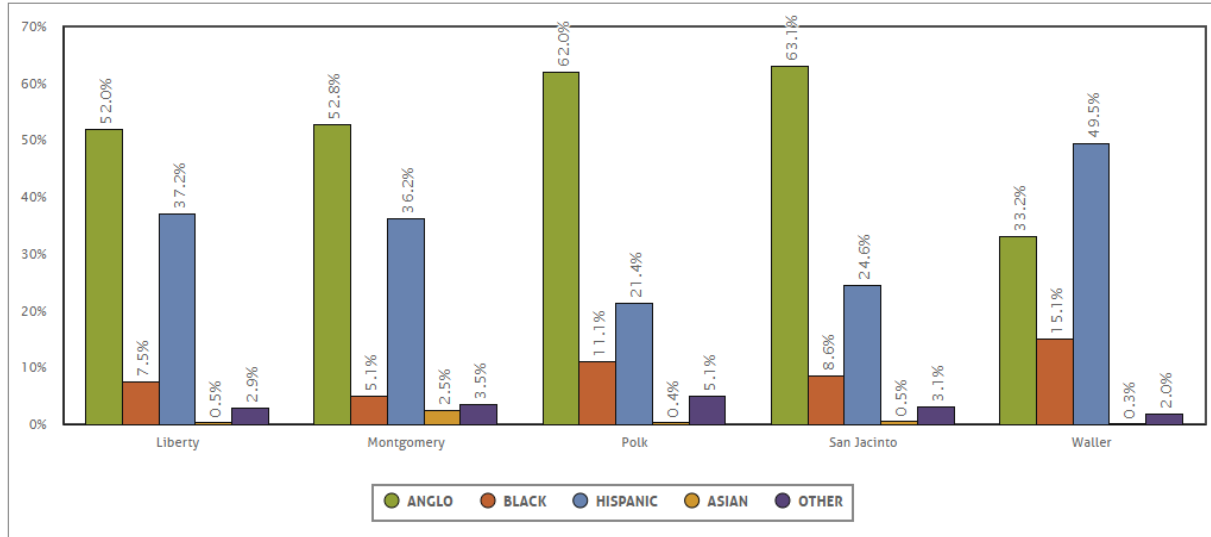


Figure 3. Race of Head Start Children

### Dual Language Learners Eligible for Head Start and Early Head Start

According to the PIR data, 80% of Head Start and Early Head Start families speak English as their primary language, compared to 77% of families last year. Spanish, African, Middle Eastern and East Asian languages were the most frequently spoken languages at home for children speaking a language other than English. Based on this data, it is estimated that there are a significant number of dual language learners living in the service area. Using PIR data and the number Head Start and Early Head Start eligibles for each county in the service area, it is estimated the following number of children are living in poverty and are dual language learners age-eligible for Head Start and Early Head Start.

Dual Language Learners Eligible for HS and EHS					
County	HS Eligibles	EHS Eligibles	% DLLs	DLL HS Eligibles	DLL EHS Eligibles
Austin	97	86	20%	19	17
Chambers	290	131		58	26
Hardin	433	230		87	46
Humble	129	44		26	9
Liberty	119	191		24	38
Montgomery	763	667		153	133
Polk	438	332		88	66
San Jacinto	149	93		30	19
Waller	480	271		96	54
<b>Total</b>	<b>2,898</b>	<b>2,045</b>			<b>580</b>

Table 16: Children with Limited English Proficiency





### Homeless Children Eligible for Head Start and Early Head Start

There has been no update provided for the number of children that are homeless in the service area. The Early Childhood Homeless State Profile for Texas states that 1 in every 11 children are homeless. Using this methodology, the following table demonstrates the number of children that are homeless by county. It is estimated there are 22,399 infants and toddlers aged between 0 and 2 years, and 14,937 children aged 3 to 5 years who are homeless in the service area. When Harris is removed from the calculation, it is estimated there are 3,148 children aged 0-2 years and 2,145 3-5 year old children that are homeless.

Homeless Children by County <sup>9</sup>		
Area	Children Aged 0-2	Children Aged 3-5
Austin	94	68
Chambers	173	81
Hardin	192	148
Harris	19,251	12,792
Liberty	344	199
Montgomery	2,094	1,424
Polk	22	14
San Jacinto	69	64
Waller	160	147

Table 17: Homeless Children by County

According to the MET Program Information Report, MET served 30 families who were experiencing homelessness during the 2022 program year. In total, 16 children were experiencing homelessness were enrolled in MET Head Start because they were categorically eligible due to homelessness.

Homelessness Services – Head Start PIR		
Subject	#	%
Total number of families experiencing homelessness that were served during the enrollment year.	30	2%
Total number of children experiencing homelessness that were served during the enrollment year.	31	2%
Total number of families experiencing homelessness that acquired housing during the enrollment year.	2	6%

Table 18: MET Homelessness Services

### Children in Foster Care Eligible for Head Start and Early Head Start

The MET Head Start program served 84 children in foster care during the 2022 program year. Based on data from the Department of Family and Protective Services there 1,555 children in the foster care system in the service area eligible for HS and EHS. This data shows an increase in the number of children in foster care served by the program and a decrease in the number of children in foster care (overall).

<sup>9</sup> Early Childhood Homelessness State Profile.2019



Children in Foster Care <sup>10</sup>		
Area	Children Aged 0-2	Children Aged 3-4
Austin	5	2
Chambers	4	1
Hardin	42	18
Harris	711	424
Liberty	29	14
Montgomery	165	54
Polk	25	23
San Jacinto	15	2
Waller	13	8
<b>Total</b>	<b>1,009</b>	<b>546</b>

Table 19: Children in Foster Care

### Children with Disabilities Eligible for Head Start and Early Head Start

The CDC reports that approximately 17% of children aged 3 to 17 years have a disability.<sup>11</sup> Using this estimate, there are 41,543 infants and toddlers aged 0 to 2 years and 27,678 children aged 3 to 4 years in the service area that have a disability, as demonstrated in the table below.

Children with Disabilities Eligible for HS and EHS					
County	HS Eligibles	EHS Eligibles	% DLLs	DLL HS Eligibles	DLL EHS Eligibles
Austin	885	781	17%	150	133
Chambers	2,072	937		352	159
Hardin	2,278	1,212		387	206
Humble	539	185		92	31
Liberty	3,469	3,030		590	515
Montgomery	23,298	16,665		3,961	2,833
Polk	1,463	1,107		249	188
San Jacinto	825	517		140	88
Waller	2,287	1,289		389	219
<b>Total</b>	<b>37,116</b>	<b>25,723</b>			<b>6,310</b>

Table 20: Children with Disabilities

During the 2022 program year, MET Early Head Start served 12 infants and toddlers who had a disability through Part C Early Intervention Services. MET Head Start served 74 children aged 3 to 4 who had a disability. The following table demonstrates the number of children served who had a disability by the type of disability. There were fewer children with a disability served by the program when compared to 2021.

<sup>10</sup>[https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Services/Family\\_Preservation/Families\\_Entering\\_Services.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Family_Preservation/Families_Entering_Services.asp)

<sup>11</sup> Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4): e20190811. Retrieved from <https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html>



MET Head Start Children by Disability Type - PIR	
Primary Disability	Number
Health impairment	2
Emotional disturbance	1
Speech or language impairments	54
Autism	12
Non-categorical developmental delay	5

Table 21: MET Head Start Children by Disability Type - PIR



### Head Start Eligible Children and Families Key Findings

#### 2023 Update

There are a total of 4,793 children under the age of 5 eligible for Head Start or Early Head Start in the MET service area (excluding Harris County, but including Humble). Of these children, 2,898 are aged 0-2 years and 2,045 are aged 3-4 years. Within the service area, there are 3,148 children aged between 0-2 years and 2,145 aged 3-5 years who are categorically eligible for Head Start services because they are currently homeless. There are also 1,555 children eligible for Head Start and Early Head Start services because they are in foster care. Within the service area, there are 989 children aged 0-5 who are dual language learners and 10,682 children under five years with a disability.



## Poverty

### Poverty in the MET Service Area

As shown in the following chart, the poverty rate has continued to decline over the past year. The rate of poverty remained the same in Austin, Hardin, Harris, Polk, and Waller Counties. The general poverty rate has increased in Chambers, Liberty, and San Jacinto Counties. In regard to children 0-5 years, Austin, Chambers, and Waller have shown a decrease in poverty. Counties showing an increase in children under five years in poverty are Hardin, Harris, Liberty, Polk, Montgomery, and San Jacinto.

Poverty Rate Households and Households with Children <sup>12</sup>				
Area	Total Population	Poverty Rate	Poverty Rate 0-17	Poverty Rate 0-5
Austin	29,586	9%	10%	11%
Chambers	42,253	15%	18%	14%
Hardin	56,675	12%	14%	19%
Harris	4,634,207	16%	23%	24%
Liberty	78,477	16%	20%	22%
Montgomery	586,235	9%	12%	15%
Polk	46,439	16%	26%	30%
San Jacinto	28,397	17%	21%	18%
Waller	49,538	12%	14%	21%

Table 22: Poverty Rates

### Poverty Rate Comparison 2020-2021

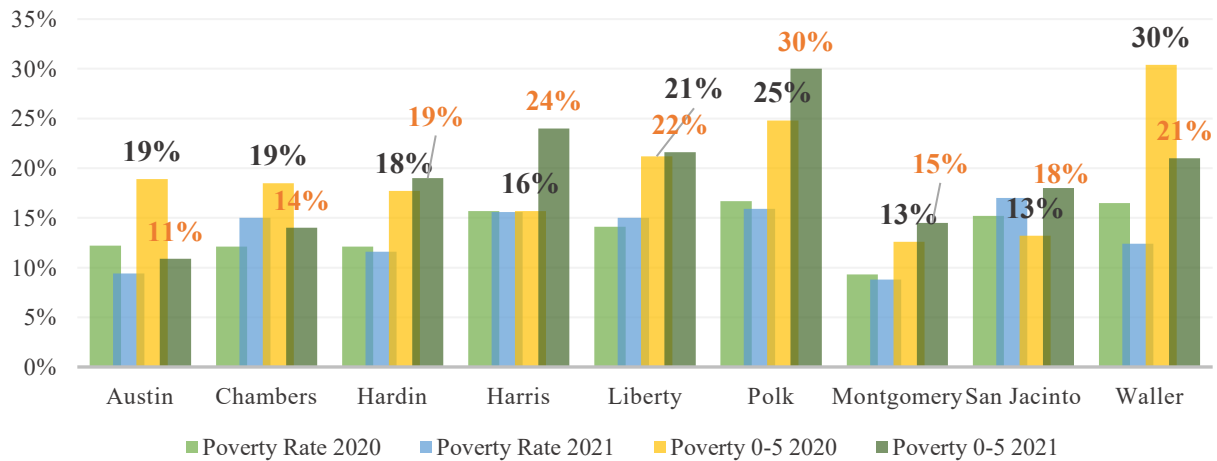


Figure 4: Poverty Rates

<sup>12</sup> United States Census Bureau, American Community Survey. 2021. Table S1701.



### Number of Families Living in Poverty

The number of families living in extreme poverty has increased slightly. Within the service area there are 65,543 families living in extreme poverty compared to 61,495 during the last community assessment period. The counties noted with a \* in the following table show a slight decrease in families living in extreme poverty. There are also 216,599 families that are economically insecure compared to 208,201 families recorded during the last community assessment period. These families are considered to be “working poor”.

Number of Families Living in Poverty <sup>14</sup>		
Area	Under 50% FPL	Under 125% FPL
Austin	204	1,337
Chambers	920	1,710
Hardin	441*	1,728*
Harris	59,261	193,666
Liberty	814	4,434
Montgomery	3,862	15,452
Polk	787*	2,084*
San Jacinto	172	1,326*
Waller	309	1,107*

Table 23: Number of Families Living in Poverty

### Characteristics of Families in Poverty

There have been no significant changes to the characteristics of families in poverty. Families with children are more likely to live in poverty. Additionally, families headed by a single female-householder with children are most likely to have an income below the federal poverty level.

Characteristics of Families in Poverty <sup>13</sup>		
Area	% of families in poverty	% of families in poverty with no children
Austin	9%	4%
Chambers	15%	10%
Hardin	12%	3%
Harris	16%	6%
Liberty	16%	7%
Montgomery	9%	4%
Polk	16%	7%
San Jacinto	17%	10%
Waller	12%	7%

Table 24: Characteristics of Families in Poverty

<sup>13</sup> United States Census Bureau, American Community Survey. 2021. Table S1702.



### Poverty by Family Type

Family poverty decreased slightly (between 1% and 2%) in the service area counties during the past year. However, the trend for households headed by single females with children under five years to have higher rates of poverty remains consistent.

Poverty Rates by Family Type <sup>14</sup>				
Area	Families	Married Couples	Female Householder (FH)	FH – Children < 5 yrs.
Austin	9%	6%	37%	73%
Chambers	15%	6%	55%	80%
Hardin	8%	7%	34%	60%
Harris	18%	9%	39%	58%
Liberty	16%	9%	42%	49%
Montgomery	10%	5%	33%	55%
Polk	21%	10%	42%	57%
San Jacinto	17%	10%	32%	32%
Waller	7%	5%	21%	90%

Table 25: Poverty Rates by Family Type

### Poverty Rate by Race and Ethnicity

The racial disparity in poverty in the service area remains unchanged. More families of color live in poverty than whites.

### POVERTY RATES BY RACE/ETHNICITY

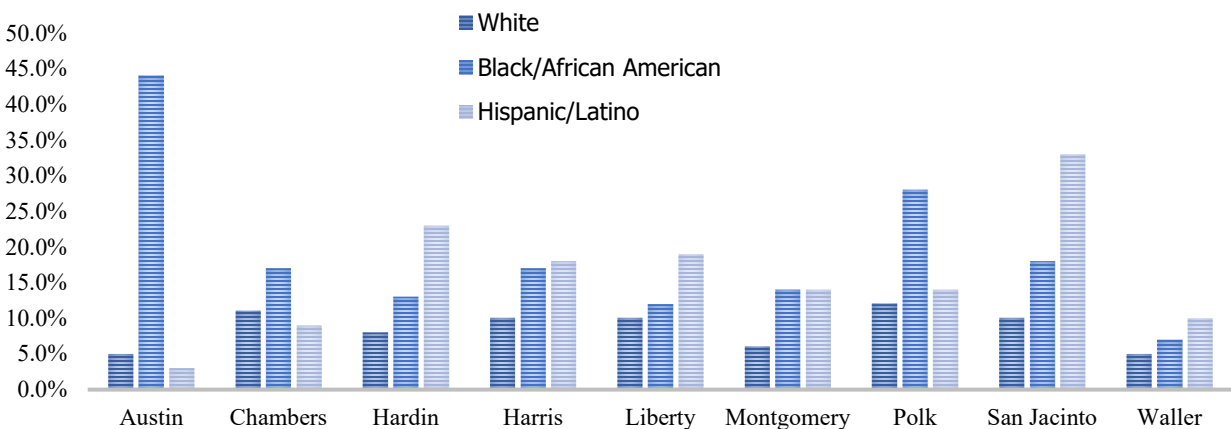


Figure 5: Poverty Rates by Race/Ethnicity

<sup>14</sup> U.S. Census American Bureau. American Community Survey.2021. Table S1702.

### Poverty Rate by Worker Status

The following chart details poverty rates by work status for families. Families with two workers are less likely to have an income below poverty.

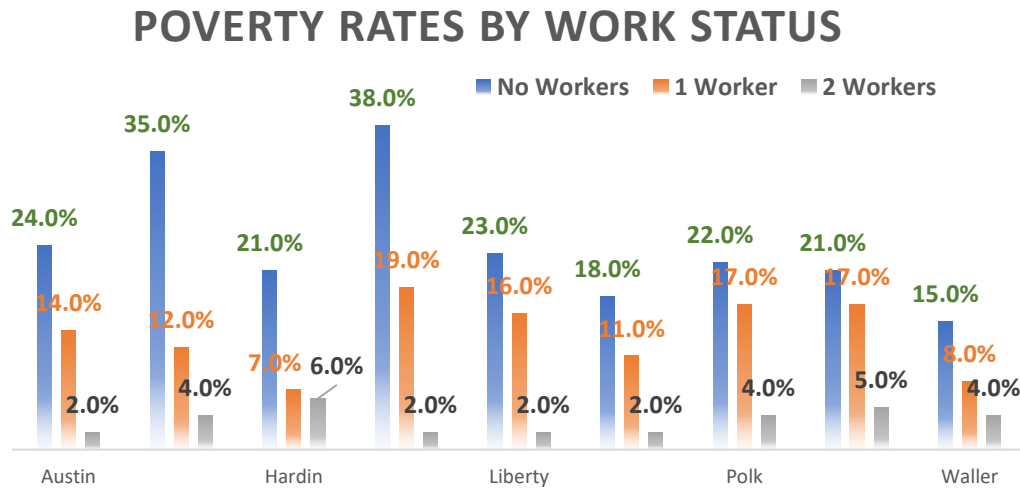


Table 26. Poverty Rates by Work Status



### Poverty Key Findings

The highest rates of overall poverty in the service area are in San Jacinto, Harris, and Liberty County. Poverty rates among children aged 0 to 5 years are particularly concerning as and range from 30% (Polk County) to 11% (Austin County) of children. Single female-householders also experience high poverty rates, and the rate of poverty for these families is often up to six times higher than the rate of poverty experienced by married couple families. The black/ African American and Hispanic/Latino communities also experience poverty at a higher rate than the general population, especially in Austin County.

### 2023 Update

In general, poverty trends remain unchanged since the last community assessment. A significant number of service area families and children are living in poverty. The highest poverty rates are in the most rural and most urban areas. The urban areas are home to the most diverse populations. The highest poverty rates are found among children under five years and children experience higher rates of poverty than adults. Poverty is also more prevalent among certain family types such as families headed by single mothers and non-whites. Poverty by race shows that the poverty rate is highest for Hispanic/Latino and black/African American families. Poverty is also connected to work status and educational attainment. Families headed by parents that are working full-time are less likely to live in poverty. Families in poverty are more likely to have children than not. The population in poverty are more likely to have attained a lower level of education than those that do not live-in poverty. There is an income deficiency for families that receive public assistance across all service area counties.



## Educational Needs of Eligible Families

### Educational Attainment

The trend for residents of the service area counties to be more likely to have obtained a high school diploma, but less likely to have obtained a bachelor’s degree than residents of the state or nation is still prevalent.

Educational Attainment <sup>15</sup>						
Area	No Highschool Diploma	Highschool Diploma	Some College	Associate degree	Bachelor's Degree	Graduate or Professional Degree
Austin	12.4%	33.4%	24.8%	6.4%	20.2%	11.3%
Chambers	10.2%	26.6%	30.1%	10.7%	16.0%	6.9%
Hardin	11.2%	39.6%	22.0%	9.1%	14.9%	7.6%
Harris	18.1%	22.8%	19.7%	7.1%	13.9%	4.2%
Liberty	21.7%	39.1%	23.5%	5.8%	20.5%	11.8%
Montgomery	10.8%	23.3%	23.3%	7.7%	7.1%	2.8%
Polk	18.1%	37.4%	23.5%	6.7%	23.4%	11.5%
San Jacinto	14.5%	42.5%	22.6%	5.2%	10.5%	3.9%
Waller	14.7%	31.5%	25.7%	5.0%	10.0%	5.2%
Texas	15.6%	24.7%	21.5%	7.4%	15.3%	7.7%
United States	11.4%	26.7%	20.3%	8.6%	19.9%	10.8%

Table 27: Educational Attainment

### 3<sup>rd</sup> Grade Test Scores

Data from the Texas Education Agency (TEA) indicates that minority children have lower test scores than all children in both mathematics and English language arts. This trend has not changed since the last community assessment as data has not yet been updated by the TEA.

### Adult Literacy

The MET service area counties have rates of adults lacking literacy skills at parity with those found for Texas, but higher rates than the United States as a whole. This data has not been updated since the last community assessment.

### Educational Attainment of Head Start Families

Data from the Head Start Program Information Report for the MET service area during the 2022 program year indicates that most parents in Head Start have a high school diploma or GED. However, the proportion of families headed by a parent without a high school diploma is significantly greater than found for the service area counties or state.

<sup>15</sup> United States Census Bureau. American Community Survey. 2021.



### Educational Attainment of Head Start Families

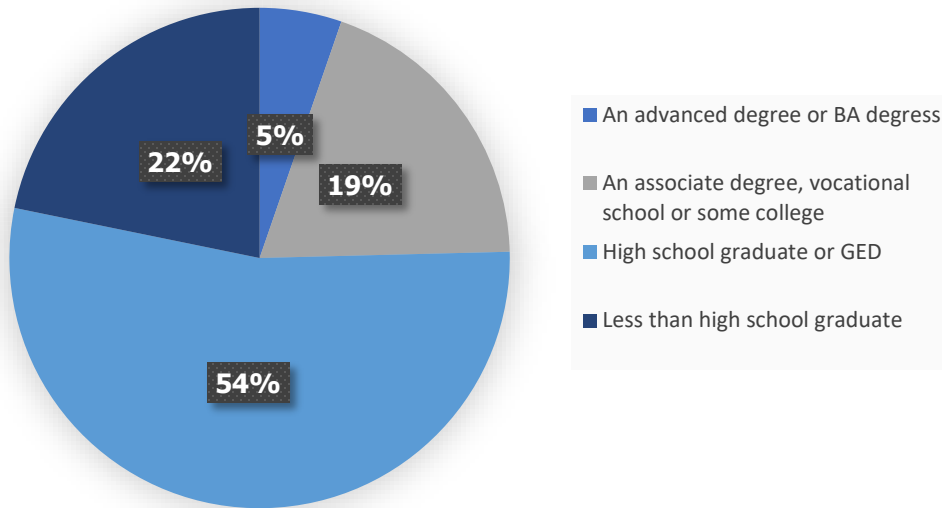


Figure 6: Educational Attainment of Head Start Families

### Head Start Families Receiving Assistance with Adult Education

Head Start Families Receiving Assistance with Adult Education	
Types of Assistance	MET 2022
Completed Job Training Program	285 (24%)
Completed AA, BA, or Advanced Degree	85 (8%)
English as a Second Language Training	20(1%)

Table 28: HS Families Receiving Assistance with Adult Education



### Education Key Findings

#### 2023 Update

There were no changes to the Education trends identified in the last community assessment update. A contributing factor to the findings was due to lack of updates to the data on student achievement. Within the service area there is a need for continuing education past a high school diploma as many families have a high school diploma as their highest level of educational attainment. There is also a persistent racial disparity in achievement that continues to be relevant for children in the service area. Head Start families have lower rates of educational attainment than their middle-income peers.



## Health and Social Services

### Child Abuse

According to the Annie E. Casey Kids Count Data Center, among all counties in the service area San Jacinto, Polk and Hardin Counties experience the highest rates of child abuse. The rates of child abuse have decreased slightly since the last community assessment update.

Child Abuse <sup>16</sup>		
Area	Confirmed Victims of Child Abuse	Child Abuse Rate per 1,000
Austin	47	6.8
Chambers	56	5.1
Hardin	145	11.6
Harris	6,882	5.2
Liberty	187	8.9
Montgomery	826	5.4
Polk	123	12.9
San Jacinto	76	11.9
Waller	55	4.8

Table 29: Child Abuse

### Drug and Alcohol Abuse

Data on drug and alcohol abuse has not been updated since the last community assessment update. The service area counties demonstrate rates of excessive drinking, similar to that of the state and nation.

### Crime Rates

The violent crime rates in the service area are high, both in general and for juvenile arrests. Crime rates have increased throughout the service area since the last community assessment.

Service Area Crime Rates		
	Violent Crime	Juvenile Crime (Rate per 100,000 pop)
Austin	209.90	29.8
Chambers	357.90	0.8
Hardin	160.90	75.8
Harris	748.90	216.3
Liberty	357.90	52.1
Montgomery	179.30	200.7
Polk	275.10	260.2
San Jacinto	374.50	0.0
Waller	428.5	0.0

Table 30. Crime Rates

<sup>16</sup> Annie E. Casey Kids Count Data Center.



### Maternal and Child Health

Maternal child health in the service area remains concerning. Many indicators have not been updated since the last community assessment update.

### Infant and Child Mortality

The child mortality rate is the number of deaths of children under age 18 per 100,000 people. Most counties in the service area either did not report or the number of child deaths is at 0. However, in Harris County the child mortality rate was 5.9 per 1,000 births while in Montgomery County it was 4.9 per 1,000 births.

### Low Birthweight Infants

Low birthweight is the most significant factors impacting the health of newborn babies and a significant determinant of post-neonatal mortality. Low birthweight is used to describe babies who are born weighing less than 2,500 grams (5 lbs. 8 oz.). Low birthweight increases the likelihood that infants will develop health issues such as respiratory disorders, neurodevelopmental disabilities, and issues related to future school achievement. The following table shows trends in the rate of babies born with a low birthweight.

Low Birthweight Babies <sup>17</sup>	
Area	Percent
Austin	8%
Chambers	8%
Hardin	9%
Harris	8%
Liberty	9%
Montgomery	7%
Polk	8%
San Jacinto	9
Waller	8%

Table 31: Low Birthweight Babies

### Prenatal Care

Prenatal care is the first step to keeping women and their newborns healthy. Regarding access to prenatal care in MET service area counties, using the latest service area data, there is a racial/ethnic disparity. As is demonstrated in the table below both the black/African American and Hispanic/Latino populations experience higher rates of receiving late or no prenatal care compared to white mothers.



Late or No Prenatal Care by Race and Ethnicity <sup>16</sup>			
Area	Black	White	Hispanic/Latino
Austin	31%	31%	45%
Chambers	0%	25%	30%
Hardin	0%	29%	0%
Harris	40%	27%	43%
Liberty	0%	32%	48%
Montgomery	34%	23%	36%
Polk	0%	32%	27%
San Jacinto	0%	31%	44%
Waller	0%	22%	44%

Table 32: Late or No Prenatal Care by Race/Ethnicity

### Teen Birth Rate

The teen birth rate in the service area counties remains high.

Teen Birth Rate <sup>17</sup>	
Area	Rate per 1,000
Austin	25
Chambers	19
Hardin	33
Harris	29
Liberty	42
Montgomery	20
Polk	45
San Jacinto	36
Waller	18

Table 33: Teen Birth Rate

### TEEN BIRTH RATE BY RACE/ETHNICITY

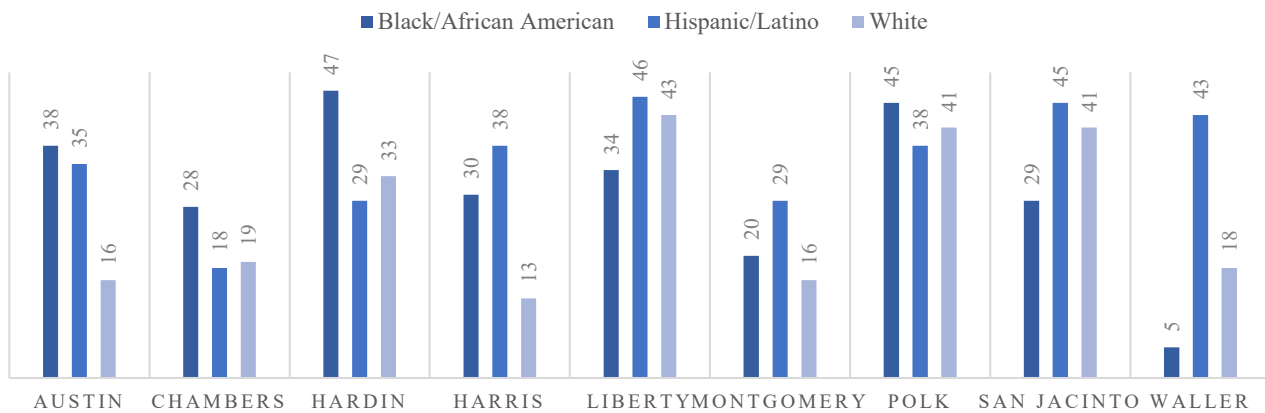


Figure 7. Teen Birth Rate by Race

<sup>17</sup> Countyhealthrankings.org



### Prevalent Health Problems

The MET service area counties fare poorly in regard to multiple areas of quality of life, health factors, and socio-economic factors as demonstrated in the tables below.

Quality of Life <sup>28</sup>			
Area	Poor or fair health	Poor physical health days	Poor mental health days
Austin	22%	4.0	4.4
Chambers	20%	3.9	4.4
Hardin	21%	4.1	4.9
Harris	23%	4.0	4.2
Liberty	27%	4.7	5.0
Montgomery	19%	3.6	4.2
Polk	25%	4.6	4.9
San Jacinto	25%	4.7	5.1
Waller	24%	4.3	4.6

Table 34: Quality of Life

Health Factors <sup>28</sup>							
Area	Adult smoking	Adult obesity	Food environment index	Uninsured adults	Primary care physician ratio	Dentist ratio	Mental health providers
Austin	16%	35%	8.0	22%	6,010:1	2,310:1	2,720:1
Chambers	17%	37%	7.9	16%	8,770:1	22,800:1	4,140:1
Hardin	21%	36%	6.9	16%	4,800:1	3,240:1	2,240:1
Harris	15%	35%	7.6	24%	1,690:1	1,400:1	730:1
Liberty	23%	37%	7.4	23%	4,410:1	3,660:1	4,360:1
Montgomery	15%	36%	7.6	17%	1,660:1	2,030:1	1,070:1
Polk	23%	40%	6.7	23%	1,830:1	2,410:1	2,300:1
San Jacinto	22%	40%	7.1	23%	14,330:1	29,300:1	7,330:1
Waller	19%	39%	7.1	24%	7,590:1	6,380:1	4,100:1

Table 35: Health Factors

Socio-Economic Factors <sup>28</sup>					
Area	Income inequality	Social associations	Violent crime	Severe housing problems	Drinking water violations
Austin	4.9	11.3	238	15%	No
Chambers	5.8	4.8	348	15%	Yes
Hardin	5.0	12.2	157	12%	Yes
Harris	4.9	5.5	730	20%	Yes
Liberty	4.8	8.2	410	14%	No
Montgomery	4.5	5.9	175	14%	Yes
Polk	4.6	8.0	286	14%	Yes
San Jacinto	4.8	3.1	207	15%	Yes
Waller	4.9	5.8	344	21%	No

Table 36: Socio-economic Factors



### Social Services Used by Head Start Families

The PIR indicates that families are in need of social services at a high rate. The most frequently utilized social services are health education, parenting education, and emergency/crisis intervention, such as meeting families’ immediate needs for food, clothing or shelter. In total, 524 families received social services through the MET Head Start program.

Social Services Used by Head Start Families		
Services	Number of Families	Percent of Enrollment
Emergency Assistance/Crisis Intervention	130	8%
Housing assistance	5	1%
Mental health services	16	1%
English as a second language	20	1%
Substance abuse prevention	1	-
Assistance enrolling in an education or job training program	20	1%
Involvement in discussing their child’s assessment	1,479	93%
Transition support	780	50%
Health education	286	18%
Education on the harmful effects of tobacco	147	9%
Nutrition education	431	27%
Postpartum care education	42	3%
Assistance to families of incarcerated individuals	4	-
Parenting education	1,448	91%
Relationship/marriage education	6	-
Asset building services	20	1%

Table 37: Social Services Used by Head Start Families



### Health and Social Services Key Findings

#### 2023 Update

There have been only slight changes in the health and social services trends in the service area. Troubling disparities across several factors remain that include child abuse and lack of access to health services providers which has worsened in the most rural parts of the service area. These factors also contribute to the likelihood that children are exposed to adverse early childhood experiences (ACEs). The community data shows an increase in violent crime and juvenile crime rates in all counties in the service area. Program PIR data shows that most families reported that they were in need of health education, parenting education, and emergency/crisis intervention. The social services received by families increased dramatically over the past year. The lack of pandemic assistance and return of families to the Head Start program is a likely contributor to this trend.



## Nutrition Needs of Eligible Families

Children in food-insecure households and households that struggle to afford food for their families are at an increased risk for numerous health problems and added emotional stress, impacting children’s school readiness and ongoing school success. For a household that has difficulty making ends meet, the food budget is often the first area that is scaled back when unexpected expenses occur.

### Food Insecurity

There has been no update to data on rates of food insecurity since the last community assessment.

Food Insecurity Rates <sup>18</sup>		
Area	Total (%)	Child (%)
Austin	13.4%	19.0%
Chambers	12.8%	18.4%
Hardin	15.6%	21.1%
Harris	13.9%	20.1%
Liberty	15.7%	22.7%
Montgomery	12.3%	15.8%
San Jacinto	17.3%	24.7%
Waller	13.4%	20.0%

Table 38: Food Insecurity Rate

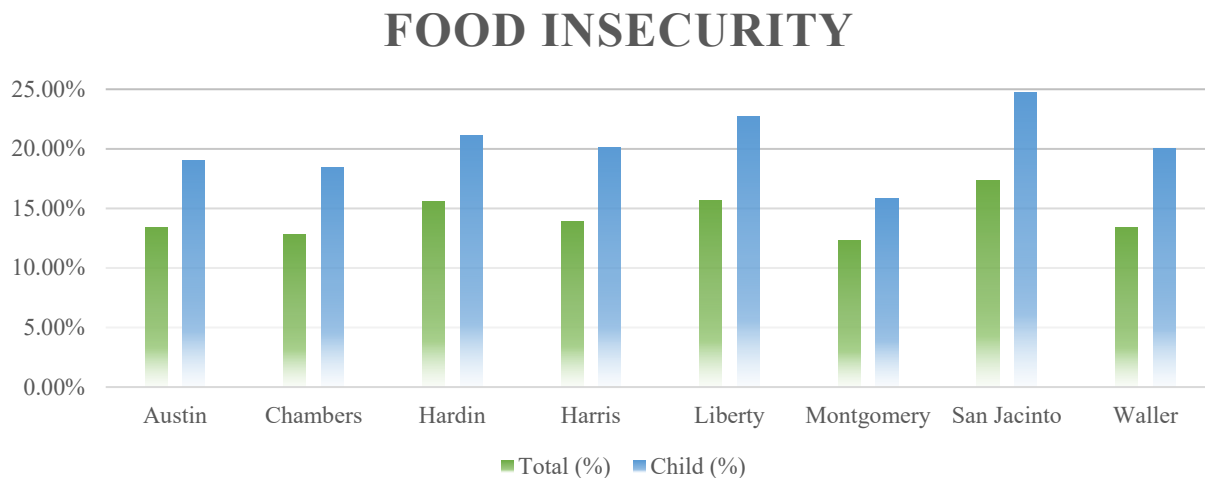


Figure 8: Food Insecurity

<sup>18</sup> Feeding America (2020). *Map the Meal Gap*. Retrieved from <https://www.feedingamerica.org/>.



### Children Eligible for Free/Reduced Price Lunch

There has been a slight decrease in the number of children eligible for free and reduced-priced lunch since the last community assessment. The decrease is less than 2% in all counties showing a decrease (Montgomery, San Jacinto, Austin). While the remaining counties there was a 1%-2% increase in children eligible for free and reduced-priced lunch.

Students Eligible for Free and Reduced-Price Lunch <sup>19</sup>	
Area	Percent
Austin	54%
Chambers	34%
Hardin	47%
Harris	69%
Liberty	77%
Montgomery	45%
San Jacinto	65%
Waller	68%

Table 39: Students Eligible for FRP Lunch

### Population Receiving SNAP Benefits

The rate of SNAP use in the MET service area ranges from a high of 16% to a low of 7% of the population. Among Head Start families, the SNAP participation rate remains 50% of all families.

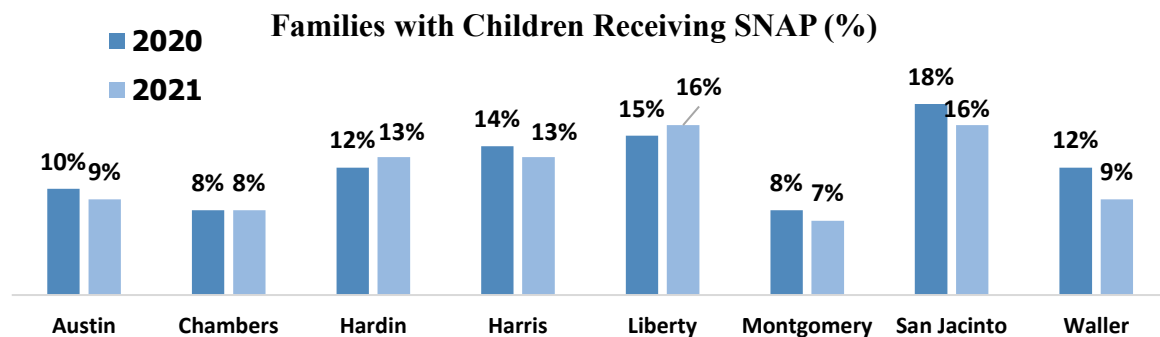


Figure 9: Population Receiving SNAP

### Women, Infants and Children (WIC)

There has been no update to the WIC data since the last community assessment update.



#### Nutrition Key Findings 2023 Update

The data shows that the impacts of COVID-19 pandemic assistance have decreased food insecurity. However, rates of food insecurity remain high, and the next assessment update is likely to show a decrease in food security as pandemic assistance falls away and poverty increases.

<sup>19</sup> CARES Engagement Network. *Social & Economic Factors, 2020-2021*. Retrieved from <https://engagementnetwork.org/>.





## Housing and Homelessness

Service area housing trends remain consistent with the last community assessment update. There have been no updates to the data on the availability of assisted housing and housing resources in the communities in the service area.

### Housing Burden

A housing burden creates financial insecurity. Families experiencing a housing burden often have trouble meeting basic consumption needs, rely on public assistance and have limited savings/emergency funds. Financial resources which would otherwise be used for food, clothing, medical costs, etc. must be allocated to housing costs. The housing cost burden is measured by how many households, either owners or renters, are spending over 30% of their monthly income on housing related costs (i.e., on mortgage or rent). Data on rental households which are most likely to be occupied by families in poverty indicate residents experience a significant rental burden. The cost-burden has doubled since the last community assessment for renters in all service area counties. This is a function of updated data and an increasing cost of living.

Cost Burdened Rental Households <sup>3</sup>		
Area	Total Households	Cost Burdened Households %
Austin	2,494	43%
Chambers	2,021	43%
Hardin	3,991	40%
Harris	737,836	50%
Liberty	6,006	44%
Montgomery	58,692	40%
Polk	4,095	40%
San Jacinto	2,077	38%
Waller	4,788	44%

Table 40: Cost Burdened Households

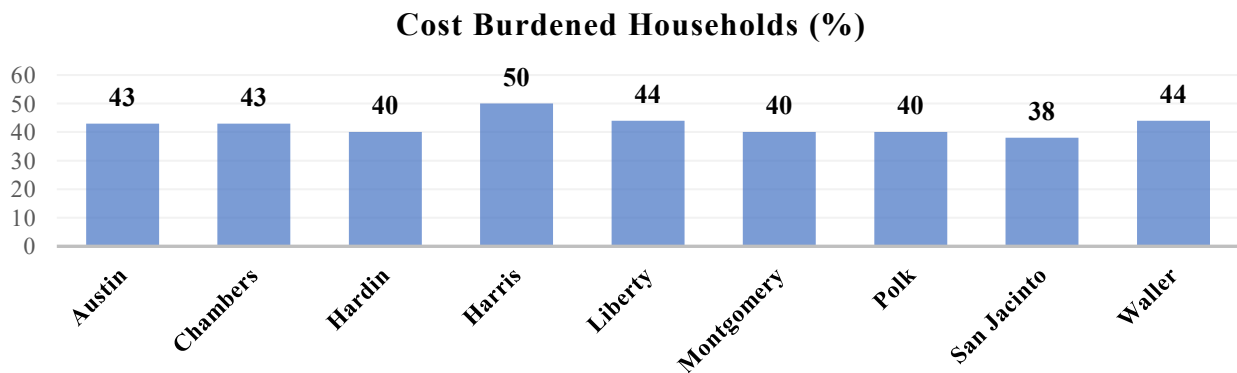


Figure 10: Cost Burdened Households



### Substandard Housing

Substandard housing is considered to be a house that is lacking complete plumbing or kitchen facilities. The following table details the percent of homes in counties in the service area where the quality of living and housing can be considered substandard. Since the last community assessment update the number of housing units with at least one substandard condition has increased by 1%-2% in all counties.

Substandard Housing <sup>3</sup>		
Area	Total Households	Occupied Housing Units with One or More Substandard Conditions
Austin	11,569	27%
Chambers	14,266	25%
Hardin	21,188	21%
Harris	1.6M	36%
Liberty	27,417	28%
Montgomery	205,719	26%
Polk	17,945	26%
San Jacinto	10,143	29%
Waller	15,586	32%

Table 41: Substandard Housing

### Assisted Housing Units

Since the last community assessment update there has been no changes in the number of HUD-Assisted Housing Units in the service area counties. However, because there is an increase in the population but not in the number of housing units, the HUD-Assisted Rate per 10,000 population has decreased.

Assisted Housing Units <sup>20</sup>			
Area	Total Housing Units (2019)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000
Austin	11,569	163	140.8
Chambers	14,266	22	15.4
Hardin	21,188	229	108.8
Harris	1,635,749	38,077	232.7
Liberty	27,417	554	202.6
Montgomery	205,719	2,183	106.1
Polk	17,945	364	202.8
San Jacinto	10,143	25	24.6
Waller	15,586	267	171.3

Table 42: Assisted Housing Units

### Homeless Count (PIT)

The service area is located within the Texas Balance of State Continuum of Care (CoC). Data is not reported at the county level and in 2021 a PIT was not conducted. During 2022, the PIT

<sup>20</sup> US Department of Housing and Urban Development, 2021.



indicated there was a 38% decrease in unsheltered homelessness in the CoC. It is estimated there was a total of 1,784 homeless families comprised of adults and children, of which 1,076 were under 18 years, 114 were 18-24 years, and 594 were over 24 years. There was a total of 5,238 adults that were homeless<sup>21</sup>.

### Homeless Children

The Texas Education Agency indicates that there was a total of 12,682 students that were homeless in 2022 attending schools in the service area counties<sup>22</sup>. The data shows a significant increase in the number of homeless students. Please see the Head Start and Early Head Start eligibility section for the number of children that are homeless that are eligible for Head Start and Early Head Start.

Homeless Children by County	
Area	Number
Austin	23
Chambers	51
Hardin	162
Harris	11,206
Liberty	194
Montgomery	743
Polk	126
San Jacinto	61
Waller	116

Table 43: Homeless Children by County



### Housing and Homelessness Key Findings 2023 Update

The housing issues impacting families in the service area continue to include a limited supply of affordable housing and a housing cost burden. The population in the service area is increasing and so is the cost of living. As a result, the percent of the population in each county that experiences a housing burden has increased. Additionally, the homeless population has increased among adults and children, however the number of unsheltered homeless individuals has decreased.

<sup>21</sup> <https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>

<sup>22</sup> Texas Education Agency (2022) PEIMS Standard Reports. Student Program and Special Populations Reports. <https://rptsvr1.tea.texas.gov/cgi/sas/broker>



## Early Care and Education

### Head Start

The MET Head Start and Early Head Start service area is comprised of nine counties in southeastern Texas which include: Montgomery, Hardin, Chambers, Liberty, Harris, Waller, Austin, Polk, and San Jacinto. Services are delivered to 546 infants, toddlers, and pregnant women and 771 children aged 3-5 years in 16 sites.

### Service Area Early Care and Education Portfolio

Service Area Early Childhood Landscape	
Indicator	#
# of Head Start Slots in MET Service Area	<b>945</b> 771 (MET) 74 (GETCAP) 100 (Alabama Coushatta Head Start)
# Early Head Start Slots (546 served by MET; 40 served by Urban Strategies EHS)	<b>586</b>
# of Texas State Pre-K Slots <sup>23</sup>	<b>6,982</b>
Children Receiving a Childcare Subsidy <sup>24</sup>	<b>4,174</b>
Total Childcare Slots	<b>34,445</b>
Total Home Visiting Slots	<b>202</b>

Table 44: Service Area Early Childhood Landscape

Early Childhood Landscape by County				
Indicators	Austin	Chambers	Hardin	Harris (Humble)
# of Head Start Slots	59	76	95	0
# of Texas State Pre-K Slots	150	92	370	995
<b>Total Capacity of Public Pre-K System</b>	<b>209</b>	<b>168</b>	<b>465</b>	<b>995</b>
Early Head Start	48	48	80	60 (40 MET/ 20 US)
Home – Base EHS serving all counties	42			
Home Visiting (other than EHS/HS)	0	0	0	0
<b>Total EHS Center-Based Slots</b>	<b>48</b>	<b>48</b>	<b>80</b>	<b>60</b>

Table 45: Early Childhood Landscape by County

<sup>23</sup> Texas Education Agency. TPEIR Reports (2022).

[https://www.texaseducationinfo.org/PickList\\_Data.aspx?Page=New%20Reports&ReportName=tpeir\\_kg\\_readiness\\_data\\_download&PickList=School%20Year&SubList=No&Title=Texas%20Public%20Kindergarten%20Programs%20and%20Kindergarten%20Readiness%20-%20Data%20Download&Graph=N&from=Home/Index](https://www.texaseducationinfo.org/PickList_Data.aspx?Page=New%20Reports&ReportName=tpeir_kg_readiness_data_download&PickList=School%20Year&SubList=No&Title=Texas%20Public%20Kindergarten%20Programs%20and%20Kindergarten%20Readiness%20-%20Data%20Download&Graph=N&from=Home/Index)

<sup>24</sup> Gulf Coast Workforce Solutions; Workforce Solutions SE Texas; Workforce Solutions Houston-Galveston Area; Workforce Solutions of the Coastal Bend; Workforce Solutions Deep East Texas.



Early Childhood Landscape by County					
Indicators	Liberty	Montgomery	San Jacinto	Waller	Polk
# of Head Start Slots	193	278	74 (GETCAP)	70	0
# of Texas State Pre-K Slots	864	3,272	187	605	447
<b>Total Capacity of Public Pre-K System</b>	<b>1,057</b>	<b>3,550</b>	<b>187</b>	<b>675</b>	<b>447</b>
Early Head Start	80	136	0	48	24
Home Visiting (other than EHS/HS)	0	160	0	0	0
<b>Total EHS Center-Based Slots</b>	<b>80</b>	<b>136</b>	<b>0</b>	<b>48</b>	<b>24</b>

Table 46: Early Childhood Landscape by County

### Preschool Service Gap

The unmet needs of children aged 3-5 years, both childcare needs and the need for early education services is estimated in the table that follows by comparing the number of slots available in publicly funded programs in the service area (Texas Pre-K and Head Start) to the number of children in poverty.

Public Preschool Slot Allocations Children 3-5 yrs. (Pre-k)						
Area	Total Children 3-5	Children 3-5 in Poverty	HS Slots	TX Pre-K Slots	Total Pre-K Slots	% 3-5 in Poverty Served by HS and Texas Pre-K
Austin	781	86	59	150	209	100%+
Chambers	937	131	76	92	168	100%+
Hardin	1,212	230	95	370	465	100%+
Humble	539	44	0	995	995	100%+
Liberty	3,469	191	193	864	1,057	100%+
Montgomery	23,298	667	278	3,272	3,550	100%+
Polk	1,463	332	100	447	547	100%+
San Jacinto	825	93	74	187	261	100%+
Waller	2,287	271	70	605	675	100%+
<b>Total</b>	<b>34,811</b>	<b>2,045</b>	<b>945</b>	<b>6,982</b>	<b>7,927</b>	

Table 47: Public Preschool Slot Allocations

Universal access to preschool is achieved when the system can serve 85% of all children aged 3-4 years. As shown in the data that follows none of the service area counties have achieved universal access, however all children in poverty can be served. Data for the City of Humble indicates that Humble is overserved by preschool slots, however, this number includes Texas Pre-K slots throughout all of Humble ISD, rather than Texas Pre-K slots that are located at elementary schools near the Head Start and Early Head Start sites. The Texas PIERS system does not report data at the level needed to gain an accurate representation of the Texas Pre-K slots allocated to this area. When data for the school districts closest to the Humble Early Head Start program are examined, the rate of service is likely to be reflective of the service and capacity rates for other locations throughout MET’s service area.



Penetration Rate of Public Preschool Programs					
Area	Total 3-5 yrs	Children 3-5 in Poverty	Total Public Pre-k Slots	% of all 3-5 olds that can be served	# of Slots Needed for UPK
Austin	781	86	209	27%	+572
Chambers	937	131	168	18%	+769
Hardin	1,212	230	465	38%	+747
Humble	539	44	995	185%	-456
Liberty	3,469	191	1,057	30%	+2,412
Montgomery	23,298	667	3,550	15%	+19,748
Polk	2,287	271	675	30%	+1,612
San Jacinto	1,463	332	547	37%	+916
Waller	825	93	261	32%	+564
<b>Total</b>	<b>34,811</b>	<b>2,045</b>	<b>7,927</b>	<b>23%</b>	<b>+26,884</b>

Table 48: Penetration Rate of Public Preschool Programs

Feedback from program staff and data shows that ISDs offering Texas Pre-K are less likely to serve three – year olds (programs serve only 9% of all three year olds). To determine the need for services, annual birth rates can be used indicate the number of children by single years of age. It should be noted, when the number of children in the service area is calculated using birthrates, the total number of children is different than the data reported when using 5-year estimates for the number of children aged 0-2 yrs. and 3-5 yrs. that is extracted from the U.S. Census, however, the information can still be useful in estimating the number of classes needed to serve a particular age group. This data has not changed since the last community assessment update.

Children by Age <sup>25</sup>					
Area	<1yr.	1 yr.	2 yrs.	3 yrs.	4 yrs.
Austin	356	362	369	384	403
Chambers	622	633	631	632	623
Hardin	641	650	655	664	665
Humble	336	454	599	562	591
Harris	66,734	67,373	70,123	73,205	75,247
Liberty	1,338	1,304	1,295	1,262	1,274
Montgomery	7,295	7,460	7,714	8,020	8,266
San Jacinto	358	360	368	367	365
Waller	565	582	573	566	574
Polk	543	534	565	568	574
<b>Total w/Harris</b>	<b>78,452</b>	<b>79,258</b>	<b>82,293</b>	<b>85,668</b>	<b>87,991</b>
<b>Total w/Humble</b>	<b>12,054</b>	<b>12,339</b>	<b>12,769</b>	<b>13,025</b>	<b>13,335</b>

Table 49: Children by Age

<sup>25</sup> Texas Demographic Center (2022).

<https://demographics.texas.gov/Download/Estimates?fid=62c0ee58f644410a915fbecf11fe4918>. Totals by Individual Age. Humble – U.S. Census. S1301 2019.



The number of children in poverty by age group detailed in the table below. Data shows that there is a need to serve three-year old children in Head Start due to the large number of three-year olds in poverty living in the service area and because of the low rate of service for three year-olds in the Texas Pre-K program. It should be noted that many ISDs have increased their slots to full-day so they are serving less three-year olds. This data has not changed since the last community assessment.

Children by Age in Poverty <sup>25</sup>					
Area	<1yr.	<1	2 yrs.	3 yrs.	4 yrs.
Austin	67	68	70	73	76
Chambers	115	117	117	117	115
Hardin	113	115	116	118	118
Humble	96	132	174	163	171
Harris	16,684	16,843	17,531	18,301	18,812
Liberty	284	276	275	268	270
Montgomery	919	940	972	1,011	1,042
San Jacinto	47	48	49	48	48
Waller	172	177	174	172	174
Polk	161	158	167	168	170
<b>Total w/Harris</b>	<b>18,659</b>	<b>18,874</b>	<b>19,643</b>	<b>20,438</b>	<b>20,996</b>
<b>Total w/Humble</b>	<b>1,976</b>	<b>2,031</b>	<b>2,113</b>	<b>2,137</b>	<b>2,185</b>

Table 50: Children by Single-Years in Poverty

## Infant and Toddler Services

### Early Head Start (EHS)

Within the service area (excluding Harris County, but including the City of Humble), there are 37,116 infants and toddlers of which 2,898 are living in a family with an income below the federal poverty level. As detailed in the childcare landscape assessment, there are 586 slots in public programs serving infants and toddlers, of which 540 are served by MET and 40 are served by Urban Strategies. Within the EHS program, 42 slots are delivered using a home – base model and 498 are delivered using a home-based model, primarily serving the 3,231 pregnant women eligible for EHS in the service area. Urban Strategies EHS also serves 40 infants and toddlers using a center-based program option.

### Home Visiting

MET delivers home visiting services to 160 families with infants and toddlers in Montgomery County through state-funded Texas Home Visiting and HOPES programs. There are no other home visiting programs serving the counties in the service area, other than the City of Houston in Harris County, which MET does not serve. MET recently expanded home visiting through state-funded programs to Liberty County.

### Slot Gap for Infants and Toddlers

It is estimated that based on EHS eligibles and the total center and home-based slots in both EHS and home visiting programs, there is a slot gap of 5,194 slots for infants and toddlers in poverty.



### Service Area Early Childhood Landscape Public Programs Serving Children Birth-to Five

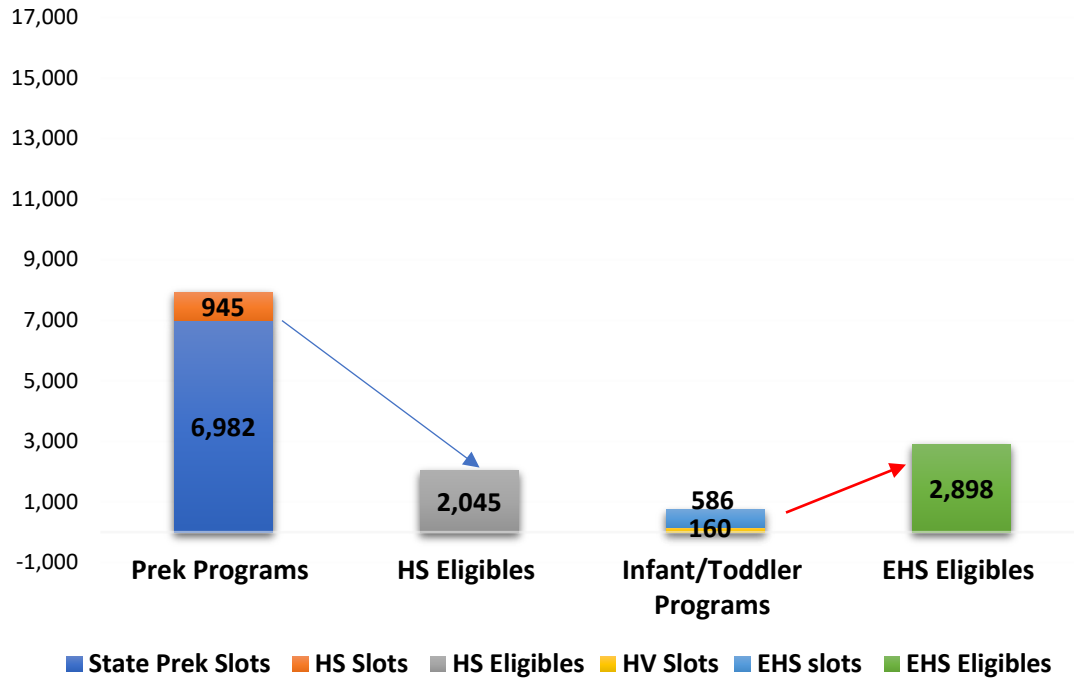


Figure 11. Service Area ECE Needs

### Childcare Landscape

Childcare programs in the service area that serve low income children include four classifications of programs: licensed childcare centers, licensed childcare homes, registered childcare homes and listed family homes. The community assessment collects data only for larger group care settings which include: licensed childcare centers, licensed childcare homes, and registered childcare homes, as these types of care are required to meet minimum standards of care while listed family homes are not.

Overview of Program Types	
Type of Program	Services Provided
Licensed childcare (LCC)	Childcare includes the care, supervision, training, or education of an unrelated child or children (13 or younger) for less than 24 hours per day in a place other than the child's own home. Receives at least one unannounced inspection per year.
Licensed childcare home (LCH)	Provides care and supervision to seven to 12 children 13 or younger. Provides care at least two hours, but less than 24 hours, per day, for three or more days a week. Receives at least one unannounced inspection per year.





Overview of Program Types	
Registered childcare home (RCH)	Provides care and supervision for up to six unrelated children 13 or younger during school hours, and can also provide care and supervision for six additional school-age children after school hours (no more than 12 children). Receives at least one unannounced inspection every one to two years.

### Number of Childcare Programs by County

Overview of Program Types <sup>26</sup>				
County	Type of Care			Total
	LCC	LCH	RCH	
Austin	12	1	1	15
Chambers	18	1	0	18
Hardin	16	5	1	22
Humble (Harris)	79	10	28	117
Liberty	16	3	3	22
Montgomery	175	8	22	174
San Jacinto	4	0	0	4
Polk	8	0	1	9
Waller	13	1	4	18
<b>Total</b>	<b>341</b>	<b>29</b>	<b>60</b>	<b>399</b>

Table 51: Number of Child Care Programs by County

### Childcare Capacity by County

Childcare Capacity by County (includes EHS-CCPs)				
County	Type of Care			Total
	LCC	LCH	RCH	
Austin	1,009	3	12	1,024
Chambers	1,704	3	0	1,707
Hardin	1,625	12	12	1,652
Humble (Harris)	7,926	118	254	4,648
Liberty	1,232	15	36	1,283
Montgomery	21,509	166	243	21,918
San Jacinto	152	0	0	152
Polk	1,066	0	11	1,077
Waller	926	12	46	984
<b>Total</b>	<b>37,149</b>	<b>329</b>	<b>614</b>	<b>34,445</b>

Table 52: Childcare Capacity by County

<sup>26</sup> Texas Open Data Portal. HHSCCL Daycare and Residential Operations <https://data.texas.gov/Social-Services/HHSC-CCL-Daycare-and-Residential-Operations-Data/bc5r-88dy>. <https://data.texas.gov/browse?q=child+care+&sortBy=relevance&page=2>



### Childcare Subsidies

Childcare subsidies are administered through the Workforce Solutions agencies serving multi-county areas. In the absence of county level data, the data team utilized data from the Annie E Casey Foundation and combined this information with the percent of children served by age in Texas Rising Star (TRS) programs reported by Workforce Solutions for each area. The TRS programs were utilized as the TRS system is designed for programs administering childcare subsidies.

Population Receiving ChildCare Subsidies by County / Workforce Area <sup>27 28</sup>			
Workforce Dev. Area (WDA)	#	% Providers Accept Subsidies	Counties Served
Workforce Solutions Gulf Coast (8% Infants; 18% Toddlers; 37% Preschoolers)	14,512	48%	<b>Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton</b>
Workforce Solutions SE Texas (8% Infants; 18% Toddlers; 37% Preschoolers)	1,137	44%	<b>Hardin, Jefferson, Orange</b>
Deep East Texas (10% Infants; 21% Toddlers; 38% Preschoolers)	662	58%	Angelina, Houston, Jasper, Nacogdoches, Newton, <b>Polk</b> , Sabine, San Augustine, <b>San Jacinto</b> , Shelby, Trinity, Tyler
<b>Total</b>	<b>16,311</b>		

Table 53: Subsidies by Workforce Area

The data below has not been updated since the last community assessment update.

Estimates of Children that Receive Subsidies by Age by County <sup>29</sup>				
County	Note- subsidies when broken out by county utilizing imputed data from the Annie E. Casey Foundation and Workforce Solutions result in different totals than reported above for the entire service area.			
	Total Subsidies	Infants	Toddlers	Preschool
Austin	146	12	26	108
Chambers	51	4	9	38
Hardin	167	13	13	141
Harris (Humble)3.8%	179	14	32	133
Liberty	421	34	76	311
Montgomery	2,508	201	451	1,856
Polk	351	35	74	242
San Jacinto	79	8	17	54

<sup>27</sup> Texas Child Care Downloadable Data by Numbers. <https://www.twc.texas.gov/programs/child-care-numbers#downloadableDataForChildCareByNumbersReports>. Subsidy Enrollment by Provider Type.

<sup>28</sup> 2020 Texas Child Care Market Rate Survey. <https://txicfw.socialwork.utexas.edu/wp-content/uploads/2020/09/2020-Texas-Child-Care-Market-Rate-Survey-for-Web.pdf>

<sup>29</sup> Annie E. Casey Foundation. Kids Count Data Center (2019). Imputed with Texas Childcare Numbers by WDA <https://www.twc.texas.gov/programs/child-care-numbers>.



Estimates of Children that Receive Subsidies by Age by County <sup>29</sup>				
County	Note- subsidies when broken out by county utilizing imputed data from the Annie E. Casey Foundation and Workforce Solutions result in different totals than reported above for the entire service area.			
	Total Subsidies	Infants	Toddlers	Preschool
Waller	272	22	49	201
<b>Total</b>	<b>4,174</b>	<b>343</b>	<b>747</b>	<b>3,084</b>

**Cost of Care**

Data on the cost of care has not been updated since the last community assessment but is included for reference in program planning.

Not unlike the rest of the U.S., the cost of childcare is unaffordable for typical families in Texas. According to the U.S. Department of Health and Human Services (HHS), childcare is affordable if it costs no more than 7% of a family’s income. By this standard, only 16% of Texas families can afford infant care. Within the service area, the cost of childcare exceeds the childcare affordability threshold in every county. Additionally, according to the Texas Early Learning Needs Assessment (2020), eligibility for childcare subsidies is limited to families earning 85% or less of the state median income which leads to a lack of ability to qualify for subsidies for families that are even earning just minimum wage. Additionally, due to changes in the Childcare and Development Block Grant (CCDBG) Regulations in which the eligibility was changed to one year, fewer children were served between 2016 and 2018. In 2019, more children were served due to increased CCDBG funding, but the number has continued to decline since 2020 due to the COVID-19 pandemic.

According to the data, the annual cost of infant care in Texas is \$9,324 (\$777 per month). The cost of care for a 4-year old is \$7,062 or \$589 per month. Families with two children face an even larger burden. The cost of care for two children – an infant and a 4-year old costs \$16,386. That is 29% more than the cost of average rent in Texas. A typical family in Texas would have to spend 28% of its income on childcare for an infant and a 4-year old. Using the median rates of income for families living in the service area counties and the prices of childcare, the following table describes the percent of income families must spend on childcare. As detailed below, the percent of income spent, on average, for infant toddler care ranges from 9% to 19% and for two children the cost of care can consume between 12% and 33% of family income. The most unaffordable childcare is found in Polk County, followed by Liberty County.



Percent of Family Income Spent on Child Care <sup>30</sup>						
Variable	Austin	Cham.	Hardin	Harris	Liberty	Mont.
Median Income	\$78,195	\$105,451	\$76,146	\$71,258	\$60,951	\$95,962
Cost of Care Infant	\$9,324	\$9,324	\$9,324	\$9,324	\$9,324	\$9,324
Cost of Care Infant/4-yr. old	\$16,386	\$16,386	\$16,386	\$16,386	\$16,386	\$16,386
% of Income Infant	12%	9%	12%	13%	15%	10%
% of Income Infant/4-yr. old	21%	16%	12%	23%	27%	17%
Variable	San Jacinto	Waller	Polk			
Median Income	\$54,384	\$73,884	\$49,279			
Cost of Care Infant	\$9,324	\$9,324	\$9,324			
Cost of Care Infant/4-yr. old	\$16,386	\$16,386	\$16,386			
% of Income Infant	17%	13%	19%			
% of Income Infant/4-yr. old	30%	22%	33%			

Table 54: Percent of Family Income Spent on Child Care

### Childcare Provider Maximum Reimbursement Rates

The rates at which childcare providers are reimbursed for care has increased significantly since the last community assessment update.

Maximum Child Care Subsidy Reimbursement Rates– Gulf Coast WDB (3-Star) <sup>31</sup>						
	Infant FT	Infant PT	Toddler FT	Toddler PT	Preschool FT	Preschool PT
Daily Rate	\$46.26	\$41.22	\$40.86	\$36.36	\$36.72	\$28.44
Maximum Child Care Subsidy Reimbursement Rates– Southeast WDB (3-Star)						
	Infant FT	Infant PT	Toddler FT	Toddler PT	Preschool FT	Preschool PT
Daily Rate	\$33.63	\$30.21	\$30.42	\$27.21	\$22.07	\$26.35
Maximum Child Care Subsidy Reimbursement Rates– Deep East WDB (3-Star)						
	Infant FT	Infant PT	Toddler FT	Toddler PT	Preschool FT	Preschool PT
Daily Rate	\$33.48	\$29.88	\$29.70	\$26.46	\$26.64	\$20.70

Table 55: Child Care Subsidy Reimbursement Rate

### Childcare Needs

This data has not changed significantly since the last community assessment update. Data from the U.S. Census indicates that among families between 54% (San Jacinto) and 81% (Humble) of children under six have all available parents in the workforce. Additionally, single-mothers work at a rate higher than two parent family households, ranging from 62% (San Jacinto County) of all

<sup>30</sup> Economic Policy Institute. [https://www.epi.org/child-care-costs-in-the-united-states/?gclid=CjwKCAjwxo6lBhBKEiwAXSYBs7ZXCbSbBoU63SbskYLu7GnLL77fL0\\_FlUwQr\\_yel7vclArf0FZhoClxoQAvD\\_BwE#/TX](https://www.epi.org/child-care-costs-in-the-united-states/?gclid=CjwKCAjwxo6lBhBKEiwAXSYBs7ZXCbSbBoU63SbskYLu7GnLL77fL0_FlUwQr_yel7vclArf0FZhoClxoQAvD_BwE#/TX) (October 2020). United States Census Bureau American Community Survey. 5-Year Estimates 2015-2019. Median Income

<sup>31</sup> [https://www.twc.texas.gov/files/policy\\_letters/attachments/24-21-att1-twc.pdf](https://www.twc.texas.gov/files/policy_letters/attachments/24-21-att1-twc.pdf)



single-mothers to 80% (Austin County). In regard to childcare needs, it is estimated that a total of 14,771 children are in need of childcare services because all parents are working. Of these children, 7,372 are aged birth – two years and 9,233 are aged 3-4 years and living in a family with all parents working with an income below the poverty threshold.

Work Status of Population with Children Under 6 Years Old <sup>32</sup>					
Base Data		Two Parent Families		Single-Mother	All Families
Area	Total Under 6	Both Parents in Labor Force	One Parent in Labor Force	Female Householder in Labor Force	All Available Parents in Labor Force
Austin	2,129	47%	53%	80%	57%
Chambers	3,088	50%	49%	68%	56%
Hardin	4,304	63%	37%	64%	63%
Humble	1,245	67%	33%	94%	81%
Liberty	6,889	46%	53%	70%	54%
Montgomery	45,108	53%	47%	74%	59%
Polk	2,838	29%	52%	69%	67%
San Jacinto	1,900	50%	47%	62%	54%
Waller	3,958	51%	49%	73%	59%

Table 56: Work Status of Families with Children Under Six

Childcare Needs for Children Under 5 Years Old <sup>32</sup>					
Area	Total Under 0-2 yrs.	Total 3-5 yrs.	% All Parents Working	Total CC Needs 0-2	Total CC Needs 3-5
Austin	885	781	47%	416	367
Chambers	2,072	937	50%	1,036	469
Hardin	2,278	1,212	63%	1,435	764
Humble	539	185	67%	361	124
Liberty	3,469	3,030	46%	1,596	1,394
Montgomery	23,298	16,665	53%	12,348	8,832
Polk	1,463	1,107	29%	424	321
San Jacinto	825	517	50%	413	259
Waller	2,287	1,289	51%	1,166	657
<b>Total</b>	<b>37,116</b>	<b>25,723</b>		<b>19,195</b>	<b>13,186</b>

Table 57: Child Care Needs for Children Under Five Years

<sup>32</sup> United States Census Bureau American Community Survey. 5-Year Estimates 2015-2019. *Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents, Table B23008.*



### Childcare Quality

This data has not changed significantly since the last community assessment. There is an increased number of providers with 3 and 4-star quality ratings.

TRS Subsidy Providers by Star Rating <sup>27</sup>							Counties Served
Workforce Area	% 2 Star	# 2 Star	% 3 Star	# 3 Star	% 4 Star	# 4 Star	
Workforce Solutions Gulf Coast	122	29%	87	21%	216	50%	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton,
Workforce Solutions SE Texas	9	35%	5	19%	12	46%	Hardin, Jefferson, Orange
Deep East Texas	5	13%	11	28%	24	60%	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler

Table 58: Childcare Quality

### Head Start Parents Work Schedules

A significant percent of HS/EHS families are working, however the rate of working parents is below that of children under six in the service area with all parents in the workforce. In MET HS/EHS, 77% of children have at least one parent employed.



### Early Childcare and Education Key Findings 2023 Update

There are currently 586 Early Head Start slots offered by two different grantees. There are 945 Head Start slots offered by three grantees. The area also has 6,982 Texas Pre-K slots. The area is overserved by preschool services and the number of Pre-K slots exceeds the number of children in poverty. Several of the service area counties are approaching universal access to preschool for three and four-year old children. Since the last community assessment there has been a reduction in Texas Pre-K slots, but additional slots have been converted to a full-day program, which has drawn enrollment from Head Start. The need for Early Head Start remains significant and infants and toddlers are underserved in all counties. The childcare landscape has changed slightly and there are more providers across all types of programs, however they are serving fewer children. This is also a signal that the Texas Pre-K program is impacting childcare providers who are transitioning slots to infants and toddlers or electing to close classrooms. The subsidy system has been adjusted since the last community assessment and provider reimbursement rates have increased significantly. It is still difficult to determine the true number of children that receive a childcare subsidy due to data gaps and reporting at the workforce area level rather than by county. The data we do have indicates a shortage of subsidized childcare slots for all children birth-to-five years.



## Transportation and Communication

### **Transportation Needs of Head Start and Early Head Start Families**

There has been no change to data on transportation since the last community assessment update. According to data related to the means of transportation in the service area, most individuals have access to a car. MET meets the transportation needs of families by coordinating transportation and carpooling, by transporting families to events and activities using agency busses, and by making referrals to public transportation programs. The transportation needs of children with disabilities are met by the ISD or disability services providers.

### **Broad Band Access**

There has been no update to the data since the last community assessment.



### **Transportation and Communication Key Findings**

#### **2023 Update**

The findings from the last community assessment remain consistent during this period. Transportation can be a major obstacle for low-income families in the service area due to limited public transportation resources that are either not available in all areas or do not meet the scheduling needs of families. Without reliable transportation, families cannot take advantage of housing, health services or employment opportunities. The service area data indicates that most families have access to a car and there are public transportation options in each county. MET coordinates transportation for families when necessary and utilizes a range of options such as deploying agency vehicles and busses when needed so that all families can participate in program events, providing bus passes, and by encouraging families to carpool to program activities.