DePelchin
FAMILY SERVICES

Family Stability Needs Assessment

2026

DePelchin
CHILDREN'S CENTER

TEXANS TOGETHER



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Executive Summary

Families in Region 6 are navigating complex and interconnected challenges that shape stability over time. Findings across housing, economic stability, behavioral health, childcare, healthcare, and family functioning point to a consistent pattern: family needs span multiple systems, but supports are not aligned with how challenges actually emerge.

Key Insights

Families experience cumulative and compounding stress

Instability is rarely driven by one issue. Families more often manage overlapping pressures—financial hardship, housing instability, behavioral health needs, and caregiving demands—that build over time and reflect structural constraints rather than individual deficits[1].

Access to support is inconsistent and delayed

Services exist across every domain, but families encounter long waitlists, cost barriers, transportation and scheduling challenges, and difficult-to-navigate systems.

- Long waitlists and limited provider capacity
- Cost and affordability gaps
- Transportation and scheduling barriers
- Complex, difficult-to-navigate systems

As a result, eligibility for services does not consistently translate into timely support.

Systems tend to respond after crisis rather than prevent it

Families are more likely to connect with services during escalation or system involvement than at earlier stages when intervention could stabilize conditions.

Fragmentation across systems increases burden on families
Families must navigate multiple disconnected systems at once—housing, financial assistance, healthcare, behavioral health, childcare—with limited coordination straining already limited capacity.

Foundational needs drive stability across all domains
Stable housing, reliable income, accessible healthcare, and consistent childcare function as core stabilizers. When these needs go unmet, challenges in other areas intensify; addressed early, they prevent escalation[2].

Integrated, family-centered approaches are most effective
Providers identified the strongest outcomes when families receive ongoing, relationship-based support, in-home services, case management, and coordination across needs.

- Ongoing, relationship-based support
- In-home and family-centered services
- Case management and navigation assistance
- Coordinated support across multiple needs

These approaches reflect the complexity of family circumstances and support sustained stability over time.

Timely support can significantly change trajectories
Flexible, rapid assistance—rental support, food assistance, transportation, childcare, or behavioral health services—can prevent short-term challenges from becoming crises, but is not consistently available at the speed or scale needed.

Implications for System Design

The findings point to a need for a more coordinated, prevention-oriented system that aligns with how families actually experience need.

Key priorities include:

- **Expand early, low-barrier access to support** before needs escalate
- **Improve coordination and navigation** across service systems to reduce fragmentation
- **Invest in foundational supports** that stabilize families (housing, economic stability, childcare, healthcare)
- **Increase flexibility and timeliness** of service delivery
- **Sustained, family-centered engagement** rather than short-term interventions

Bottom Line

Families in Region 6 are actively working to maintain stability amid overlapping challenges. The primary gap is not the absence of services, but a misalignment between system design and lived experience. Strengthening coordination, improving timely access, and investing in prevention will be critical to reducing crisis escalation and promoting long-term family well-being.

Introduction

Families involved with the child welfare system often face challenges rooted in broader social and economic conditions. Housing instability, financial hardship, unmet behavioral health needs, and limited access to services can create significant stress and increase the likelihood of child welfare involvement. These conditions often reflect systemic barriers and fragmented service delivery rather than isolated family-level problems[3].

Recognizing the importance of prevention and early intervention, DePelchin Children's Center conducted a regional needs assessment across DFPS Region 6 to better understand the needs of families at risk of child removal. The assessment drew on the experiences of community-based service providers, child welfare professionals, and other stakeholders through surveys and interviews, capturing perspectives on removal risk, service effectiveness, and persistent gaps.

This assessment identifies the needs, service gaps, and system-level challenges affecting families at risk of child removal in Region 6—including the unmet needs driving crisis, the accessibility of community-based supports, and opportunities to strengthen prevention before child welfare involvement escalates. It also examines how existing provider capacity aligns with the needs stakeholders identified.

The intent is to support strategic decision-making among providers, funders, policymakers, and community partners. By offering a data-informed view of both family needs and the regional service landscape, this report aims to inform investments that strengthen family stability, expand access to critical supports, and improve coordination —ultimately contributing to a more responsive continuum of care that helps families address challenges earlier and reduces the need for child removal.

Population Overview

AT A GLANCE

7,593,685
residents across Region 6, with 63.7% concentrated in Harris County alone

1,872,836
children live in the region, **most within Region 6A (Harris County)**

38% | 33% | 17% | 8%
Hispanic/Latino, White, Black/African American, and Asian residents, respectively

99% vs. 100%
urban share of Harris County vs. **rural** share of Colorado County — a stark divide

DFPS Region 6 is split into Region 6A (Harris County) and Region 6B (Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton). The service area is large and diverse, with substantial variation across counties in population size, household composition, and family structure—variation that shapes not only where service demand originates, but how that demand should be met, since a single region-wide approach is unlikely to serve both dense urban counties and small rural ones equally well[4].

Region 6 includes **7,593,685 residents**, concentrated heavily in Harris County—a population center that dwarfs the rest of the region combined[5]. This concentration means service capacity, staffing, and infrastructure planning must be built around Harris County's scale, while smaller counties still require dedicated access points rather than being treated as an afterthought:

The region includes 1,872,836 children, with the largest concentrations in[6]:

1,196,689
Harris County

231,646
Fort Bend County

170,918
Montgomery County

95,707
Brazoria County

Population in 6A far exceeds all other counties combined.

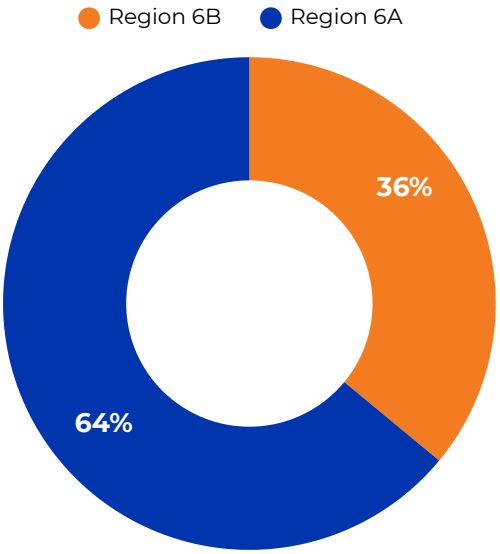
County	Total Population	Share of Region Population
Harris	4,838,303	63.70%
Fort Bend	893,767	11.80%
Montgomery	684,432	9.00%
Brazoria	391,255	5.20%
Galveston	358,990	4.70%
Liberty	103,380	1.40%
Walker	80,209	1.10%
Waller	61,552	0.80%
Chambers	51,498	0.70%
Wharton	41,794	0.60%
Matagorda	36,329	0.50%
Austin	31,170	0.40%
Colorado	21,006	0.30%
Region 6 Total	**7,593,685**	**100.00%**

Source: US Census Bureau, 2024



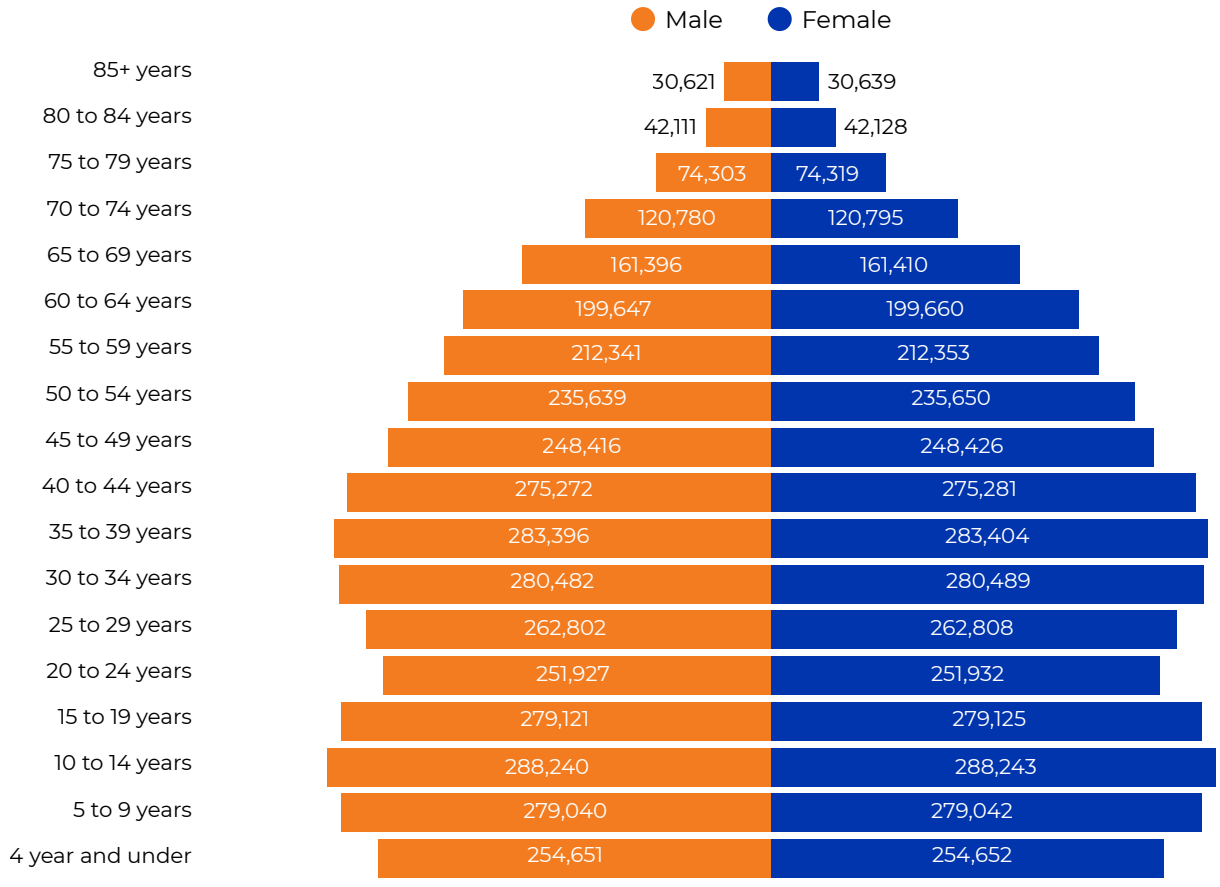
The majority of the region's children live in Region 6A, meaning service capacity and prevention investments concentrated there will reach the largest share of families, while Region 6B counties—though smaller in population—still require adequate access points of their own.

Most children in Region 6 live in Harris County.



The table below illustrates the age and sex distribution of the population in Region 6, providing context for planning prevention and family support services across developmental stages:

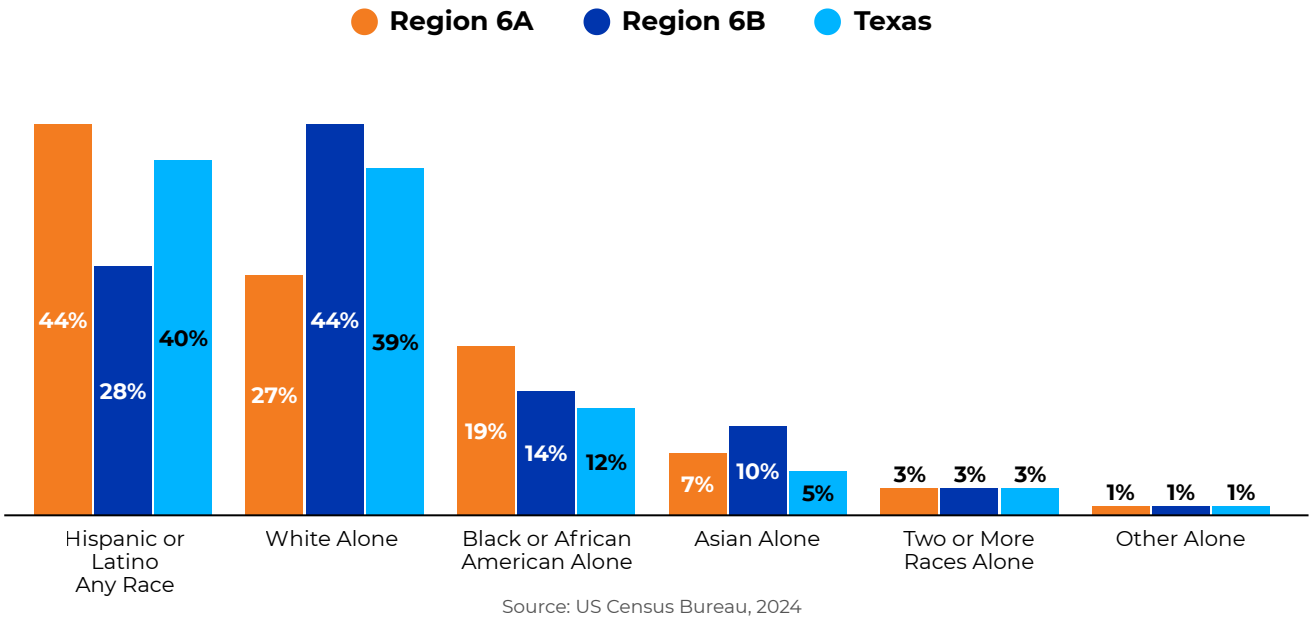
Children account for **24.7%** of the total population in Region 6.



Source: US Census Bureau, 2024

The regional population is diverse, with Hispanic or Latino, Black or African American, and Asian residents together making up 66% of the population[7]:

Region 6A is **majority Hispanic / Latino**, while Region 6B is **majority White.**

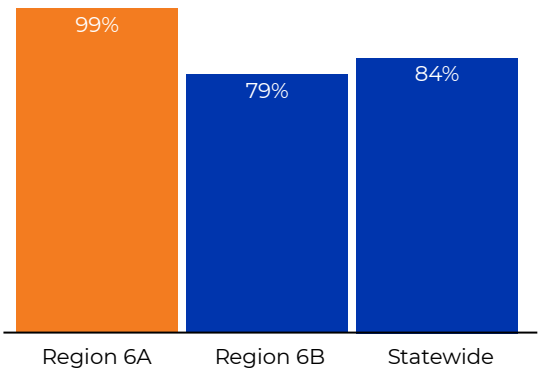


Source: US Census Bureau, 2024

Understanding this demographic diversity is essential—not simply as background context, but as a lens for interpreting why certain communities appear disproportionately in child welfare data, and for ensuring that services are designed to reach and reflect the populations most affected rather than defaulting to a one-size-fits-all model.

Urban living dominates in Region 6A, but less so in Region 6B.

The population varies greatly between urban and rural communities. Harris County is **99% urban**, while more than **50%** of Chambers, Austin, Liberty, and Waller counties—and **100%** of Colorado County—are rural[8]. This divide translates into fundamentally different service challenges depending on geography. Rural communities face compounding barriers of provider scarcity and transportation limitations, which can leave families without practical access to help even when services technically exist on paper. Urban areas contend with the opposite problem: services are sufficient in theory, but demand and system strain stretch that capacity thin.



Children in Substitute Care

AT A GLANCE

2,550
Children in substitute care from Region 6 as of August 31, 2025

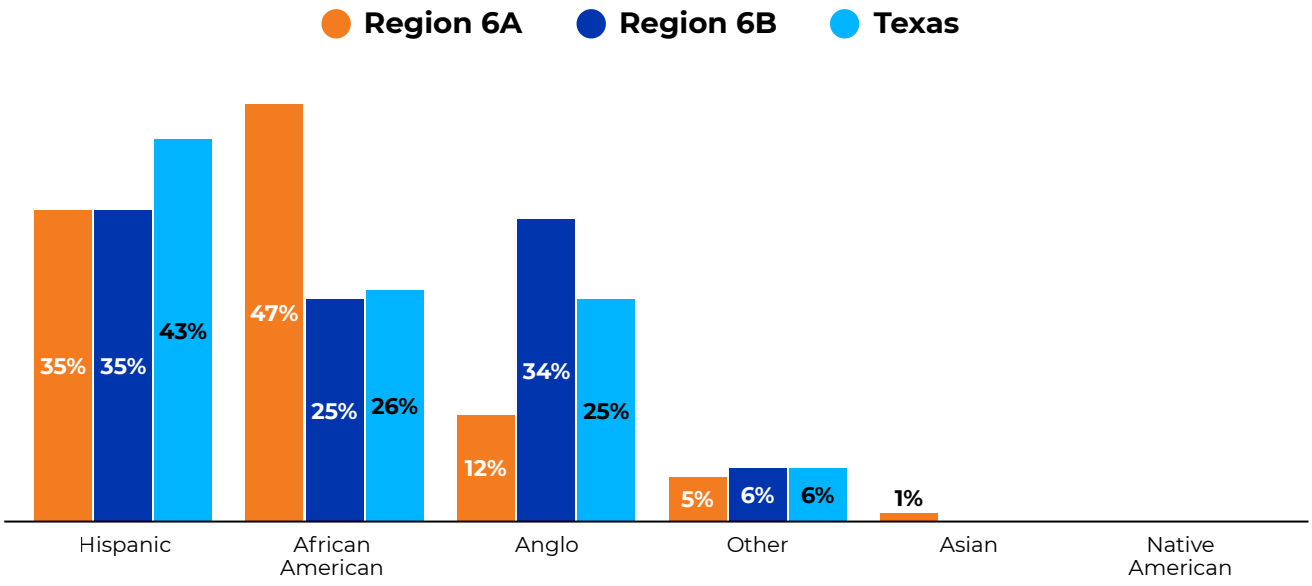
2x
overrepresentation of Black/African American youth in substitute care **(41% vs. 17%)**

51% vs. 29%
youth in care in **foster care vs. kinship care**, respectively

40%
of youth in care are **under the age of 5**

As of August 31, 2025, **2,550 children** in Region 6 were in substitute care. Racial disparities are stark: Black or African American youth represent **41%** of youth in substitute care but only **17%** of the region's total population[9]. This pattern is consistent with research linking system involvement to structural and environmental factors—such as poverty and access to resources—rather than to an even distribution of risk across populations.

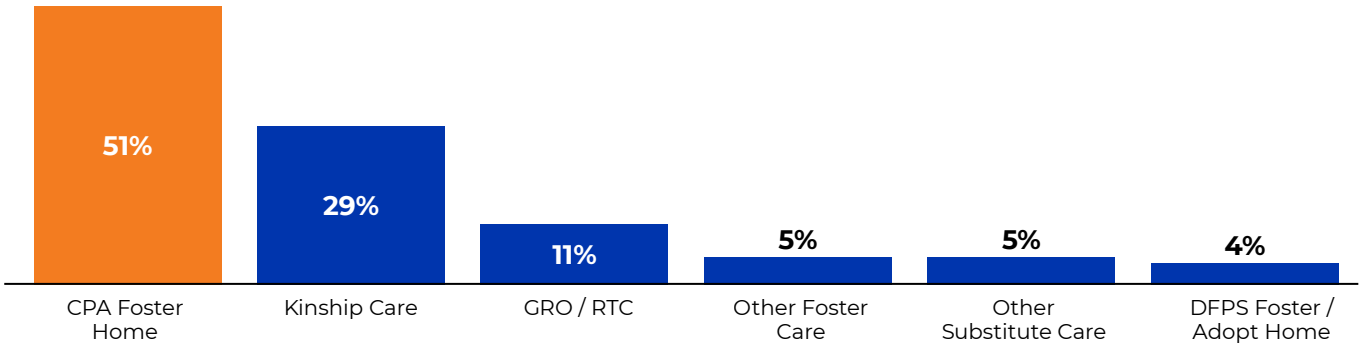
Black or African Americans are **overrepresented** in substitute care in Region 6.



Source: Texas Department of Family and Protective Services, 2026

Placement types vary: **51%** of youth in care are in CPA foster homes and **29%** in kinship care **together account for 80% of all placements**. Family-based placements like kinship care represent a substantial share, though formal foster care remains the primary placement type region-wide.

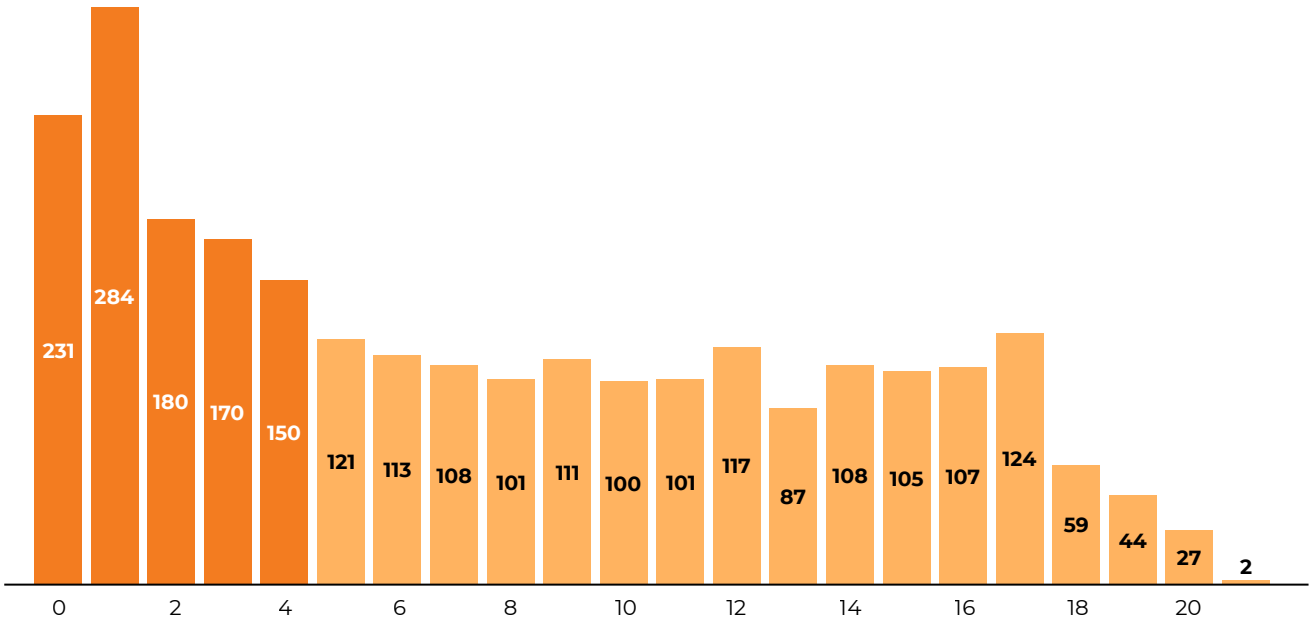
Youth in substitute care are primarily placed in **formal foster care settings** rather than with relatives.



Source: Texas Department of Family and Protective Services, 2026

The age distribution of children in care spans infancy through early adulthood, with young children heavily represented. This suggests system involvement often occurs during early childhood, when families face significant caregiving demands alongside other stressors. This reinforces the value of early, prevention-focused supports.

Children ages 0-4 make up the **largest share** of youth in care in Region 6.



Source: Texas Department of Family and Protective Services, 2026

Implication

Differences between the general child population and children in substitute care point to structural and environmental factors shaping which families come into contact with the child welfare system—many visible well before that contact occurs.
Continued reliance on residential treatment and emergency placements, alongside a wide age distribution among children in care, suggests that some needs escalate beyond what community- or family-based options can currently absorb, and that capacity is not consistently aligned across developmental stages[10].

Housing Stability

> **Please give us somewhere for these children and these families to go until they can get on their feet.**

Housing stability in Region 6 is shaped by rising costs, uneven income distribution, and structural limits in the housing market. Resident-reported experience, market data, and system-level analysis all point to the same trend: the cost of stable housing has risen faster than access to affordable options[11]. Despite a large housing supply and significant public investment, these resources remain misaligned with current need.



What We Heard

Housing emerged as the most frequently cited factor contributing to family instability and removal risk. Multiple providers named it as the **single biggest issue in their community**, on par with mental health. Providers noted that families often come to the attention of child welfare systems during periods of housing disruption, and consistently described stable housing as foundational, with disruptions creating ripple effects across daily life.

Observed Conditions

Providers described a range of housing-related challenges that families experience, including:

- Living in cars or other temporary accommodations
- Doubling up with other families to share housing costs
- Facing eviction or imminent housing loss
- Moving frequently between unstable or short-term housing situations
- Being unable to access affordable housing quickly enough to prevent crisis
- Shelter and subsidized housing waitlists that outlast the crisis that triggered them

These conditions often occur alongside other stressors, increasing overall vulnerability and limiting households' ability to respond effectively.



Voices from the Field

"Housing insecurity is a challenging one to address because there are just limited resources. In Brazoria County, we don't have shelters."

"Housing is a really big issue here...we have quite a significant amount of families who double up and so they live together and share the expense of that because the rent is really high."



WHERE IT'S WORKING

One provider described a young family with an infant placed into HUD housing within a few weeks, paired with help paying an electric bill and basic household items, as a case where fast housing access, not a large or complex intervention, was what stabilized the family.

Cascading Impacts

Housing instability creates interconnected challenges that extend beyond housing itself. Providers consistently identified:

- Disrupted school attendance for children
- Difficulty maintaining consistent employment
- Increased parental stress and mental health strain
- Higher levels of family conflict
- Barriers to accessing healthcare, childcare, and other essential services
- Compounding of every other risk factor, mental health, employment, parenting capacity, once housing is unstable

Even when assistance is available, long waitlists and limited capacity delay intervention, allowing instability to intensify over time.

What the Numbers Show

AT A GLANCE

68%

of Harris County residents **report difficulty paying for housing**

50%+

of renters are **cost-burdened**, spending over 30% of income on housing

125,757

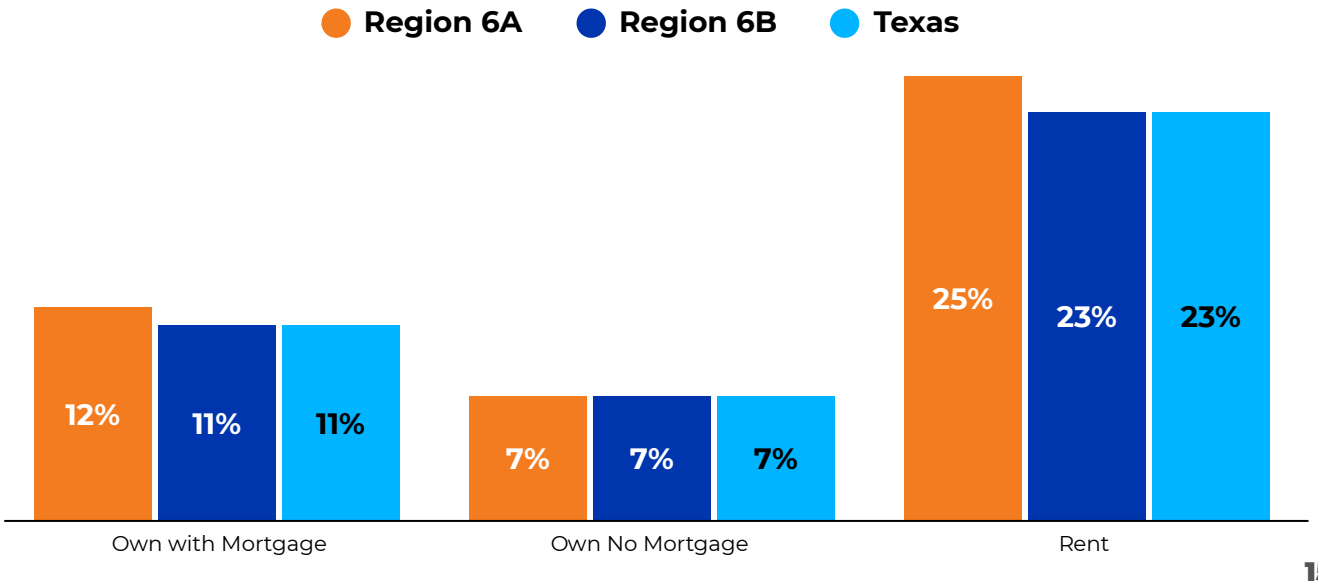
subsidized units exist against hundreds of thousands of cost-burdened households

#1 in Texas

Region 6 holds the **largest number of extremely low-income households** in Texas

Region 6 includes over **7.5 million residents** and nearly **2.5 million occupied housing units**, with close to **1 million renter households**. Affordability challenges are widespread, with survey data indicating that 68% of Harris County residents report difficulty paying for housing and 6 in 10 residents express concern about future displacement[12]. A majority of renters in Harris County are cost-burdened, with over half spending more than 30% of their income on housing, and more than one-quarter spending over 50%[13].

Renters in Region 6 are **far more likely** to spend half their income on housing than homeowners.



Source: US Census Bureau, 2024

Across the region, housing cost burden is concentrated among lower-income households:

- 319,660 households earn below 30% of AMFI, and over 242,000 of these households are cost-burdened.
- An additional 199,699 very low-income households and 166,435 low-income households also experience cost burden.

Housing quality and stability challenges are also evident. More than **28,000 extremely low-income households** experience overcrowding, with additional overcrowding across other income groups. Thousands of units lack basic facilities, including over 6,900 units for the lowest-income households without complete plumbing or kitchens.

Supply and system indicators show both capacity and constraint. The region contains approximately **125,757 subsidized housing units**, including vouchers and multifamily housing. This supply is small relative to the hundreds of thousands of cost-burdened households. Region 6 holds the **largest number of extremely low-income households** in Texas and a significant share of subsidized housing and foreclosures statewide. In addition, over **1.27 million individuals** live below 125% of the poverty line, reinforcing the scale of housing vulnerability and economic need[14].

Interpretation & Service Gaps

Housing functions as a foundational condition for family well-being in Region 6, with rising costs and limited affordable supply hitting lower-income households hardest—where even modest cost increases can cause significant disruption[15].

Families experiencing instability often rely on short-term adaptations—overcrowding, doubling up, frequent moves—rather than long-term solutions. These strategies may prevent immediate displacement but reduce predictability, making it harder to maintain employment, support children's school attendance, and stay connected to services. Housing challenges tend to build gradually before reaching a crisis point, and families often come to child welfare's attention during exactly these periods of disruption.

Two gaps limit an effective response. First, existing programs and subsidies are constrained by waitlists, eligibility requirements, and limited availability, reducing their value as prevention tools. Second, short-term stabilization supports—rental assistance, utility help, emergency funds, home repairs, housing navigation—are not consistently available at the speed families need, creating a delay between when hardship begins and when help arrives.

Housing instability rarely occurs alone: families are often managing it alongside economic hardship, behavioral health needs, and childcare demands, yet housing supports are not consistently coordinated with those other systems. Geographic variation in cost and service availability further shapes access across counties.

Key Takeaways

- **Expand affordable housing access** for lower-income families, aligning available housing with the incomes of households most at risk.
- **Strengthen rapid stabilization supports**—rental and utility assistance, emergency funds, and navigation services—so short-term hardship doesn't escalate.
- **Reduce delays in assistance**, cutting waitlist and administrative barriers that push families past the point where help would prevent displacement.
- **Coordinate housing** with other service systems (economic, behavioral health, childcare) and tailor strategies to county-level differences in cost and availability.

Economic Stability

> **Poverty, you know, being poor doesn't make you a bad parent, but sometimes it makes it hard.**



What We Heard

Economic hardship emerged as a foundational issue affecting nearly every aspect of family stability. Financial strain is a primary condition shaping family well-being, often influencing how families are perceived and how they interact with systems. **Many interviewees emphasized that poverty is often misinterpreted as neglect**, particularly when families struggle to consistently meet basic needs despite active efforts to care for their children. Most families aren't idle; they're working and still falling short.

Observed Conditions

Providers described a range of economic challenges that families experience, including:

- Inability to consistently afford food, utilities, transportation, clothing, and childcare
- Reliance on multiple jobs while still falling short of meeting household expenses
- Emergency financial aid that's real but too slow to intercept a fast-moving crisis
- Ongoing financial strain rather than isolated or short-term emergencies
- Job loss, incarceration, or the loss of a partner's income as sudden tipping points
- Limited access to resources needed to maintain stable living conditions
- Needing help with basic survival costs, not extras: food, hygiene products, utilities, clothing

These conditions often reflect persistent income constraints rather than a lack of effort or willingness to provide care.



Voices from the Field

"Financial stressors are kind of the lead cause of what is happening before a child is removed."

"[When children are removed] There is some type of economic hardship, lack of stability in the home environment in many instances."

"If a person doesn't have the means to get themselves there...it's not going to matter how many community resources you have."



WHERE IT'S WORKING

Providers pointed to cases where a single, timely financial intervention, covering a utility bill or a month of rent before an eviction, kept a family from reaching a crisis point, versus arriving after the notice to vacate had already been issued.

Cascading Impacts

Economic instability creates interconnected challenges that affect family functioning and child well-being. Providers consistently identified:

- Increased parental stress and emotional strain
- Reduced capacity to manage daily responsibilities
- Higher likelihood of family conflict
- Unmet child needs due to limited resources
- Difficulty addressing emerging concerns before they escalate
- Diminished ability to make protective choices, such as leaving a domestic violence situation, without financial independence

What the Numbers Show

AT A GLANCE

11.0%

of Region 6 families **live below the poverty level**, compared to 10.5% statewide

5.5 - 16.8%

poverty rate range across counties — more than a **3x difference** between some counties

40.9%

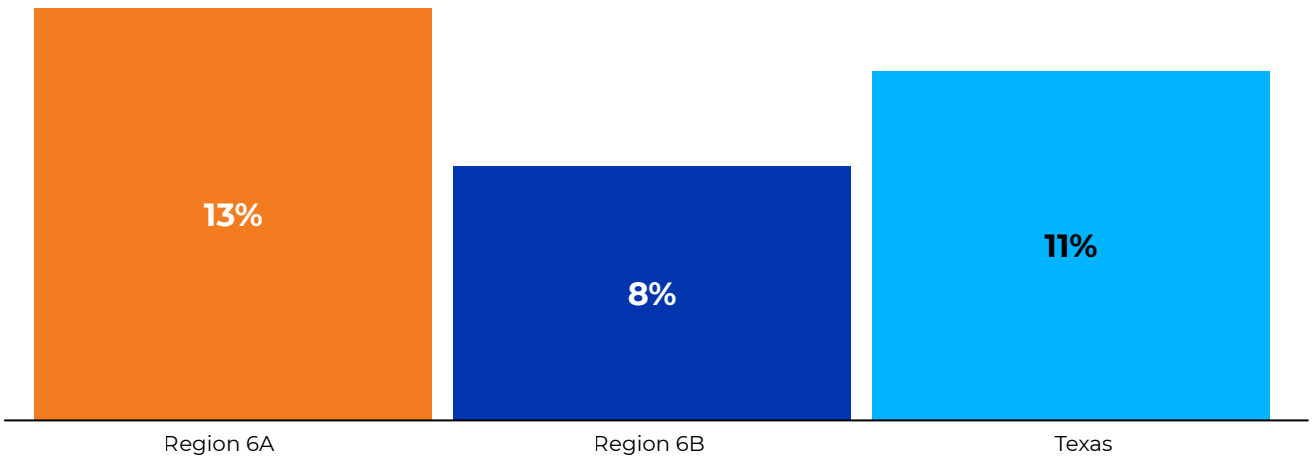
of families in poverty are headed by **a single female** householder with children present

6.2%

regional **unemployment rate**, versus 5.2% statewide

Economic stability indicators across Region 6 point to widespread financial hardship, with variation across counties but a consistent pattern of vulnerability. Census data shows that 11.0% of families in Region 6 live below the federal poverty level, compared to 10.5% statewide. However, at the county level, poverty rates vary substantially, reflecting a spread from approximately 5.5% in Colorado and Brazoria counties to 16.8% in Matagorda County, indicating that some communities experience poverty at rates more than three times higher than others[16].

Region 6A has a **higher poverty rate** than both Region 6B and the state.



Source: US Census Bureau, 2024

Within the population living in poverty, a significant proportion are families with children in single-caregiver households. Across Region 6, **40.9%** of families in poverty are headed by a female householder with children present[17]. Median household income data further illustrate disparities across the region, with a range of over **$60,000**[18].

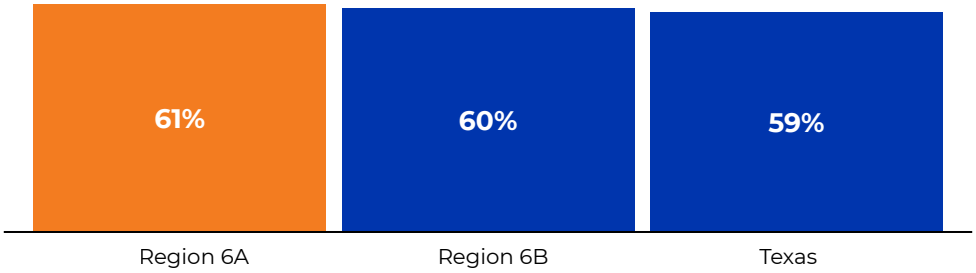
Median household income varies across Region 6.

County	Median Household Income (Past 12 Months)
Fort Bend	$114,041
Chambers	$109,804
Brazoria	$97,993
Montgomery	$97,701
Galveston	$86,105
Waller	$80,397
Austin	$75,789
Harris	$74,983
Liberty	$68,703
Wharton	$66,924
Colorado	$66,377
Matagorda	$58,628
Walker	$52,324

Source: US Census Bureau, 2024

Employment data indicate that **240,098 individuals** in Region 6 are unemployed out of a labor force of **3,879,743**, representing an unemployment rate of approximately **6.2% compared to a statewide unemployment rate of approximately 5.2%**. Meeting basic needs can be a significant burden for families experiencing poverty. 12% of households in Region 6 receive SNAP, with higher participation among households with children[19].

Most households receiving SNAP in Region 6 have **children under 18.**



Source: US Census Bureau, 2024

Interpretation & Service Gaps

Economic conditions function as a central driver of family stability across Region 6. While regional poverty rates track close to the state average, county-level variation in income and employment shows hardship is unevenly distributed. For many families, financial strain is ongoing rather than temporary, leaving little margin to absorb disruptions like job loss or illness[20].

Providers described families who are working, often across multiple jobs, yet still unable to reliably cover housing, food, transportation, and childcare—conditions that reflect persistent income constraints rather than a lack of effort. Even small disruptions, like reduced hours or an unexpected expense, can destabilize a household quickly, and system involvement often follows when unmet basic needs are mistaken for neglect.

Two structural gaps compound this. First, existing assistance is not consistently timely or flexible enough to intervene before hardship escalates, despite strong demand for basic supports like food, transportation, and direct financial assistance. Second, longer-term pathways—workforce development, vocational training, employment services—exist but are rarely connected to immediate assistance, leaving families who stabilize in the short term without a clear route to lasting economic security.

Taken together, the region's system responds to economic instability more often than it prevents it. Closing that gap will depend on making basic assistance faster and easier to access, and on linking it deliberately to the longer-term supports that reduce recurrence.

Key Takeaways

- **Expand early, flexible access to basic assistance** (food, transportation, clothing, direct financial support) so families can stabilize before conditions escalate.
- **Connect short-term relief to long-term pathways** by pairing emergency assistance with workforce development and employment services.
- **Target resources** using county-level data on income, poverty, and employment to guide where investment is most needed.

Mental Health and Substance Use

> **Getting access to mental health services does not happen as quickly.**



What We Heard

Mental health and substance use challenges were consistently identified as significant contributors to family instability and child removal risk. Behavioral health needs affect both caregivers and children and often shape a family's ability to maintain stability. Behavioral health needs are present in nearly every case discussed, but so is the fear of naming them. Families avoid disclosing struggles because they worry honesty will be used against them, and when they do seek help, **the wait is often longer than the crisis can survive**. Across interviews and surveys, respondents emphasized that these challenges are widespread and frequently occur alongside other stressors, such as housing instability and economic hardship.

Observed Conditions

Providers described a range of behavioral health challenges affecting families, including:

- Untreated mental health conditions among caregivers and children
- Long wait lists for therapy, psychiatric care, and substance treatment, especially without private insurance
- Substance use disorders that affect daily functioning and caregiving
- Trauma related to domestic violence, abuse, foster care involvement, and loss
- Stigma keeping families silent about mental health struggles until a crisis forces disclosure
- Emotional and behavioral challenges among children that impact family dynamics
- Substance use, undiagnosed mental illness, and domestic violence frequently overlapping in the same household
- Chronic stress resulting from ongoing instability

These conditions often occur simultaneously, creating compounding pressures within the household[21].



Voices from the Field

“There's a really huge need for mental health services in this area.”

“It’s going to take them three months to get anybody to get help and they're going to be done by then.”

“There are going to be families out there who don't have a mental health provider that they can call and help for immediate needs.”



WHERE IT’S WORKING

Multiple providers described removals being avoided when a parent testing positive for substance use was connected quickly to a safety monitor (often a relative) while completing treatment, and when the state covered treatment costs directly so a parent could enter a program at no cost and maintain family visits during recovery.

Cascading Impacts

Behavioral health challenges create interconnected effects that influence family stability and child well-being. Providers consistently identified:

- Reduced ability to maintain consistent supervision and daily routines
- Substance use and untreated mental illness combining to escalate household conflict, including domestic violence
- Standard family therapy proving insufficient when a parent's need requires a higher level of care
- Difficulty sustaining safe and stable home environments
- Increased caregiver stress and emotional strain
- Greater challenges managing children's behavioral and emotional needs
- Strain on family relationships and overall functioning

Respondents emphasized that when these needs go unaddressed, they can escalate quickly and contribute to system involvement.

What the Numbers Show

AT A GLANCE

10-24

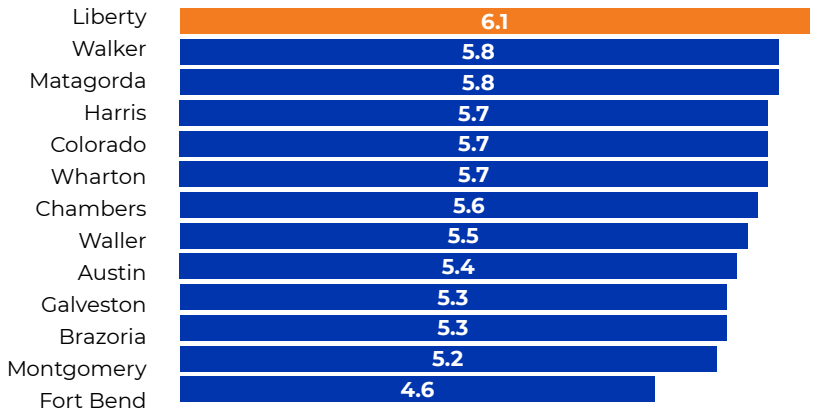
overdose deaths per 100,000 residents — the range across Region 6 counties

563 vs. 2,449

residents per provider in Harris County vs. Chambers County — highly uneven access

Mental health indicators vary across Region 6 counties in burden, provider availability, and access to care. The chart below presents the average number of mentally unhealthy days reported per month across Region 6 counties. Higher averages may reflect greater levels of emotional or psychological strain, particularly where other stressors—such as economic hardship or limited access to services—are also present.

There is a 1.5-day gap in mentally unhealthy days across Region 6.

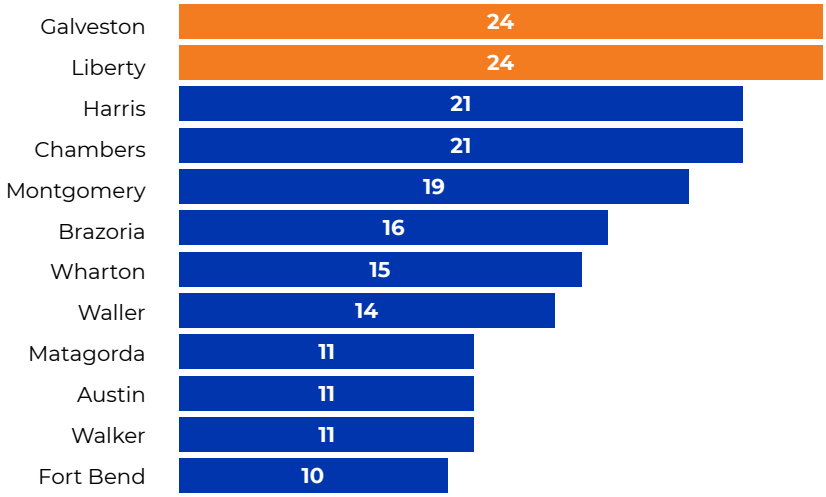


Source: University of Wisconsin Population Health Institute, 2025

Drug overdose mortality rates vary considerably across Region 6 counties[22]:

- Fort Bend County reports the lowest rate in the region, at 10 deaths per 100,000 residents.
- Galveston and Liberty counties report the highest rates, at 24 deaths per 100,000 residents each.

Overdose mortality rates are more than twice as high in some Region 6 counties compared to others.

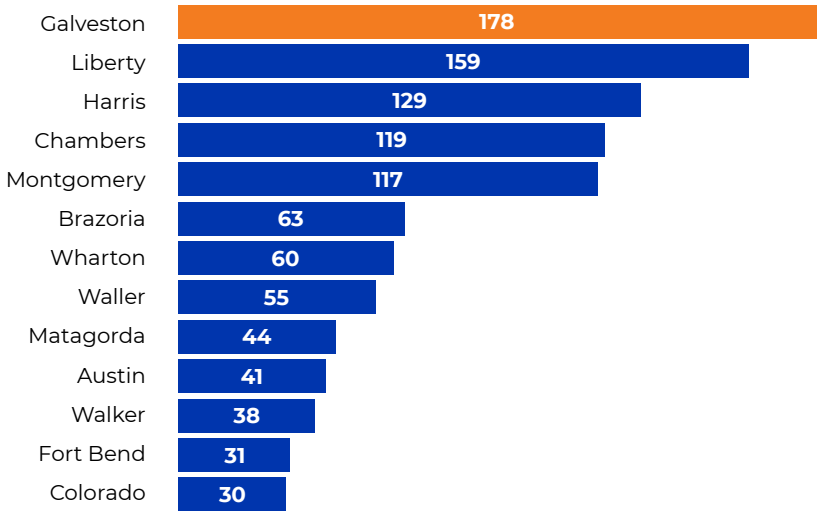


Source: University of Wisconsin Population Health Institute, 2025

Access to behavioral health services varies significantly, with wide disparities in mental health provider-to-population ratios:

- Harris County has **563 people per mental health provider.**
- Chambers County has **2,449 people per mental health provider** — more than **four times** the ratio in Harris County.

Rural counties rely on five to six times fewer providers per capita compared to more resource-rich areas.



Source: University of Wisconsin Population Health Institute, 2025

Higher population-to-provider ratios point to longer wait times and less continuity of care, consistent with what providers described directly.

Interpretation & Service Gaps

Behavioral health emerges as both a distinct area of concern and a cross-cutting factor shaping stability across every other domain[23]. Families experience untreated mental health conditions, substance use disorders, trauma, and chronic stress—often simultaneously, compounding pressure within the household.

The defining problem is not the absence of services but the gap between when care is needed and when it's actually accessible. Providers described delays of several months, and in some cases an inability to identify any available provider at all—compounded by long wait times, provider shortages, transportation challenges, and insurance limitations.

Cost, waitlists, limited service hours, and insurance limitations mean families can technically qualify for care and still be unable to receive it in time—which matters most in behavioral health, where delayed treatment tends to worsen symptoms and raise the risk of crisis. Substance use follows the same pattern: treatment exists but is not consistently available when someone is ready to engage, and gaps in continuity of care can interrupt recovery and increase relapse risk.

These access challenges compound with economic hardship, housing instability, and caregiving demands rather than occurring in isolation. Children's behavioral health needs in particular act as both a driver of and a response to family stress.

As in other domains, families most often connect to behavioral health services during or after crisis rather than earlier, when intervention would be more effective. Providers identified strong demand for expanded therapy and counseling (including in home and extended-hour models), psychiatric care, substance use treatment, ABA and other specialized services, and intensive family-centered supports—delivered in coordination with broader family stabilization efforts rather than as a standalone service.

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Key Takeaways

- **Close the timing gap:** expand crisis response, outpatient care, and ongoing treatment capacity to reduce months-long delays between help-seeking and access.
- **Reduce structural barriers**—cost, waitlists, service hours, insurance limitations—so eligibility reliably translates into access.
- **Strengthen substance use treatment continuity**, expanding outpatient and residential options together to support sustained recovery.
- **Integrate behavioral health into prevention**, embedding screening and low-barrier entry points within broader family support systems rather than treating it as separate.

Parenting and Family Functioning

> **Parents need support... need a village, need someone walking beside them to help them navigate services.**



What We Heard

Families at risk of child removal often navigate multiple challenges simultaneously—financial hardship, mental health concerns, domestic violence, and social isolation. Providers consistently described struggling families as **unequipped rather than unwilling**, often because they were never shown another way to parent, cope, or ask for help. Isolation and a lack of extended support repeatedly surfaced as the difference between a family that stabilizes and one that doesn't. Respondents consistently emphasized that instability rarely stems from a single factor, but from the accumulation of pressures over time.

Observed Conditions

Providers described a range of challenges affecting family functioning, including:

- Financial hardship and ongoing resource constraints
- Households with no extended support system, no one to call for childcare, a ride, or guidance
- Parents overwhelmed by a child's behavioral, developmental, or medical needs with no outside help
- Multi-generational homes where the same unresolved patterns repeat without ever being addressed
- Discipline practices described as generational, passed down through family patterns rather than taught through formal parenting support
- Experiences of domestic violence and trauma
- Family conflict and strained relationships



WHERE IT'S WORKING

Providers described removal being avoided most often when a kinship caregiver could be identified and supported, giving the family a protective factor to build on rather than starting from nothing.



Voices from the Field

"[Parents need] Support systems...none of them are setting anybody up for any long-term stability. It's very like put a band-aid on it."

"Parents just don't know the tools."

"It's a level of care that's attached...people are hurting...having somebody that's listening and advocating and wanting to get in there and fight with you."

"Our clients are in survival mode and they don't really think ahead."

"If they weren't parented in a healthy way, then they didn't have that exposure and so weren't able to parent their children in a healthy way."

Cascading Impacts

These overlapping conditions contribute to broader challenges in maintaining family stability. Providers consistently identified:

- Increased stress affecting parenting capacity and decision-making
- Families cycling through the same challenges their own parents experienced, without exposure to alternative approaches
- Increased likelihood of conflict or CPS involvement when caregivers feel unsupported in managing behavior
- Slower identification of children's underlying needs when caregivers are already stretched thin
- Strain on family relationships and communication
- Barriers to navigating complex service systems
- Reduced ability to address concerns before they escalate

What the Numbers Show

AT A GLANCE

1 in 3
children in Region 6 live in **single-caregiver households,** most often with a mother

151,545
children regionally **live with a grandparent caregiver**

40.9%
of **families in poverty** are headed by a single female householder with children present

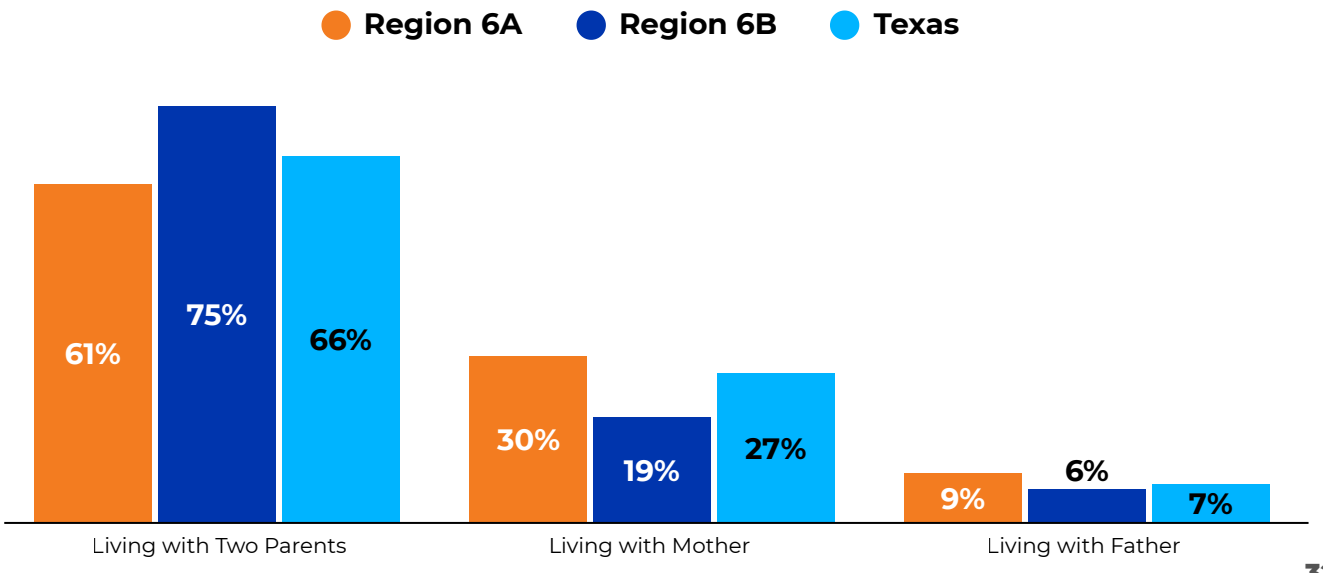
Data from the American Community Survey shows that across Region 6, 1,872,836 children live in families. While most children reside in two-parent households, more than one in three live in single-caregiver households, most commonly with a mother[24]:

- **65.9%** (1,234,833) live with **two parents**
- **26.3%** (492,063) live with a **mother only**
- **7.8%** (145,940) live with a **father only**

At the county level, variation is present. Harris County shows a somewhat lower share of two-parent households and higher shares of single-caregiver households than the regional average:

- **61.0%** of children live with **two parents**
- **30.2%** live with a **mother only**
- **8.8%** live with a **father only**

There is a **higher concentration** of single-caregiver households in Harris County compared to the region.



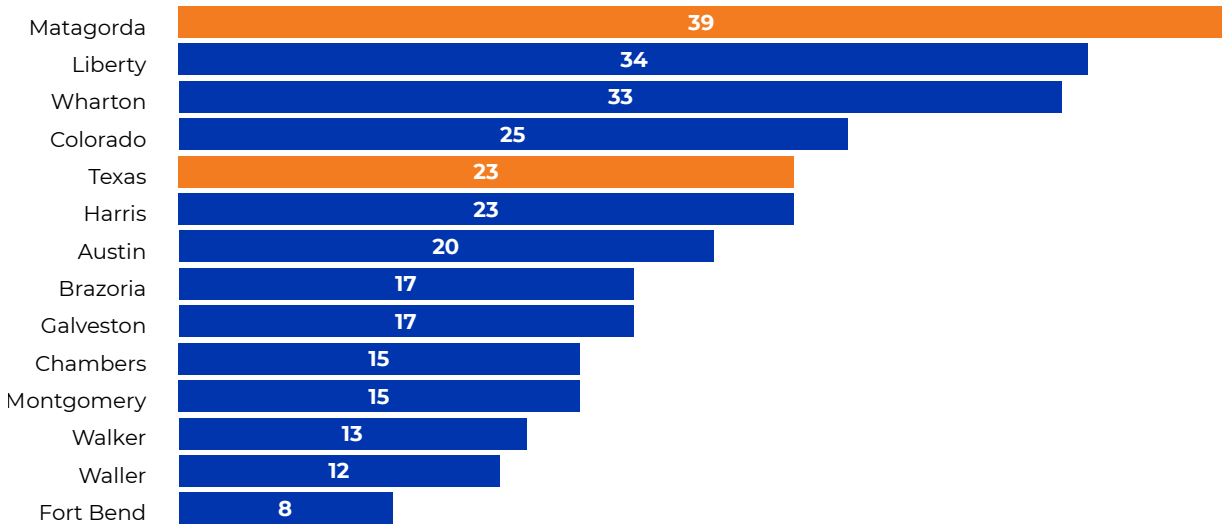
Source: US Census Bureau, 2024

Extended family caregiving also plays a meaningful role in supporting children and families. Across the region, **151,545 children** live with a grandparent caregiver, pointing to a subset of families who rely on non-parental caregivers to provide stability when parents are unable to do so[25].

Economic conditions also intersect directly with household structure. Among families living in poverty, **40.9% are headed by a female householder** with children present, underscoring how single-caregiver households, and particularly those led by women, bear a disproportionate share of the region's economic hardship[26].

Additional demographic indicators provide context for families in early parenting stages. **585,726 children across the region are under age 6**, representing a substantial population of very young children whose caregivers are navigating the demands of early childhood alongside other stressors. Fertility data further show that **births occur across age groups**, including adolescents and young adults, a reminder that parenting resources and supports must be designed to meet caregivers at markedly different developmental and life stages, not a single 'typical' age group.

Teen birth rates in Region 6 exceed the state average in several counties.



Source: University of Wisconsin Population Health Institute, 2025

Interpretation & Service Gaps

Parenting and family functioning in Region 6 are shaped by the interaction of individual capacity, external stressors, and access to support—not by a lack of parenting ability. Families are managing economic hardship, behavioral health challenges, domestic violence, and social isolation simultaneously, and parenting capacity is shaped as much by cumulative stress and context as by skill[27].

Supports that strengthen parenting capacity—education, skill-building, support groups, in-home coaching—exist in the region but are not consistently accessible when they'd be most effective; they're often limited by eligibility, availability, or accessed only after system involvement has already begun[28]. In-home and family-based services are a particular area of need, valued for working directly with families in their own environments, but not always available at the intensity or duration required.

Successful outcomes are most associated with sustained, relationship-based engagement and collaborative problem-solving between families and providers—not one-time interventions. Yet families most often encounter services during investigation, safety planning, or later stages of involvement, rather than earlier points where support could prevent escalation.

Key Takeaways

- **Expand early, voluntary parenting supports**—education, coaching, and skill-building—before system involvement occurs.
- **Scale in-home, family-centered services**, strengthening availability, intensity, and duration.
- **Expand navigation and case management** to help families access and sustain resources over time.
- **Integrate parenting supports with other domains** (behavioral health, economic, housing, domestic violence) to reflect the full context shaping family functioning.

Access to Healthcare

> **“If we had mental health services... that were affordable because a majority of the time... their families can't afford it.”**



What We Heard

Access to healthcare emerged as an important factor shaping family stability, with both physical and behavioral health needs affecting family functioning—particularly when care is delayed or inaccessible. Respondents emphasized that **healthcare access challenges are common** and often intersect with financial hardship and transportation barriers. Even families with some form of insurance ran into real walls: providers who won't accept their plan, appointment hours that don't match work schedules, and legal status that blocks care altogether. These barriers were described as **logistical and financial**, not a reflection of families not wanting care for their children.

Observed Conditions

Providers described a range of challenges related to healthcare access, including:

- Difficulty obtaining timely medical care for both children and caregivers
- Families and kinship caregivers without insurance, or without a Medicaid provider that accepts their specific plan, facing significant delays or denial of care
- Specialized services like ABA therapy carrying long waitlists, especially for children without private insurance
- Standard business-hours appointments conflicting with the work schedules of parents and caregivers, who often can't take time off
- Children with serious psychiatric needs discharged from facilities as soon as their limited insurance coverage runs out, sometimes returning to the same unsafe situation
- Transportation barriers that restrict access to appointments
- Provider shortages, particularly for specialized and behavioral health services
- Challenges navigating complex healthcare systems

These barriers often delay care and contribute to unmet physical and behavioral health needs.



Voices from the Field

"Getting access to mental health services does not happen as quickly, especially mental health services need to be quick."

"When you have to go to an outside provider and go through a wait list or their process, it can take a really long time."

"The process to be seen is going to like double, triple the wait time because they have to do all this pre-authorization now."

"We need more services that are willing to start right away...where there's not a delay in services."

Cascading Impacts

Limited access to healthcare creates broader challenges that affect family stability. Providers consistently identified:

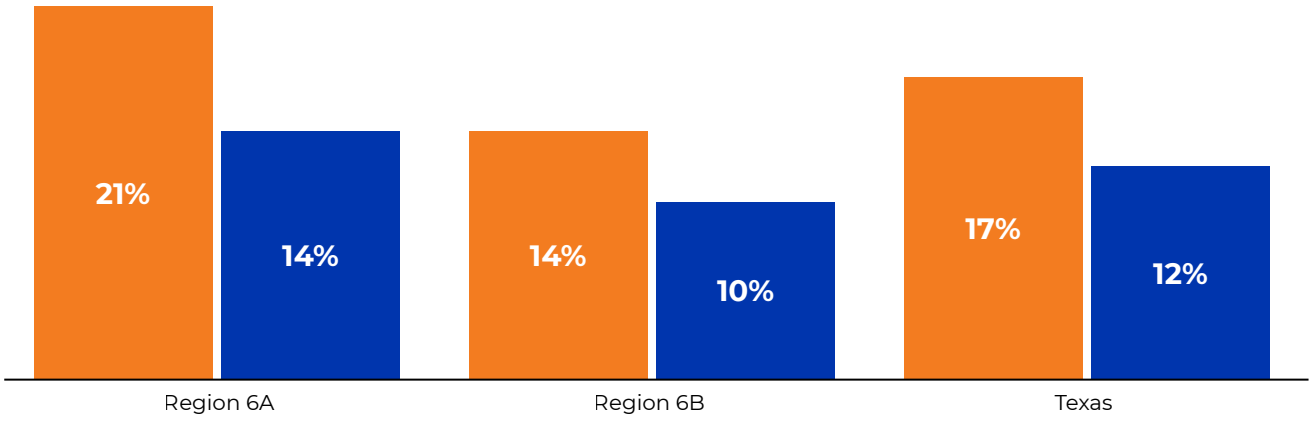
- Increased family stress related to unmanaged health conditions
- Delayed diagnosis and treatment for children's medical, developmental, or mental health needs
- Difficulty maintaining consistent routines due to untreated medical needs
- Providers having to find workarounds, like delivering resources directly to a family's home, when standard access channels fail entirely
- Strain on caregivers managing both health concerns and daily responsibilities
- Greater challenges supporting children with unmet health or behavioral needs
- Barriers to addressing issues early, before they worsen

Respondents emphasized that untreated conditions can compound over time, increasing pressure on families already managing multiple stressors.

What the Numbers Show

Access to healthcare in Region 6 varies across counties, shaped by both insurance coverage and provider availability. Data from the American Community Survey show that 1,384,561 individuals in Region 6 are uninsured, representing a significant portion of the population under age 65[29].

Region 6A has the highest uninsured rate, while children are less likely to be uninsured overall.



Source: US Census Bureau, 2024

County-level totals illustrate the scale of need:

1,005,342 Harris County

103,492 Fort Bend County

102,877 Montgomery County

48,254 Brazoria County

UNINSURED INDIVIDUALS

Interpretation & Service Gaps

Healthcare access in Region 6 is shaped not just by availability, but by affordability, timing, and families' ability to navigate complex systems[30]. A key gap is between coverage and actual access: many children at risk of or involved in the child welfare system are eligible for Medicaid programs like STAR Health, but eligibility doesn't guarantee timely or appropriate care—navigating provider networks and confirming participation adds steps that delay access, especially for families already managing multiple stressors.

Provider availability compounds this unevenly across the region: outside major population centers, families face limited options for primary, specialty, and behavioral health care, and even where providers exist, capacity constraints and shortages create scheduling delays. Cost, transportation, and scheduling barriers further limit consistent access, even for covered services—disproportionately affecting families balancing work, caregiving, and limited transportation.

The impact extends beyond immediate health needs: unmanaged conditions increase family stress, strain caregivers, and compound over time, reducing families' ability to address concerns before they worsen. Routine and preventive care represent a missed opportunity here—they could identify developmental, physical, and behavioral health needs early, but delayed or inconsistent access means concerns are more often addressed at later, more acute stages[31].

Key Takeaways

- **Improve navigation of healthcare systems**, especially within Medicaid and managed care networks.
- **Expand provider capacity**, particularly in areas with geographic disparities and behavioral health shortages.
- **Reduce logistical barriers**—transportation, scheduling, affordability, insurance—that prevent consistent access.
- **Leverage healthcare as a prevention entry point**, expanding routine and preventive care to catch needs earlier.
- **Align healthcare with broader family support systems**, coordinating with behavioral health, economic, and family stabilization services.

Access to Childcare

> **It's very difficult for [parents] to find reliable, safe childcare for their kids. That really impacts their ability to work and provide for their family.**



What We Heard

Limited access to affordable and reliable childcare was identified as a significant challenge for many families. Childcare plays a central role in supporting family stability by **enabling caregivers to meet work, health, and caregiving responsibilities**. Across interviews and surveys, respondents emphasized that when childcare is unavailable or unreliable, families experience increased stress and reduced ability to engage with services and maintain stability.

Observed Conditions

Providers described a range of childcare-related challenges, including:

- Families unable to afford or locate childcare, particularly parents working nontraditional hours like nights or weekends
- No extended family or informal network to fall back on for childcare
- Difficulty securing reliable, consistent care
- Barriers related to cost and eligibility
- Limited access to specialized childcare for children with additional needs

These challenges are particularly significant for single-parent households and families with young children.



Voices from the Feild

“[Daycare]...that is a resource that has really helped families in the past.”

“If a person doesn't have the means...or have something to do with their kids, then it's not going to matter how many community resources you have.”

Cascading Impacts

Limited childcare access creates broader challenges that affect family functioning and stability. Providers consistently identified:

- Difficulty maintaining employment or consistent work schedules
- Increased reliance on unsafe or inconsistent childcare arrangements when no other options exist
- Missed appointments and reduced participation in services or treatment
- Heightened strain for single parents, particularly following domestic violence, who must find both work and childcare simultaneously
- Challenges balancing caregiving responsibilities with other demands
- Progress on other stability goals, employment, service engagement, stalling without childcare in place

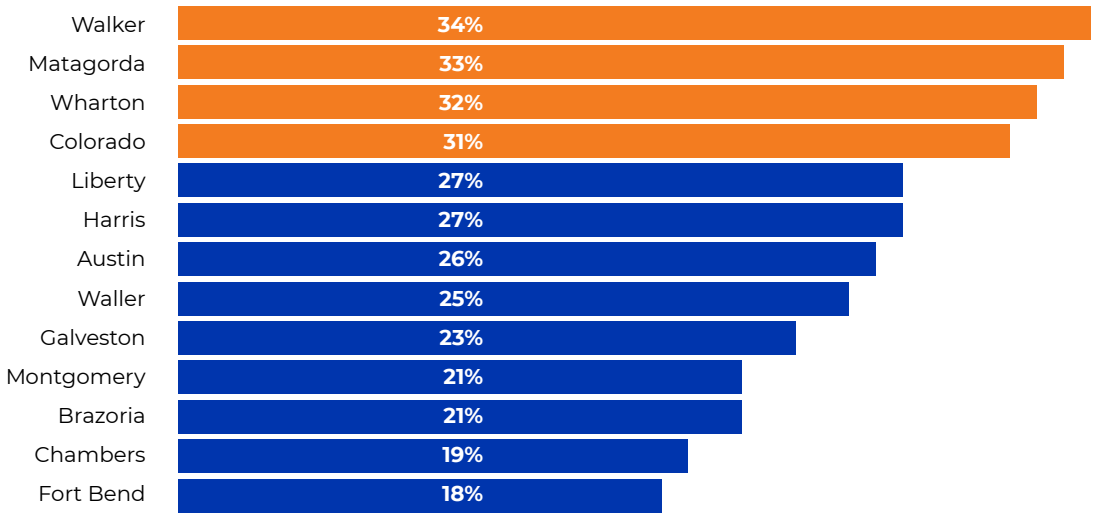
Respondents emphasized that the absence of dependable childcare can limit a caregiver’s ability to respond to both immediate needs and longer-term goals.

What the Numbers Show

Childcare cost burden is substantial across Region 6 counties, shaped by financial pressure and workforce constraints that affect families' ability to secure consistent, affordable care.

Childcare costs consume a significant share of household income in every county, creating serious strain for families already balancing housing, transportation, food, and other basic needs—with variation across counties reflecting differences in local cost and availability.

Families in some Region 6 counties spend **nearly one-third** of their income on childcare.



Source: ?

Interpretation & Service Gaps

Childcare access in Region 6 reflects limited availability, high cost, and a mismatch between service structure and family need. Even where childcare is available, families face waitlists, enrollment restrictions, and a supply-demand imbalance that's most acute for infants, toddlers, and children with specialized or behavioral health needs.

Cost remains a barrier even when care exists—subsidy programs help but aren't always sufficient or easy to navigate, creating gaps between eligibility and actual access. Structural constraints compound the problem: childcare availability is often tied to standard business hours, misaligned with shift-based or hourly work schedules common among the families most in need.

Geographic variation matters too—families in denser areas have more options but still face cost and availability barriers, while rural families may have few providers within reasonable distance. The impact extends beyond supervision: difficulty maintaining employment, missed appointments, reduced service participation, and increased caregiver stress and burnout. Families often rely on informal or unstable arrangements when formal care isn't available—a short-term fix that lacks the reliability needed for long-term stability.

Key Takeaways

- **Expand affordable, high-quality childcare supply**, especially for infants, toddlers, and children with specialized needs.
- **Reduce the cost barrier** by strengthening subsidy programs and affordability strategies.
- **Align childcare with real work schedules**, supporting extended-hour, weekend, and flexible care models.
- **Expand specialized and respite care**, and simplify navigation to subsidies and providers.
- **Address geographic disparities**, targeting expansion where provider presence is most limited.



Interconnected Challenges and Opportunities for Prevention

“If you don't have money to feed your children, resources to feed your children... you don't have parenting skills... manage behavior... families just didn't have adequate resources... financial or educational or parental guidance... generational situation... [they just] parented the way that they were parented.”



Findings across both data and stakeholder interviews point to a system that more often responds to challenges after they escalate than prevents them. Across Region 6, families frequently experience overlapping stressors—economic hardship, housing instability, and limited access to healthcare and behavioral health services—that intersect with disparities in outcomes, including disproportionate representation of Black or African American youth in substitute care. Risk is most often tied to the accumulation of unmet needs, not a single factor.

Access to services varies significantly by geography, resource availability, and system capacity. Urban and rural areas show different population-to-provider ratios, and interviewees described these gaps as contributing to delays in care—particularly behavioral health—where need often exceeds supply. Families in rural or under-resourced areas face added barriers around transportation and provider availability, delaying support until challenges become more severe.

Service capacity and navigation challenges compound these issues. Providers consistently described a fragmented system requiring multiple referrals, unclear eligibility, and inconsistent information—even when services exist, they're often time-limited or insufficient for long-term needs, so families can cycle through systems without achieving sustained stability.

Sustained, relationship-based support emerged as a key theme: many services address immediate needs but don't provide the ongoing guidance necessary for long-term resilience. Providers emphasized that outcomes improve most when families have consistent case management, trusted relationships, and individualized support.

Finally, collaboration and coordination represent the clearest opportunity for improvement. County-level variation in mental health burden, provider availability, and family structure underscores the need for regionally responsive approaches, and interviewees described stronger outcomes where organizations communicate regularly, coordinate services, and provide warm handoffs. A more integrated, prevention-focused system—one that addresses structural barriers, improves access, and emphasizes early intervention—could better support families and reduce the need for child welfare involvement.

Method

Data for this assessment were collected between **April and June 2026** using a mixed-methods approach that combined survey and interview data. An online survey was distributed to organizations across Region 6, with 25 respondents representing community-based organizations, service providers, and related stakeholders. The survey gathered information on perceived community needs, service gaps, and priorities for investment, with particular attention to factors affecting family stability and risk of child welfare involvement.

In addition, 19 semi-structured interviews were conducted with leaders from community-based organizations, Child Placing Agencies, General Residential Operations,, service providers, and community partners. Interviews explored key challenges facing families, system dynamics, and potential strategies for strengthening support systems. Findings from both data sources were reviewed and synthesized to identify recurring themes, patterns, and areas of convergence across respondents. This approach allowed for a more comprehensive understanding of both quantitative trends and lived experiences within the region.

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This handout was developed by DePelchin Family Services, DePelchin Children's Center, and Texans Together. The most recent data available from multiple sources was used. Data collection periods may vary by source; please refer to the source list for details.

DePelchin
FAMILY SERVICES

DePelchin Family Services provides the operational backbone that supports the DePelchin family of organizations. Through strategic leadership, technology, finance, communications, human resources, and other shared services, DePelchin Family Services helps ensure children, youth, and families receive the care and support they need.

DePelchin
CHILDREN'S CENTER

DePelchin Children's Center strengthens the lives of children, youth, and families through a wide range of services, including behavioral health, parenting support, foster care, kinship care, adoption, and residential programs. Its work focuses on helping families build stability, resilience, and lasting connections.

TEXANS
TOGETHER

Texans Together works alongside children, families, caregivers, and community partners to create safe, nurturing, and permanent homes. As the community-based care provider for Region 6, it coordinates foster care, kinship care, adoption, and other child welfare services across the 13 county region.