

Equal Access to Facilities, Services and Treatment Report

Executive Summary and Agency Reports



**In Response to Section 20, S.B. 103, 80th Legislature,
Regular Session, 2007**

**Submitted by the
Health and Human Services Commission
to the Texas Legislature**

July 1, 2010

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EXECUTIVE SUMMARY

Section 20, S.B.103, 80th Legislature, Regular Session, 2007, charges the Texas Health and Human Services Commission (HHSC), the Texas Youth Commission (TYC), and the Texas Juvenile Probation Commission (TJPC) with reviewing, documenting, and comparing the accessibility and funding of facilities, services, and treatments provided to females under 18 years of age to that of males under 18 years of age. Additionally, each agency within the Health and Human Services (HHS) enterprise that provides services that are subject to the areas of review specified in the legislation are to identify existing differences within the agency in the allocation and expenditures of money and services for females under 18 years of age in comparison to males in the same age group. The HHS agencies that fall under this requirement include the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS). Therefore, the reporting agencies include: HHSC, DSHS, DFPS, TJPC, and TYC.

The mandated areas of review included:

- the nature, extent, and effectiveness of services offered for females under 18 years of age within the areas of teen pregnancy, physical and sexual abuse, alcohol and drug abuse, services for runaway and homeless females, and services for females involved in gangs or other delinquent activity; and
- the equity of services offered to persons under 18 years of age with respect to gender within the areas of physical and sexual abuse, alcohol and drug abuse, and services offered to runaway and homeless youths.

The above agencies were directed to identify existing differences within their respective agency in the allocation and expenditures of money and services for females under 18 years of age in comparison to males in the same age group. Each agency was required to submit a report to HHSC describing any differences identified, develop a plan to address any lack of services for females under 18 years of age reported by the agency, and report progress made under the plan. S.B. 103, Section 20, requires the report to be submitted no later than July 1 of each even-numbered year. Section 20 expires September 1, 2011.

THE PROCESS

HHSC met with DSHS, DFPS, TYC, and TJPC in October 2009 to discuss the agency requirements and establish a timetable for the submission of agency reports. Agency representatives agreed to review the first report submitted to the Texas Legislature on July 1, 2008, and determine necessary updates such as data and new programs. Representatives agreed to compile fiscal year 2009 data to ensure data consistency in each agency report. The following are the basic content elements related to the services cited in the bill:

- The nature, extent, and effectiveness of services offered for females under 18 years of age within the areas of teen pregnancy, physical and sexual abuse, and alcohol and drug abuse, services for runaway and homeless females, and services for females involved in gangs or other delinquent activity.

- The equity of services offered to persons under 18 years of age with respect to gender within the areas of physical and sexual abuse, alcohol and drug abuse, and services offered to runaway and homeless youth.
- The existing difference within the agency in the allocation and expenditures of money and services for males under 18 years of age in comparison to females in the same age group and a description of any difference identified.
- The development of a plan to address any lack of services for females under 18 years of age reported by the agency.
- The submission of a report on the progress made under the plan.

CONCLUSIONS

HHSC reviewed all agency reports in an effort to provide this executive summary and analyze the basic conclusions of each agency. As a result of this analysis, HHSC did not identify any barriers to access to services for females under the age of 18. It should be noted that females under the age of 18 years have access to the specific services mentioned in the bill on either a first-come, first-served basis, or have exclusive access to some services due to the nature of the service (e.g. teen pregnancy services). No barriers were identified based on eligibility criteria or intake processes, and service issues did not reflect barriers to accessibility based on a gender bias for individuals under the age of 18 years.

TJPC, TYC, and DSHS noted that because there are more referrals of males through the juvenile justice system, there are higher numbers of males served in certain targeted programs. The agencies noted that females have equal opportunity and access to these services and programs, but that the higher numbers of males on the juvenile justice rolls in general result in larger numbers of males referred to and served by these programs. TJPC notes that 28 percent of total referrals to probation in 2009 were female. TYC reports that in fiscal year 2009, 127 females were adjudicated to TYC, making up 9 percent of total commitments. DSHS reports that 15 percent of females admitted to substance abuse treatment were referred by probation.

DSHS reports that minimal discrepancies between genders exist in the substance abuse prevention area. DSHS indicates that current practices toward ensuring equity and outreach to schools will continue. With regard to mental health services, DSHS is looking toward further refinement of the Resiliency and Disease Management approach to enhance the ability of treatment programs to effectively engage all youth in mental health treatment. Additionally, DSHS will continue to offer youth female-specific curricula training such as *Seeking Safety* and *Trauma Informed Therapy* based on national recommended best practices.

TYC reports that the agency is continuing to respond to a variety of strategies to better address basic and specialized treatment needs, such as with the “Girls Task Force” to consider the full complement of services for girls, from assessment and orientation through parole and aftercare. With regard to treatment effectiveness, TYC noted concerns about the level of community support for youth following release, and particularly, continuing support for youth with needs for specialized services to sustain community success and reduce recidivism.

The following is a summary of each individual agency’s responses. The complete reports from each agency follow this summary.

SUMMARY OF INDIVIDUAL AGENCY RESPONSES

TEXAS JUVENILE PROBATION COMMISSION

Service Summary

Juvenile probation departments in Texas supervise youths between the ages of 10 to 17 who have been referred for conduct indicating a need for supervision (CINS) or delinquent offenses committed while the youth was between the ages of 10 to 16. Most juveniles enter the system through a referral from law enforcement although a juvenile may be referred by a school, a social service agency, a parent or by the Texas Youth Commission. Juveniles referred to the juvenile probation system may be cautioned and referred to community services, placed on informal deferred prosecution supervision, adjudicated and placed on probation supervision, adjudicated to the Texas Youth Commission or certified as an adult.

Juvenile probation departments provide a variety of programs and services to youth under supervision. These may be provided directly by the department or through a different organization contracted by the juvenile probation department for that purpose. In some instances, a youth may be referred to a provider in the community if the program or service is not available through the juvenile probation department or a contractor.

Local juvenile probation departments were surveyed in 2009 to determine which provided the gender-specific programs identified in S.B. 103. Juveniles with a specific need most likely received some type of programmatic service, although they may not have been served by programs specified in S.B. 103.

Teen Pregnancy Programs: Twenty-five (16 percent of departments) juvenile probation departments offered teen pregnancy programs in fiscal year 2009. Nine of these departments offered the program exclusively to females. An additional 38 departments referred youth to community providers.

Physical and Sexual Abuse Programs: Forty-two (26 percent of departments) juvenile probation departments offered programs for physical and sexual abuse. One department offered the program exclusively to males and another offered it exclusively to females. All other departments offered the program to both sexes. This was the second most prevalent S.B. 103 category program offered by juvenile probation departments in fiscal year 2009.

Substance Abuse Programs: Eighty-six departments offered drug abuse prevention/education programs and 78 offered drug abuse treatment programs (53 percent and 48 percent, respectively). Two departments provided the program exclusively to males while all other departments offered it to both sexes. Substance abuse programs were the most prevalent programs offered of the S.B. 103 categories.

Runaway and Homeless Youth Programs: Twenty-six (16 percent of departments) juvenile probation departments offered programs specifically targeted for runaway or homeless youth in fiscal year 2009. However, other programs offered by departments also serve these youth. For example, at least 26 different departments offered family preservation programs in that year.

These latter programs aim to improve family functioning and cohesion and may be provided to the runaway youth and their family. All runaway and homeless youth programs served both sexes.

Gang Intervention/Prevention Programs: Twenty-four juvenile probation departments (15 percent of departments) offered gang prevention or intervention programs in fiscal year 2009. An additional 12 departments referred the youth to community providers. Of the 24 departments offering the program, the majority (21) provided it to both sexes. One department provided the program exclusively to males while another one offered it exclusively to females.

Mental Health Programs: Programs to address mental health needs are especially important in the Texas juvenile probation system given that at least 34 percent of female juvenile offenders were identified as having mental health issues in fiscal year 2008. Relevant to S.B. 103, some of the programs provided under this category may overlap with services provided by other programs that are classified differently, such as runaway programs. Seventy-three juvenile probation departments (45 percent of all departments) offered mental health programs in fiscal year 2009. An additional 59 departments referred the youth to community providers. All departments offered the program to both sexes.

Other Programs for Females Involved in Delinquent Activities: Including the aforementioned programs, the juvenile probation system has approximately 887 community-based programs to deter delinquency in youth. These programs are diverse and vary widely in their categorization, but include programming to address anger management, cognitive skills, and first offender intervention. TJPC identified approximately 147 departments (89 percent of departments) that provide programs different from the aforementioned categories. Specific to females, at least 27 departments offered 38 programs exclusively to girls in fiscal year 2009.

Secure Facilities for Females in the Juvenile Probation System: There are currently 33 secure post-adjudication residential facilities in the Texas juvenile probation system. These facilities are operated by or in conjunction with probation departments to treat and rehabilitate adjudicated youth. Of the 33 facilities, 10 accept only males. Of facilities serving both sexes, 16 provide specialized programs for female offenders.

Conclusions

Females are referred to the juvenile probation system at significantly lower rates than males and for primarily low-level offenses, such as misdemeanors and status (CINS) offenses. Despite the disproportionate representation of females in the juvenile probation system, the overwhelming majority of departments do not exclude girls from participating in a program. Many departments, though not all, offered certain programs exclusively to females. For example, nine departments provided teen pregnancy programs exclusively to females and one department provided physical and sexual abuse and gang programs exclusively to females. In fiscal year 2009, there were 27 departments that offered 38 programs not necessarily identified under S.B. 103, but were nevertheless available to meet the unique needs of female juvenile offenders.

Overall, 116 juvenile probation departments (72 percent of departments) in Texas offered at least one of the programs specified in S.B. 103 in fiscal year 2009.¹ Three departments offered all programs that year. Substance abuse programs are the S.B. 103 category offered the most in the juvenile probation system. It was not uncommon for departments to have a program, yet not serve any females in the year. Although some departments may not actually provide a particular program, most can and do refer juveniles to programs that may be available in the community.

Plan

Despite the fact that males are overwhelmingly represented in the juvenile probation system, departments are making efforts to provide programs that specifically address the unique needs of female juvenile offenders. In 2010, the Texas Juvenile Probation Commission will implement a risk and needs assessment for use by all local juvenile probation departments. This assessment will greatly aid departments' efforts to address the needs of female offenders as it considers the effects of gender when identifying juveniles at risk of re-offense. It also identifies those juveniles in need of specific programs, such as substance abuse. In addition to directing juveniles to appropriate programs and services, the use of the risk and needs assessment will help departments identify and determine the need for additional program development.

TEXAS YOUTH COMMISSION

Service Summary

The Texas Youth Commission provides individualized assessment and treatment to all youth adjudicated to the agency. One way in which TYC increases positive outcomes for youth is through its general approach to treatment called CoNEXTions. CoNEXTions is an integrated, system-wide rehabilitative program offering various therapeutic techniques and tools that are used to help individual TYC youth. The name, CoNEXTions, stems from the basic goal of the program – to prepare youth to take the *NEXT* step, to connect youth to healthy, law-abiding relationships with their peers, families, and communities. The basic assumption of CoNEXTions is that intense and system-wide implementation of thinking skills training and interventions specific to risk and protective factors will decrease recidivism and crime among youth in the program.

Specialized Institutional Treatment Programs are provided for youth identified as having a significant need in a specific area. The specialized treatment programs are:

Chemical Dependency Treatment Program (CDTP): Females receive specialized chemical dependency services through the CDTP at the Ron Jackson facility. The fiscal year 2009 average daily population (ADP) of females in specialized chemical dependency treatment was 25.

Mental Health Treatment Program (MHTP): The MHTP at Corsicana Residential Treatment Center provides services to youth with serious mental health diagnoses who require specialized care (intensive psychiatric monitoring, psychological consultation,

¹ Excludes the four small departments that did not complete the survey at the time of analysis.

specialized counseling and specially trained dorm staff). In fiscal year 2009, the ADP of females in the mental health treatment program was 23, or 14 percent of all females.

Capital & Serious Violent Offender Treatment Program: This treatment program is a dormitory-based, structured 24-week program. The residential component assists in follow-up processing and exploration of issues identified in the intensive group sessions.

During fiscal year 2009, programming for females was identified, staff were trained and youth began the program; the average daily female population for C&SVO was eight.

Special services for females include:

Multi-disciplinary Team - This approach to individualized case planning provides a greater focus on criminogenic needs (dynamic risk and protective factors) to increase individualization of programming for girls.

Education and Vocation – Females participate in education and vocational programs at the Ron Jackson Unit I, where they are participating in dual and/or college credit courses and work on solidifying their employment options with vocational certifications including horticulture, food services, cable, construction, and cabinet-making.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – This therapy is an evidence-based treatment approach for assisting children, adolescents, and their caretakers to overcome trauma-related challenges. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events.

Girls Circle - This nationally recognized structured support group for girls focuses on gender-specific topics designed to promote resiliency and self-esteem.

Medical Care – TYC provides all female youth with a ‘well woman’ exam, which includes a Pap smear, breast exam and a pregnancy test during the Orientation & Assessment phase at Ron Jackson I. During fiscal year 2009, eight females were pregnant at the time of commitment. Pregnant females were assigned to either Ron Jackson State Juvenile Correctional Complex or Women in Need of Greater Strengths (WINGS), a contract care provider.

Conclusions

- 127 females were adjudicated to TYC in fiscal year 2009, or 9 percent of the total commitments to TYC.
- The agency’s ADP for all settings was 4,106 youth. On an average day, about 6 percent (248) of the total population were females under 18 and 2 percent (82) were females over age 18.
- During fiscal year 2009, TYC served 408 females under the age of 18 in residential and parole settings. On average, 330 females were under TYC’s custody or supervision per day.

- In TYC, about 75 percent of females and 71 percent of males were under 18 years of age.
- Of the ADP that was under 18 years old, females represented 9 percent of the institutional, 6 percent of halfway house, and 5 percent of residential contracted care populations.
- Females were classified with violent offenses over one and a half times as often as males.
- 36 percent of females under the age of 18 received one or more specialized treatment services; 32 percent of males in the same age group received one or more specialized treatment services.
- At Orientation & Assessment, females reported having been sexually abused at over 3.5 times the rate of boys and reported physical abuse twice as often as boys. Females also had more reports of inadequate supervision, neglect, and abandonment prior to commitment to TYC. The most often occurring risk factor for females was a history of running away from home.

Plan

TYC has successfully developed programming specific to the needs of females and trained staff in these specialized approaches. TYC notes that positive returns are demonstrated by females' higher rates of participation and lower risk to the community. TYC remains committed to ensuring that its treatment models match youth needs, that females are provided with re-entry plans that meet their needs, and that staff have the skills and knowledge necessary to provide the highest quality services.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Substance Abuse Services

Service Summary

Substance abuse services provided by DSHS center around:

- prevention;
- intervention; and
- chemical dependency treatment.

Prevention – DSHS prevention strategies encourage the development of social and physical environments that facilitate healthy, drug-free lifestyles. Prevention strategies often target universal, selective and indicated populations within the 0-17 age group and include parents or guardians, but also include community-based policy approaches.

Intervention – DSHS intervention activities focus on reducing the incidence of exposure to Alcohol, Tobacco, and Other Drugs (ATOD), improving outcomes and providing alternative activities to facilitate healthy lifestyles. Program types for intervention are HIV Outreach (HIV),

HIV Early Intervention (HEI), Pregnant-Postpartum Intervention (PPI), and Rural Border Intervention (RBI).

Chemical dependency treatment – DSHS chemical dependency treatment includes, but is not limited to, the application of planned procedures to identify and change patterns of behavior related to or resulting from chemical dependency that are maladaptive, destructive, or injurious to health, or to restore appropriate levels of physical, psychological, or social functioning lost due to chemical dependency.

All school-aged children under the age of 18 are eligible for prevention strategies. Children under the age of 18 who are at risk for substance abuse and dependency or identified as having problems associated with abuse or dependency and persons who are at risk for HIV are eligible for intervention services. Children under the age of 18 receiving treatment services must meet the Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV*) criteria for a diagnosis of substance abuse or dependency.

Substance Abuse Services – DSHS conducts a biennial survey of Texas youth through the Texas School Survey to determine needs for treatment services. Need estimates for services are based on responses to survey questions measuring the number of adolescents who have used a substance (except tobacco) daily or more than once a week and report having had one or more of the following problems during the school year. Based on the 2008 Texas School Survey responses, it was determined that 8 percent of youth met the above criteria. Applying the 8 percent of youth meeting the criteria to the 2009 population estimate of 2,078,781 Texas children between the age of 12 and 17, it is estimated that 166,977 youth are defined as “the chemically dependent population.” Of this group, approximately 63 percent are estimated to be male and 37 percent female.

Of the 6,467 youth who were served by DSHS in fiscal year 2009, 5,354 were involved in the juvenile justice system. Of the youth receiving substance abuse services, 79 percent were male and 21 percent were female. Of the youth receiving services, 99 percent were over the age of 12.

Teen Pregnancy – DSHS Intervention/Treatment Programs provide intervention for pregnant and post-partum adult and adolescent females at risk for substance abuse. These programs are designed to reduce the incidence of fetal and infant exposure to alcohol, tobacco, and other drugs to facilitate a healthy lifestyle for all participants. Pregnant and Post-Partum Intervention Programs offer on-site, female-focused, community based, outreach, intervention, motivational counseling, case management, treatment referral, and support for at-risk females.

Conclusions

The discrepancies in service numbers between males and females under 18 years of age are much greater in the area of treatment services than prevention/education programs. This is largely due to the fact that much of the traditional DSHS referral base for adolescent services has been the juvenile justice system which has a population that is mostly male. Probation refers 82 percent of youth admitted to substance abuse treatment. Girls and adolescent females in DSHS services are more likely to have diagnoses of major depression or anxiety, whereas boys and adolescent males are most likely to carry diagnoses of conduct disorder or ADHD.

Plan

DSHS is actively looking at referral sources for youth substance abuse treatment services. DSHS will continue working with outpatient substance abuse referrals to increase outreach to other gender neutral referral sources, such as schools. Additionally, DSHS will coordinate with substance abuse intervention for possible referral sources.

The continued increase in the use of evidence-based practices will enhance the ability of treatment programs to effectively engage all persons in youth substance abuse treatment. DSHS is also developing ways to incorporate principles of *Trauma-informed Treatment* and *Seeking Safety* curricula across the substance abuse treatment spectrum.

Lastly, DSHS substance abuse staff is continuing to integrate prevention and intervention efforts with Women, Infants and Children (WIC), community and family health and other programs focused on adult and adolescent females which should improve outreach capacity and efficiency in delivering services to young women.

Since there are minimal discrepancies of number served between genders in DSHS substance abuse prevention, DSHS will continue practices that support equity, including outreach to schools and continuous quality improvement.

Mental Health Services

Service Summary

Mental health services provided by DSHS include assessment, case coordination, medication services, counseling, rehabilitative services and crisis services. Eligibility for the priority population is defined as children and adolescents under the age of 18 years with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental disorders and who: have a serious functional impairment; are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or, are enrolled in a school system's special education program due to serious emotional disturbance.

National prevalence studies indicate that 5 percent of children ages 9 to 17 have a serious emotional, behavioral or mental disorder. DSHS applies this 5percent rate to Texas children population ages 9 to 17 to estimate the number of children needing publicly funded mental health care. In fiscal year 2009, 167,189 children were estimated to be in the DSHS priority population in need of mental health services. During fiscal year 2009, DSHS served 40,551 of the estimated priority population.

A greater percentage of males than females receive services such as medication services, case coordination and rehabilitation services, which are appropriate treatments for ADHD and ADD. The DSM-IV states that there is a greater prevalence (2 to 9 times) of ADHD/ADD in boys versus girls. In fiscal year 2009 the largest segments of DSHS youth in mental health services were males being treated for ADHD/ADD which is in line with national statistics.

DSHS has two distinct service delivery systems that serve youth in mental health services: Local Mental Health Authority (LMHA) centers, of which there are 37 around the state; and one

Medicaid Managed Care Program, also referred to as NorthSTAR, which serves the Dallas area. During fiscal year 2009, DSHS served 29,931 children through LMHAs; 15,223 through NorthSTAR; and 2,047 in state hospitals.

Of the 29,931 children and youth served in mental health services, 19,638 (66 percent) were male and 10,293 (34 percent) female. Further, 15,881 (53 percent) of total children and youth were over age 13. Of the 15,223 total children and youth served through NorthSTAR, 9,742 (64 percent) were male and 5,481 (36 percent) were female. Further, 6,241 (41 percent) of total children and youth were over age 13.

Conclusions

Gender discrepancies in the bill-related mental health services for youth are primarily related to the referral base. As most youth served in bill-related mental health services are referred by the juvenile justice system, gender discrepancy is related to the disproportionate number of boys versus girls referred. Regardless of gender, clinically appropriate interventions are used for each child and adolescent in DSHS mental health services. While more dollars were spent on services for boys due to the greater number of boys referred, the average dollars spent per year per client were commensurate for girls and boys.

Additionally, the impact of mental health services delivered to girls actually outpaces the impact of mental health services delivered to boys as far as percentages of those receiving treatment who maintain or improve in targeted areas of healthy functioning.

Plan

The Crisis Services Redesign initiative, implemented in 2007, may contribute to the increased number of female adolescents served. In fiscal year 2007, the total female adolescents served was 7,431. In fiscal year 2009, this number increased to 8,206 adolescent females served. Additionally, Rider 65, which will expand services for 90 days beyond these crisis services, may bring additional numbers of female adolescents served.

The Resiliency and Disease Management (RDM) approach to mental health treatment was implemented in Texas in fiscal year 2005. This approach uses focused, evidence-based treatment, which leads to better outcomes for the greatest number of clients. The intent is to provide the right service to the right person in the right amount to have best outcomes with the resources available. In a comparison of fiscal year 2005 to fiscal year 2009, with the implementation of RDM, positive outcomes have increased for female adolescents by 3.5 percent.

The continued refinement of RDM and evidence-based practices should enhance the ability of treatment programs to effectively engage all youth in mental health treatment. RDM utilizes Cognitive Behavioral Therapy (CBT) in child and family counseling for children ages 9 and above. CBT is particularly important to females as it is the preferred treatment for major depression, which has a greater prevalence in females than in males. In order to improve and increase CBT services, DSHS piloted a CBT research project, funded by SAMHSA and the National Institute for Mental Health, which uses workshops, teleconferences, audio tapes, and mentoring to train DSHS clinicians and assess fidelity. Currently, there are 9 CBT trainers who

have each trained at least 50 therapists in the field with approximately 120 CBT therapists for children and adolescents.

HEALTH AND HUMAN SERVICES COMMISSION

Service Summary

HHSC administers multiple state and federal human services including the Family Violence Program. The Family Violence Program contracts with family violence shelters, nonresidential centers, and special nonresidential centers across the state. The program primarily serves adult victims and their dependents, both male and female, equally. In fiscal year 2009, 18 percent of all clients served were females ages 18 and under compared to 15 percent of males ages 18 and under.

The Medicaid program serves eligible children and adults. The number of women under 18 years of age accessing Medicaid benefits for pregnancy services was 23,011. This equates to 7.8 percent of the total number of women receiving pregnancy related Medicaid benefits.

Conclusions

In the HHSC operated programs reviewed, funding follows need and eligibility without regard to age or gender. HHSC reviewed the Family Violence Program and the children and families Medicaid programs and found no gender discrepancies in the funding requirements, the manner in which services were delivered, or the eligibility requirements.

Plan

No plan was submitted by the agency because the review of programs did not identify any discrepancies that needed a plan of correction.

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

Service Summary

The Texas Department of Family and Protective Services (DFPS) investigate allegations of abuse and neglect of children, pursuant to Chapter 261, Texas Family Code, without regard to gender of the victim. Services to the victim are offered based on the needs of the child and family; there are no legal or policy restrictions limiting access based on gender.

DFPS provides programs related to service areas under S.B. 103, Section 20, through the Prevention and Early Intervention (PEI) Division that include: Community Youth Development (CYD), Services to At-Risk youth (STAR), Youth Resiliency and the Texas Runaway and Youth Hotlines. These programs offer a variety of services designed to increase known protective factors to improve youth resiliency while preventing juvenile delinquency. Programs also foster strong community collaboration to provide for a continuum of services for youth participants.

Community Youth Development (CYD) – The CYD program contracts with Fiscal Agents to develop juvenile delinquency prevention programs in ZIP codes that have a high incidence of

juvenile crime. Of the youth served in 2008 and eligible to be referred to juvenile probation, 97.8 percent were not referred to Juvenile Probation.

Services to At-Risk Youth (STAR) – STAR offers family crisis intervention counseling, short-term emergency residential care, and individual and family counseling to youth up to age 17 who experience conflict at home, have been truant or delinquent, or have run away. 87.14 percent of clients who completed follow-up forms reported positive outcomes in 2008.

Youth Resiliency (YR) – A variety of services are available across the state that is designed to increase known protective factors to improve youth resiliency while preventing juvenile delinquency. Programs must also foster strong community collaboration to provide for a continuum of services for youth participants. YR services are available in 14 Texas counties.

Texas Runaway and Youth Hotlines – The toll-free Texas Runaway Hotline and the Texas Youth Hotline offer crisis intervention, telephone counseling, and referrals to troubled youth and families. A volunteer workforce of about 60 people answers the hotline phone numbers. Many callers face a variety of problems including family conflict, delinquency, truancy, and abuse and neglect issues. The program increases public awareness through television, radio, billboards and other media efforts. Hotline telephone counselors respond to about 40,000 calls annually.

Conclusions

Services provided by DFPS in fiscal year 2009 equally serve female and males under the age of eighteen. Funds for services are not allocated based on gender and using the methodology described above, expenditures for services to females and males for PEI services are equitable.

Plan

No plan was submitted by the agency because the review of programs did not identify any discrepancies that needed a plan of correction.

AGENCIES' ASSEMBLED REPORTS

TEXAS JUVENILE PROBATION COMMISSION

TEXAS JUVENILE PROBATION COMMISSION

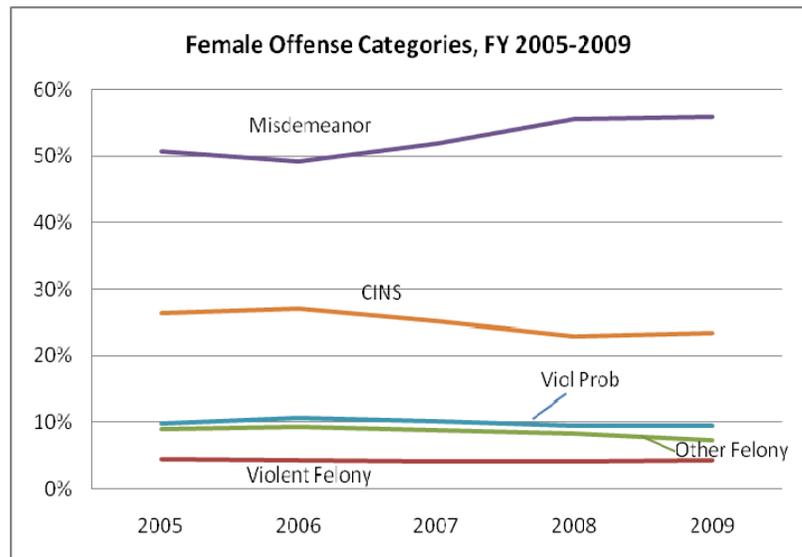
Juvenile Probation System Overview

Juvenile probation departments in Texas supervise youths between the ages of 10 to 17 who have been referred for conduct indicating a need for supervision (CINS) or delinquent offenses committed while the youth was between the ages of 10 to 16. Most juveniles enter the system through a referral from law enforcement although a juvenile may be referred by a school, a social service agency, a parent or by the Texas Youth Commission. Juveniles referred to the juvenile probation system may be cautioned and referred to community services, placed on informal deferred prosecution supervision, adjudicated and placed on probation supervision, adjudicated to the Texas Youth Commission or certified as an adult.

Juvenile probation departments provide a variety of programs and services to youth under supervision. These may be provided directly by the department or through a different organization contracted by the juvenile probation department for that purpose. In some instances, a youth may be referred to a provider in the community if the program or service is not available through the juvenile probation department or a contractor.

The Texas Juvenile Probation Commission (TJPC) surveyed local juvenile probation departments to determine how many provided the specific programs identified in Senate Bill 103 (SB 103) during fiscal year 2009. There are 165 juvenile probation departments in Texas; 161 completed the survey. Departments that responded account for 99.8 percent of females referred to the juvenile probation system in fiscal year 2009. The findings presented here are based on completed survey responses and data collected monthly from local juvenile probation departments.

TJPC categorized juvenile probation departments according to their size. Eight departments are large, 45 medium, and 112 are small.¹ All large and medium-sized departments completed the survey. The eight large departments alone comprised 54 percent of all female referrals to the juvenile probation system in fiscal year 2009. Female referrals from the medium-sized and small-sized departments comprised 38 percent and eight percent



¹ Department sizes are determined by the county's total juvenile age population in 2008. Large-sized departments are in counties where the juvenile age population exceeded 70,000. Medium-sized departments were in counties where juvenile age populations ranged from 7,001 to 70,000, and small departments were in counties with 7,000 or fewer juveniles.

respectively.

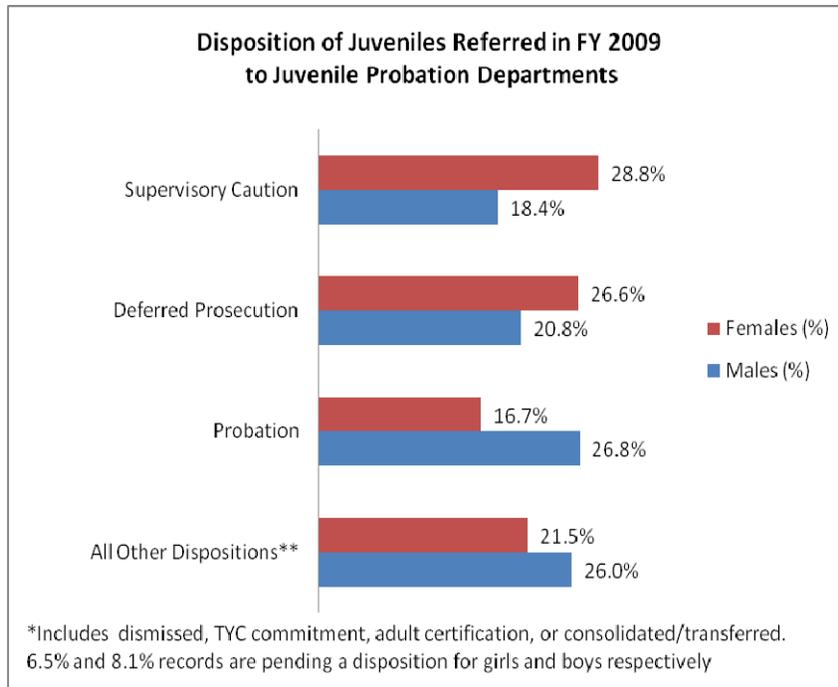
In fiscal year 2009, the typical female juvenile offender in Texas was 15-years old, Hispanic and in the eighth grade. Females comprised 28 percent of all referrals to the juvenile justice system in that year. The majority (56 percent) of these referrals were for misdemeanor offenses, followed by CINS offenses (23 percent).² A five year review of offenses for which females were referred to the juvenile probation system shows these two categories have consistently been the top two offense categories for females, as shown in the graph on the previous page. In comparison, males were primarily referred for misdemeanor offenses (48 percent) in fiscal year 2009, but their second highest offense was Other Felony (17 percent), as shown in the table below.

Offenses Leading to a Juvenile Probation System Referral in Fiscal Year 2009

Sex	Violent Felony	Other Felony	Misd. A&B/ Contempt	Viol. Of Prob.	CINS	Total Offenses
Females	4 %	7 %	56 %	9 %	23 %	100 %
Males	7 %	17 %	48 %	14 %	13 %	100 %

Juveniles referred to probation departments may have their case disposed informally by the department or prosecutor or formally by the court. The majority (55 percent) of female offenders referred in fiscal year 2009 received an informal disposition of supervisory caution or deferred prosecution (28.8 percent and 26.6 percent respectively). As shown in the chart below, girls were less likely than boys to be placed under supervision (43.3 percent compared to 47.5 percent) and, when disposed to supervision, were most often placed on deferred prosecution rather than adjudicated to probation.

² CINS offenses are non-criminal offenses which include public intoxication, inhalant abuse, truancy, running away from home, expulsion for violating a school disciplinary code, and fineable only offenses that have been transferred to a juvenile court from a municipal or justice court.



Although males and females were disposed to supervision at similar rates, males far outnumber females in terms of the actual number and percentage of juveniles under supervision, as shown in the table below. This occurs because males are referred to the juvenile probation system at higher rates than females, they are disposed to probation more frequently than females and, because they are more often placed on probation than deferred prosecution, they remain under supervision longer than females. It is at the supervision phase that local probation departments provide programmatic services (e.g. life skills training, counseling, and those programs identified in SB103) to juveniles.

Referrals and Supervisions in Fiscal Year 2009

Sex	percent of Referrals Disposed to Supervision*	Percent of Juveniles Under Supervision**
Females	43.3 %	24.0 %
Males	47.5 %	76.0 %

*Supervision in this table is the result of a disposition of deferred prosecution or probation.

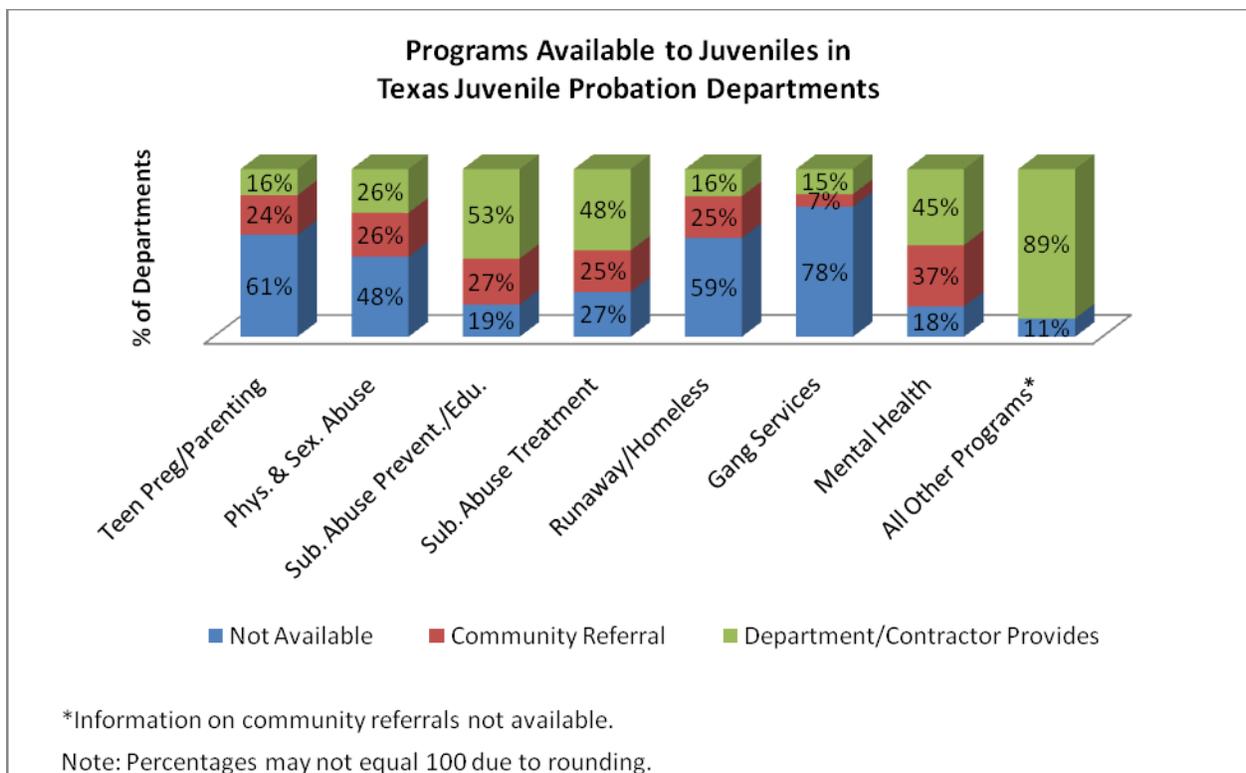
**Includes juveniles disposed in previous years that were still being supervised in fiscal year 2009.

Female-Specific Programs

Juvenile probation departments provide programs and services to juveniles under their jurisdiction. These may be provided directly by the department or through a contract with a local provider. Juvenile probation departments may also refer juveniles to programs available in the community. Programs may or may not be a requirement of the juvenile’s supervision. Community referral most often results when the juvenile is in need of programs or services not offered by the department or the juvenile is not under the supervision of the department.

This section pertains only to programs available in the juvenile probation system. Programs are one or more days in length and have a measurable or reportable objective and outcome. They are provided to deter delinquency or to rehabilitate youth. In comparison, TJPC defines services as one-time events provided to meet a juvenile’s immediate and pressing needs. For example, these latter items may include clothing, medical and dental care, and educational testing.

The following chart identifies the percentage of departments that provide each program type specified in SB103, as well as a few additional categories. Details about each program provided follow the chart. Juveniles with a specific need most likely received some type of programmatic services, although they may not have been served by programs specified in SB 103.



Teen Pregnancy and Parenting Programs

- The diverse services provided under this category may include prenatal health care and education, childbirth classes, parenting classes for expecting or current teen parents, paternity education and fatherhood services and family planning services.
- Twenty-five juvenile probation departments (16 percent of departments) offered teen pregnancy and parenting programs in fiscal year 2009. An additional 38 departments referred youth to community providers.
- Of the 25 departments offering this program, 15 provided it to both sexes while nine provided services exclusively to females.³ Of the 15 departments that provided the program to both sexes, none reported differences in program funding allocations based on sex, despite the fact that four of these departments used a gender-specific curriculum to deliver the program.
- The majority (64 percent) of departments offering this program had 10 or fewer females participating in the program in fiscal year 2009. Four departments that provided the program (three small and one medium-size) reported that no females were served in the fiscal year. The table that follows identifies the range in the number of females who received pregnancy and parenting programming in each department-size category. The last column identifies the total number of females served by all departments offering this type of program.

³ One department did not respond to the question.

Number of Females that Received Pregnancy Programs in FY 2009

Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 - 21	34
Medium	0 – 88	405
Large	2 - 1694	1964

Physical and Sexual Abuse Programs

- Forty-two juvenile probation departments (26 percent of departments) offered specific programs for physical and sexual abuse in fiscal year 2009. This was the second most prevalent SB 103 program type offered by probation departments. An additional 42 departments referred youth to community providers.
- Of the 42 departments offering this program, 38 provided it to both sexes. Of the 38, two reported differences in program funding allocations based on sex. This difference may be explained, at least for one department, by the different program components that are delivered according to gender. One department said they provided this program exclusively to males, while another provided it exclusively to females.⁴
- The overwhelming majority (76.2 percent) of departments offering this program had 10 or fewer females participating in the program in fiscal year 2009. Twenty departments that provided the program reported that no females were served in the fiscal year. The table below identifies the range in the number of females who received programming to address physical and sexual abuse in each department-size category. The last column identifies the total number of females served by all departments offering this type of program.

⁴ Two departments did not respond to the question.

**Number of Female Juveniles that Received
Physical and Sexual Abuse Programs in FY 2009**

Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 – 15	32
Medium	0 -88	401
Large	3 - 1743	1787

Substance Abuse Programs

- Eighty-six (86) departments offered drug abuse prevention/education programs and 78 offered drug abuse treatment programs (53 percent and 48 percent respectively) in fiscal year 2009. Fifty-five departments offered both types of programs. Seven out of the eight large departments had a substance abuse treatment program. Substance abuse programs were the most prevalent programs offered of the S.B. 103 categories.
- The overwhelming majority of departments offered this program to both sexes. Only two departments provided this program exclusively to males. Departments report that, for the most part, the programs' costs do not vary because of participants' gender.
- Fifty-three departments offering substance abuse prevention/education programs and 58 departments offering treatment programs had less than 10 females participating in these programs. Eight departments with prevention/education programs and 17 departments with treatment programs reported not serving any females in the fiscal year. The tables below provide information on the range in the number of females served in each department-size category as well as the total number of females served by all departments offering this type of program.

**Number of Females that Received Substance Abuse
Prevention/Education Programs in FY 2009**

Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 – 29	359
Medium	0 – 259	1244
Large	22 - 2128	2194

**Number of Females that Received
Substance Abuse Treatment in FY 2009**

Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 – 29	119
Medium	0 – 140	520
Large	3 - 555	1142

Runaway and Homeless Youth Programs

- In fiscal year 2009, 13 percent of all female referrals to the juvenile probation system were for the offense of runaway. Twenty-six juvenile probation departments (16 percent of departments) offered a program specifically targeted for runaway and homeless youth. An additional 40 departments referred youth to community providers. However, other programs offered by departments also serve youth. For example, at least 26 different departments offered family preservation programs in fiscal year 2009. These latter programs aim to improve family functioning and cohesion and may be provided to the runaway youth and their family.
- Of the 26 departments offering this program, none reported offering it exclusively to one gender; however, two reported differences in program costs based on gender. Most departments did not alter the program’s curriculum or program components to make them gender-specific.

- Sixteen departments offering this program had 10 or fewer females participating in the program in fiscal year 2009. Five departments that provided the program reported that no females were served in the fiscal year. The table below provides information on the range in the number of females served in each department-size category that received programs targeted for runaways and homeless youth. The last column identifies the total number of females served by all departments offering this type of program.

**Number of Females that Received
Runaway/Homeless Programs in FY 2009**

Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 – 11	17
Medium	0 – 38	129
Large	1 - 1440	1697

Gang Intervention/Prevention Programs

- Twenty-four juvenile probation departments (15 percent of departments) offered gang prevention or intervention programs in fiscal year 2009. An additional 12 departments referred youth to community providers.
- Of the 24 departments offering this program, the majority (21) provided it to both sexes. One department provided the program exclusively to females and another provided it exclusively to males.⁵ Of the 24 departments offering the program to both sexes, the majority (19) reported no differences in program costs based on sex, most likely because the program's components did not vary based on sex.
- Sixteen departments that offered this program had 10 or fewer females participating in the program in fiscal year 2009. Six departments that offered the program (small and medium-sized equally) reported that no females were served in the fiscal year. The table below provides information on the range in the number of females served in each department-size category. The last column identifies the total number of females served by all departments offering this type of program.

⁵ One department did not respond to the question.

Number of Female Juveniles that Received Gang Programming in FY 2009		
Department Size	Range in Number of Females Served by Departments	Total Females Served in All Departments
Small	0 – 29	51
Medium	0 – 88	307
Large	8 - 429	456

Mental Health Programs

- Programs to address mental health needs are especially important in the Texas juvenile probation system given that at least 34 percent of female juvenile offenders were identified as having mental health issues in fiscal year 2008. Mental health programs are provided to reduce or eliminate the juvenile’s mental health needs and/or symptoms of emotional disturbance and thereby increase the juvenile’s ability to perform activities of daily living. Relevant to SB 103, some of the programs provided under this category may overlap with services provided by other programs that are classified differently, such as runaway programs.
- Seventy-three juvenile probation departments (45 percent of departments) offered mental health programs in fiscal year 2009. An additional 59 departments referred youth to community providers.
- All 73 departments offering this program provided it to both sexes while only five reported that the program’s cost were different because of the attendees’ sex. It is unclear what may cause a difference in program cost, since these five departments did not offer a gender specific curriculum or have different program components based on sex.

Other Programs for Females Involved in Delinquent Activities

- Including the aforementioned programs, the juvenile probation system has approximately 887 community-based programs to deter delinquency in youth. Many departments offer youth multiple programs, especially medium and large-size departments. These programs are diverse and vary widely in their categorization, but include programming to address anger management, cognitive-skills, and first offender intervention.

- TJPC identified approximately 147 departments (89 percent of departments) that provide programs different from the aforementioned categories. Detailed information about these programs is currently unavailable, but is forthcoming with the development of a program registry that will gather eligibility criteria as well as other programmatic information.
- Specific to females, at least 27 departments offered 38 programs exclusively to girls in fiscal year 2009.

Secure Facilities for Females in the Juvenile Probation System

- There are currently 33 secure post-adjudication residential facilities in the Texas juvenile probation system. These facilities are operated by or in conjunction with probation departments to treat and rehabilitate adjudicated youth.
- Of the 33 facilities, 10 accept males exclusively. Of facilities serving both sexes, 16 provide specialized programs for female offenders.

Conclusions

Females are referred to the juvenile probation system at significantly lower rates than males and for primarily low-level offenses, such as misdemeanors and status (CINS) offenses. Despite the disproportionate representation of females in the juvenile probation system, the overwhelming majority of departments do not exclude girls from participating in a program. Many departments, though not all, offered certain programs exclusively to females. For example, nine departments provided teen pregnancy services exclusively to females and one department provided physical and sexual abuse and gang programs exclusively to females. In fiscal year 2009, there were 27 departments that offered 38 programs not necessarily identified under SB 103, but were nevertheless available to meet the unique needs of female juvenile offenders.

Overall, 116 juvenile probation departments (72 percent of departments) in Texas offered at least one of the programs specified in SB 103 in fiscal year 2009.⁶ One large and two medium departments offered all programs that year. Substance abuse programs are the SB 103 category offered the most in the juvenile probation system. It was not uncommon for departments to have a program, yet not serve any females in the year. Although some departments may not actually provide a particular program, most can and do refer juveniles to programs that may be available in the community.

Plan

Despite the fact that males are overwhelmingly represented in the juvenile probation system, departments are making efforts to provide programs that specifically address the unique needs of female juvenile offenders. In 2010 the Texas Juvenile Probation Commission will implement a risk and needs assessment for use by all local juvenile probation departments. This assessment will greatly aid departments' efforts to address the needs of female offenders as it considers the

⁶ Excludes the four small departments that did not complete the survey at the time of analysis.

effects of gender when identifying juveniles at risk of re-offense. It also identifies those juveniles in need of specific programs, such as substance abuse. In addition to directing juveniles to appropriate programs and services, the use of the risk and needs assessment will help departments identify and determine the need for additional program development.

TEXAS YOUTH COMMISSION

TYC Report on Gender Equity: *Facilities, Services and Treatment for Females*¹

Overview of Treatment Services

The Texas Youth Commission provides individualized assessment and treatment to all youth adjudicated to the agency. One way in which TYC increases positive outcomes for youth is through its general approach to treatment called CoNEXTions, an integrated, system-wide rehabilitative strategy. Various therapeutic techniques and tools are used to help individual TYC youth lower risk factors and increase protective factors to be successful in the community.

CoNEXTions is founded on research of the principles of effective correctional programs. It demonstrates the agency's commitment to research-based treatment approaches applicable in every aspect of a youth's life in TYC, including counseling, case management, living unit, specialized treatment, educational and security activities.

TYC has a number of initiatives that directly impact female youth in its custody. In 2007, its female youth moved to permanent assignments at Ron Jackson State Juvenile Correctional Complex Unit I to provide a single female-specific treatment culture that would increase positive outcomes. Some female youth are also placed at Corsicana Residential Treatment Facility for mental health treatment services.

The Girl's Task Force, formed in 2008, enlisted assistance from the field, national researchers, and experts on females in similar settings in order to strengthen TYC's programs for females. Throughout 2009, TYC implemented female-specific evidence-based programming such as trauma focused cognitive behavioral therapy groups, contract residential services, and cognitive-behavioral treatment. Monitoring of these programs and implementation of other programs, including the nationally recognized *Girls Circle* curriculum, is currently ongoing.

Biennial highlights of gender-specific treatment enhancements for girls:

- In December 2008, the Capital & Serious Violent Offender programming began at Ron Jackson Juvenile Correctional Complex Unit I.
- In February 2009, multi-disciplinary team meetings and individualized case planning were enhanced for greater focus on criminogenic needs (dynamic risk and protective factors), to increase collaboration between staff disciplines, the youth and the youth's family, and to increase individualization of programming for girls.
- In December 2009, staff at Ron Jackson Unit 1 was trained in the *Girls Circle* program. In January 2010, staff began implementing this ten-week program for specifically identified girls. The *Girls Circle* is a structured support group that focuses discussion on gender-specific topics designed to promote resiliency and self-esteem.

¹ Unless otherwise specified, the term "females" in this report refers to females under the age of 18.
S.B. 103 Legislative Report

- In December 2009 staff at Ron Jackson Unit 1 received Gender Responsive training to ensure that staff more effectively meets the special needs of this population.
- In December 2009, clinical staff at Ron Jackson Unit 1 received training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This therapy is an evidence-based treatment approach for assisting children, adolescents, and their caretakers to overcome trauma-related challenges. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events. This training enhanced the services already provided to girls to resolve trauma issues. In December 2009, eight girls were enrolled in a trauma resolution group.

Coordinated planning and assessment occurs routinely with the Texas Health and Human Services Commission and the Texas Juvenile Probation Commission. An example of this type of collaboration is the biennial report on gender equity, relating to equal access to facilities, services, and treatment for males and females who were under 18 years of age and served by health and human services and juvenile correctional systems. (Texas Government Code Chapter 531.016) Some updated information from that report includes the following:

- During FY 2009, TYC served 408 females under the age of 18 in residential and parole settings. On average, 330 females were under TYC's custody or supervision per day.
- Females were classified with violent offenses² over one and a half times as often as males.
- 36 percent of females under the age of 18 received one or more specialized treatment services; 32percent of males in the same age group received one or more specialized treatment services.
- At Orientation & Assessment, females reported having been sexually abused at over 3.5 times the rate of boys and reported physical abuse twice as often as boys. Females also had more reports of inadequate supervision, neglect, and abandonment prior to commitment to TYC. The most often occurring risk factor for females was a history of running away from home.

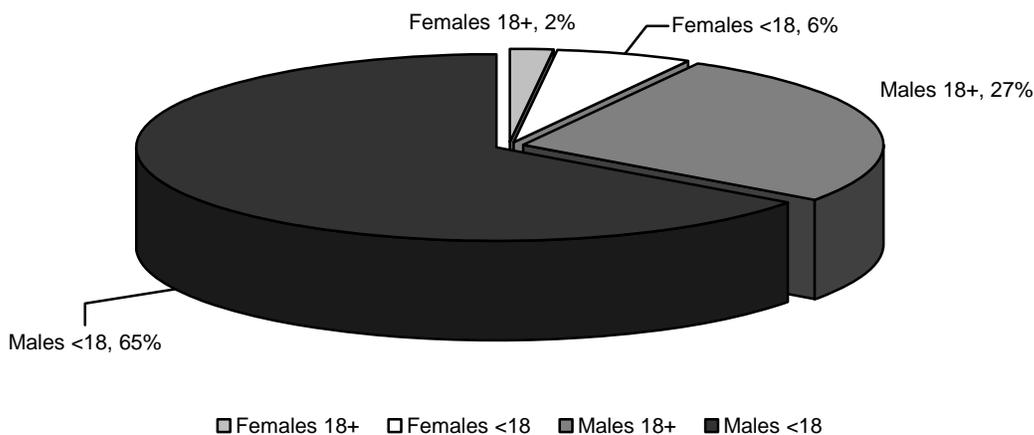
Population Overview

TYC is comprised of secure institutions, halfway houses, contract placement, and parole, each providing comprehensive programs and services designed for incarcerated youth. Youth between the ages of 10 and 17 can be committed to TYC for felony offenses or violations of felony probation. Depending on the type of commitment and individual progress, youth may remain under the custody of the agency, in a residential or parole setting, until their 19th birthday.

- 127 females were adjudicated to TYC in FY2009, or 9percent of the total commitments to TYC.

² Some offenses in this category were manslaughter, kidnapping, aggravated kidnapping, injury to a child or elderly person, abandonment, endangering a child, unlawful restraint, and engaging in organized crime.

Gender of TYC Youth FY 2009 ADP



- The agency’s average daily population (ADP) for all settings was 4,106 youth. On an average day, about 6percent (248) of the total population were females under 18 and 2 percent (82) were females over age 18.
- During FY 2009, TYC served a total of 408 females who were under 18 years old.
- Females and males under age 18 were represented in their gender groups at similar rates: about 75 percent and 71 percent respectively.

The table below shows the ADP for the type of settings in which youth are served.

Average Daily Population of Youth under 18 Years Old by Gender & Setting – FY2009¹

	ADP All Youth <18 Years Old	Females		Males	
		Female ADP <18 Years Old	percent of ADP	Male ADP <18 Years Old	percent of ADP
Orientation & Assessment	193	15	8%	178	92%
Institutions ³	1,442	123	9%	1,319	91%
Halfway Houses Only	164	11	7%	153	93%
Contracted Care	178	9	5%	169	95%
Parole ⁴	949	89	9%	860	91%
Total ADP <18 Years Old	2,928	248	8%	2,680	92%

¹Cell values are rounded. Sums may not be equal to Totals.

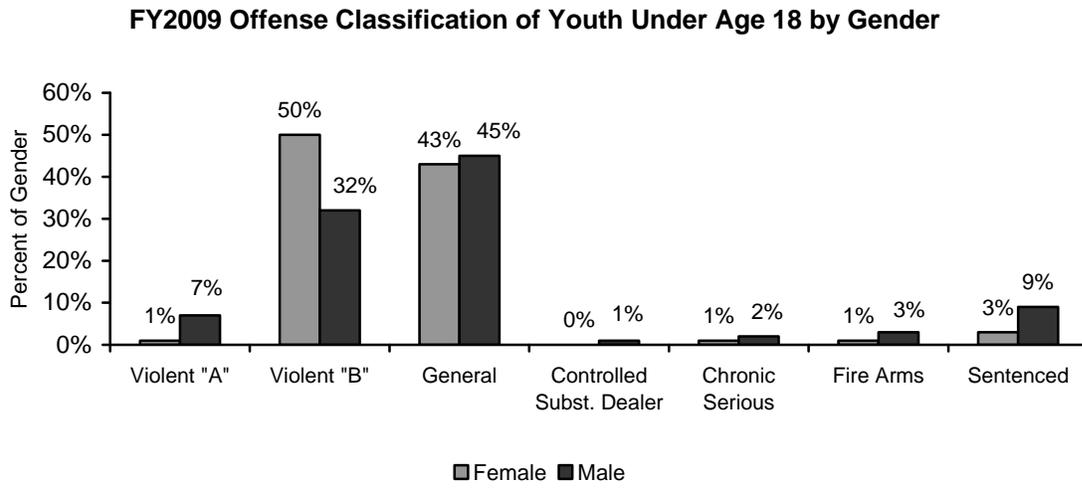
³ Excludes the institutional Orientation & Assessment Unit. Includes contracted institutional care.

⁴ Excludes contracted residential parole and TYC operated halfway houses

- Of the ADP that was under 18 years old, females represented 9percent of the institutional, 6percent of halfway house, and 5percent of residential contracted care populations.

Offense Classifications

During FY 2009, TYC’s classification system was based solely on the youth’s offense history. The table below shows the distribution of youth under the age of 18 by classification and gender. TYC implemented a new classification system as of September 1, 2009 that classifies youth based on offense and established indicators of risk.



- Females were classified as ‘Type B Violent’ over one-and-a-half times as often as males.⁵

Treatment Needs

The Positive Achievement Change Tool (PACT), validated for use on female populations, was implemented in FY 2009 and is the basis for individualized case plans and multi-disciplinary management of those plans. Information gathered through the assessment and re-assessment processes also assists TYC in managing the levels and types of services that are available to female youth. The Ron Jackson Orientation & Assessment Unit also uses the UCLA Post Traumatic Stress Disorder (PTSD) Index Scale. This instrument assesses the level of trauma upon entry to the facility. This tool as well as others, assists staff in identifying youth who require special services.

⁵ Some of the offenses in this category included aggravated robbery, robbery, manslaughter, kidnapping, aggravated kidnapping, injury to a child or elderly person, abandonment, endangering a child, unlawful restraint, and engaging in organized crime.

Risk Factors and Treatment Assignments of TYC Population by Gender – FY 2009

Risk Factors	Percent of Females <18 (N=408)	Percent of Males <18 (N=4267)
History of Running away from Home	65%	36%
History of Sexual Abuse	37%	10%
History of Inadequate Supervision	31%	23%
History of Emotional Abuse	26%	15%
History of Physical Abuse	26%	14%
History of Running away from Placement	18%	7%
History of Abandonment	15%	10%
History of Medical Neglect	9%	5%
History of Neglect	13%	8%
Identified Gang Member	29%	42%
Family History of Chronic Poverty	56%	61%
Need for TYC Specialized Treatment		
Chemical Dependency Treatment	68%	72%
Sex Offender Treatment	2%	13%
Mental Health Treatment	58%	38%
Capital & Violent Offender Treatment	54%	47%

- Females were sexually abused at three and one half times the rate of boys and reported physical abuse twice as often as boys.
- Females had greater incidences of inadequate supervision, neglect, and abandonment. The most often occurring risk factor for females was a history of running away from home.
- Treatment needs, based on history of chemical dependency and violent behavior, were similar between males and females.
- Females had a higher rate of need for mental health treatment than males. Males had a much higher rate of need for sex offender treatment.

TREATMENT SETTINGS FOR TYC FEMALES

TYC operates a 21-campus system of correctional institutions and community residential programs in addition to providing community-based aftercare services. Below is a description of the facilities and treatment settings for female youth.

Orientation & Assessment (O&A) Unit: Females are received at the Ron Jackson State Juvenile Correctional Complex Unit I in Brownwood, Texas. The Orientation & Assessment stage includes a comprehensive screening and assessment in multiple areas including medical, mental health, chemical dependency, violent behavior, education, family history, and criminal history. Information is gathered from the youth's court records, internal and statewide data bases, assessment and screening tools, and interviews with the youth. The Central Placement Unit assigns each

youth to an appropriate setting based on the information gathered during the assessment process and the policies of the agency.

Secure Institutions: Females were placed at one of two secure institutions. Ron Jackson State Juvenile Correctional Complex Unit I operated as the main campus for females. Corsicana Regional Treatment Center provides services for youth with certain mental health diagnoses. All youth attend school and/or participate in vocational training programs on the secure campuses.

Halfway House: TYC operates one halfway house, Willoughby House in Fort Worth, dedicated to serving females moving from the institutional setting to a non-secure residential setting.

Specialized Parole Caseloads: Three of TYC's District Offices operate specialized female caseloads: Houston, Dallas, and San Antonio. Each has a unique approach, in addition to regular parole supervision, to working with females in their individual communities. Parole officers provide group counseling, invited speakers, meetings for young mothers, mentoring assignments, family-type celebrations (holidays, special occasions), charity event hosting, and matching females on parole to mentees who are entering the secure Ron Jackson Unit I program.

Contract Residential Settings:

WINGS for Life – This contracted residential program provides a minimum-security parenting-oriented program for pregnant females and females with children under the age of three.

Specialized Alternatives for Youth (SAFY) – This contracted service provides foster care homes and associated services for TYC youth in the Dallas/Forth Worth area.

Alliance Children's Services – (Now providing services as Texas MENTOR) A licensed child placing agency providing foster care placement for males and females in the Harris County area.

Other Residential and Specialized Programs – TYC is currently reviewing a contract for a program in Harris County that would provide a safe residential treatment setting of up to 12 beds for female juvenile offenders who are between 10 and 19 years of age. The environment of the program is to be developmentally appropriate; promote positive behavioral changes in female juveniles; and accommodate developmental capabilities, specialized mental health treatment, correctional therapy, and medical needs of the population.

Estimated Expenditures by Residential Setting for Females Under 18: FY2009¹

Setting	Program (FY2009)	ADP Females <18	ADP All Youth	percent of ADP	Estimated Expenditure ⁶
Orientation & Assessment	Ron Jackson Unit I	15	197	8%	\$283,000
TYC Institutions	Ron Jackson Unit I	107	1830	7%	\$8.6 mil
	Corsicana RTF	16			
Halfway House	Willoughby House	11	197	6%	\$565,000
Contract Residential	Specialized Alternatives (SAFY)	1	201	5%	\$631,000
	Alliance Children's Services	1			
	WINGS	7			

¹Cell values are rounded. Sums may not be equal to Totals.

The expenditures presented above are estimates only. The agency's budget categories are different than its population categories.

Nature, Extent, and Effectiveness of Services

TYC offers treatment through a comprehensive treatment approach called CoNEXTions. CoNEXTions consists of multiple interventions and approaches that are cognitive-behavioral based. These approaches address individual developmental needs to provide positive changes youth require to be successful upon return to the community. Staff working with females are trained to recognize this groups' special needs as they work through the CoNEXTions program. CoNEXTions consists of: Thinking for a Change, optional supplemental groups (psycho-sexual, chemical dependency, anger management), Cognitive Life Skills, trauma group, and at least two hours of Individual Counseling sessions per month. Youth with more intensive needs are also placed in one of four specialized treatment programs (Sexual Behavior, Capital & Serious Violent Offender, Chemical Dependency, or Mental Health Treatment Programs) where they are provided additional more intensive interventions.

Specialized Institutional Treatment Programs

Chemical Dependency Treatment Program: CDTP programs are offered within secure institutions on dorms dedicated to that purpose. Females receive specialized chemical dependency services at the Ron Jackson facility. The FY 2009 ADP of females in specialized chemical dependency treatment was 25. The CDTP addresses not only underlying emotional dynamics that fueled delinquent behaviors but also the youth's chemical dependency/abuse issues as they relate to behaviors and their effects on family and other victims. The youth must also demonstrate the ability to prevent

⁶ Estimates are based solely on the rate at which females under the age of 18 were represented in the average daily population. Actual expenditures are based on program categories, which are gender-neutral.

relapse prior to being considered for release to a less restrictive setting. Treatment uses the evidence-based Pathways to Self Discovery and Change curriculum and program.

The CDTP program is designed to be completed in six to nine months, depending on the needs of the youth. Individual counseling is provided by a licensed chemical dependency counselor, approved counselor intern, or other qualified credentialed counselor (QCC). Group counseling sessions focus on relapse prevention, the relationship between addiction and criminal behavior, self-esteem, personal responsibility, family and victim issues, relationships, and chemical dependency education.

Mental Health Treatment Program: Most youth with mental health diagnoses participate in the agency's basic treatment program through TYC institutions, as long as appropriate support services are available.

The Mental Health Treatment Program (MHTP) at Corsicana Residential Treatment Center provides services to youth with serious mental health diagnoses who require specialized care (intensive psychiatric monitoring, psychological consultation, specialized counseling and specially trained dorm staff).

Some TYC youth have major mental health diagnoses and are treated in the Corsicana Stabilization Unit (CSU) or a state psychiatric hospital. These are youth who, because of their diagnoses, may be in danger of hurting themselves or others and require the most intensive and restrictive of treatment settings.

A key element of care is stabilizing youth with mental illness so they may participate in other programs. Other elements include 1) enhanced assessment and treatment for the signs and symptoms of the disorder through medication, individual counseling and other interventions and 2) modification of the dormitory environment. The MHTP provides a higher level of clinical services, smaller specialized caseloads, and intensive individualized psychological and casework interventions. Direct care staff receives additional training to address the special needs of this population and ensure that skilled care is available 24 hours a day. In FY 2009, the ADP of females in the mental health treatment program was 23, or 14percent of all females.

Capital & Serious Violent Offender Treatment Program⁷: This treatment program is a dormitory-based, structured 24-week program. The residential component assists in follow-up processing and exploration of issues identified in the intensive group sessions. It provides an opportunity to analyze the degree to which treatment gains observed in the group would generalize to daily behavior on the dorm.

The residential element allows for better coordination of treatment services between the program therapists, case workers and dormitory staff members. It was designed to improve interpersonal functioning by increasing cognitive, emotional and social developmental and facilitating empathic development, emotional regulation and appropriate expression of feelings. During FY 2009 programming for females was

⁷ *Capital & Serious Violent Offender Treatment Program Manual. Texas Youth Commission.*
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identified, staff were trained and youth began the program; the average daily female population for C&SVO was eight.

The table below shows the ADP in the specialized treatment programs by gender.

Average Daily Population by Gender and Specialized Treatment Program FY2009¹

	Female ADP ²	Female ADP in Specialized Treatment*	Male ADP	Male ADP in Specialized Treatment**	Male and Female ADP	ADP in Specialized Treatment*
Residential ADP - Youth under Age 18	159		1,819		1,978	
ADP in Residential Specialized Treatment						
Capital Offender	8	5%	15	1%	24	1%
Chemical Dependency	25	16%	206	11%	231	12%
Mental Health	23	15%	271	15%	294	15%
Sex Offender	4	3%	120	7%	125	6%
(Total) Any Residential:	57	36%	572	32%	630	32%

¹Cell values are rounded. Sums may not be equal to Totals.

² Youth can participate in more than one treatment program. Totals will be less than the sums of ADP in individual treatment program.

**As a percent of Total Female ADP under age 18*

*** As a percent of Total Male ADP under age 18*

- Of ADP of females under 18, 16 percent were in a chemical dependency treatment program while 11percent of male counterparts were in CD treatment.
- 15percent of male and female youth were receiving specialized mental health treatment services.
- 36percent of females received one or more specialized treatment service in a TYC residential facility compared to 32 percent of males.

Special Services for Females

Girls typically respond differently to treatment than boys, and the agency continues to research the ways in which its interventions will be more effective for girls.

Volunteer programs are essential to providing an array of services to youth in TYC. The Ron Jackson Unit I residential facility benefits from many programs that work with youth and staff on the campus. Some of the volunteer-led efforts include:

AA/NA/12-Step, Anger Management, Art/Music/Crafts, Faith-Based Services, Community-based Camp, Dance/Drama, Family/Parenting Skills, Girl Scouts, Guitar Lessons, Mentoring, Small Group Bible Study, Talent Show, Tutoring, Youth Choir, Weekly Worship, and Youth Council.

Other programs at Ron Jackson Unit I include the following:

Multi-disciplinary Team - This approach to individualized case planning provides a greater focus on criminogenic needs (dynamic risk and protective factors), to increase collaboration between staff disciplines, the youth and the youth's family, and to increase individualization of programming for girls.

Education and Vocation – Females participate in education and vocational programs at the Ron Jackson Unit I, where they enjoyed the highest achievements on the TAKS test to date. In addition, several females are participating in dual and/or college credit courses. Many females work on solidifying their employment options with vocational certifications including horticulture, food services, cable, construction, and cabinet-making.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – This therapy is an evidence-based treatment approach for assisting children, adolescents, and their caretakers to overcome trauma-related challenges. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events.

Girls Circle - This nationally recognized structured support group for girls focuses on gender-specific topics designed to promote resiliency and self-esteem.

Medical Care – TYC, through its contracted medical provider's primary care physician and referrals to specialists as appropriate, provides all female youth with a 'well woman' exam, which includes a Pap smear, breast exam and a pregnancy test, during the Orientation & Assessment phase at Ron Jackson I. Subsequent annual 'well woman' exams are standard for all female youth and are also provided by TYC's contracted medical providers. During FY 2009, eight females were pregnant at the time of commitment. Pregnant females were assigned to either Ron Jackson State Juvenile Correctional Complex or Women in Need of Greater Strengths (WINGS), a contract care provider.

Transition, Parole and Aftercare

Youth who are released from an institutional environment may be placed in the agency's halfway houses, community-based parole, or other contracted residential programs. Females on parole were placed in specialized aftercare treatment services at a rate three times that of their male counterparts.

TYC operates one halfway house, Willoughby House in Fort Worth, which is dedicated to serving females who are moving from an institutional setting to a non-secure residential setting. On an average day in FY 2009, 11 females under age 18 were at Willoughby House.

On average in FY 2009, 89 females under the age of 18 were on parole each day. Of those, an average of 11 females was receiving one or more specialized aftercare treatment services – including eight for mental health services and four for chemical dependency. By comparison, 112 males in the same age group were receiving aftercare treatment services - 55 of them for chemical dependency and 52 for mental health.

TYC provides all youth with services that will assist them in achieving positive outcomes. Case Managers and parole officers coordinate with treatment professionals, families, schools, and service providers to ensure that youth have the ability to use the tools necessary to succeed. Education liaisons assist parole officers in identifying and enrolling in education and vocation/technical programs that will support the youth. The parole officer monitors each youth's progress in these programs through regular attendance reports and visits with the youth.

Treatment Outcomes

TYC evaluates the effectiveness of its programs with a number of standard measures, including one-year re-arrests for violent offense, one-year re-arrests for any offense, and one-year re-incarcerations. There is also a three-year re-incarceration measure. TYC used these measures for evaluating effectiveness of both its basic and specialized treatment programs.

Youth included in the most recent *Annual Review of Agency Treatment Effectiveness* study were those released from secure facilities between July 1, 2007 and June 30, 2008 for the first year measures and between July 1, 2005 and June 30, 2006 for the three-year measure. There were 255 females and 1,901 boys under 18 years in the one-year cohort, and 213 females and 1,796 males in the three-year cohort. While the scope of the study was from a pre-reform period and program changes have occurred, the results are still useful in numerous ways. It must be noted that intensive and specific agency efforts to get the specialized services in these treatment categories back on track have been underway since 2008.

Characteristics of each youth in the sample included: assessed as *high need* for specialized treatment by TYC and initial release from a secure program during the established time frame. Only those youth with an initial release from secure confinement were included in order to exclude youth who may have participated in specialized treatment during one stay but not another.

The analysis compared the percent of youth that recidivated within defined intervals of time following their release dates. Each measure had a treatment group and a group that did not receive specialized treatment. The group that did not receive specialized treatment consisted of youth with an initial release during the specified time period and had been assessed with a high need for a specialized treatment program, but who were not assigned to such a program.

- Of the females in the one-year cohort, 105 received specialized services and 150 received basic services. In the three-year female cohort, 87 received specialized services and 126 received basic services.
- The *FY 2009 Annual Review of Agency Treatment Effectiveness* study found that that “the girls released during the scope of the study who had received any type of specialized treatment were about as likely to be arrested or incarcerated within one or three years as girls who did not receive any specialized treatment.”

An analysis similar to that used in the *FY 2009 Annual Review of Agency Treatment Effectiveness* was conducted comparing males to females using only youth released during FY 2009. This analysis included all releases rather than youth released for the first time.

Overall Recidivism Rates by Gender FY 2009 Cohort

<i>Recidivism Measures</i>	<i>Females <18</i>	<i>Males <18</i>
One-Year Re-arrest Rate for Violent Offense	4%	12%
One-Year Re-arrest Rate for Any Offense	38%	60%
One-Year Re-incarceration Rate	20%	26%
Three-Year Re-incarceration Rate	21%	44%

- Results showed that females recidivated at lower rates than males for every measure.

Several factors underlie the probability that a youth will offend after release. For example, age at first referral is highly associated with re-offending. Predicted rate is a scientifically credible way to determine the likelihood of recidivism using known predictors such as age at first referral, juvenile justice history, and gang membership. In TYC, participation in treatment programs is only one factor that can have an impact on lowering the probability of re-offending. In order to understand how much impact treatment has on recidivism, other factors that are known predictors (e.g., family stability, age at first offense, peer associations, etc.) of recidivism must be taken into account as all staff work to reduce each youth's risk of reoffending.

Conclusion

The individual and social problems addressed by TYC programs are historically complex and typical of the issues in many juvenile justice systems. Most TYC youth have had prior interventions through the juvenile justice or other state and local systems that were not successful in preventing the offenses that resulted in TYC commitment. As TYC continues to receive the State's most serious offenders with increasingly complex treatment needs, long term solutions are expected to emerge from evidence-based programs currently operating across many jurisdictions. As refined corroborated data becomes available, demonstrating what does and does not work the agency will build on program successes to continue improvement in each area. Although resource constraints will continue to be challenging in a recovering economy, program excellence is still achievable within those limitations. The agency strives to reclaim a national reputation for effective youth rehabilitation and public safety.

With consultation from experts in the field, the agency has successfully developed programming specific to the needs of females and trained staff in these specialized approaches. While it takes time to see results of the most recently implemented initiatives, it must be noted that positive returns on the investment are demonstrated by females' higher rates of participation and lower risk to the community. As research in gender-specific treatment continues to identify promising interventions, TYC remains committed to ensuring that its treatment models match youth needs, that females are provided with re-entry plans that meet their needs, and that staff have the skills and knowledge necessary to provide the highest quality services.

Appendix A. ADP by Gender and Treatment Setting FY2009

**APPENDIX A
TYC Population Distribution, by Sex and Age¹**

Youth Younger than 18

	Female ADP	Percent of Total Female ADP	Male ADP	Percent of Total Male ADP	Total ADP	Percent of Total ADP
Orientation and Assessment	15.46	6.2%	177.92	6.6%	193.38	6.6%
TYC Institutions	122.63	49.5%	1319.33	49.2%	1441.96	49.3%
Halfway Houses	11.2	4.5%	152.9	5.7%	164.10	5.6%
Contract Services	9.21	3.7%	169.25	6.3%	178.46	6.1%
Parole	89.22	36.0%	860.14	32.1%	949.36	32.4%
All Locations:	247.73	100.0%	2679.53	100.0%	2927.26	100.0%

Youth 18 and Older

	Female ADP	Percent of Total Female ADP	Male ADP	Percent of Total Male ADP	Total ADP	Percent of Total ADP
Orientation and Assessment	0.29	0.4%	3.40	0.3%	3.69	0.3%
TYC Institutions	26.75	32.6%	361.36	32.9%	388.11	32.9%
Halfway Houses	3.69	4.5%	29.18	2.7%	32.87	2.8%
Contract Services	1.57	1.9%	20.76	1.9%	22.33	1.9%
Parole	49.64	60.6%	682.39	62.2%	732.03	62.1%
All Locations:	81.93	100.0%	1097.10	100.0%	1179.03	100.0%

All Youth

	Female <18 ADP	Percent of Total Female ADP	Male <18 ADP	Percent of Total Male ADP	Male and Female 18+adp	Total ADP	18+ Percent of Total ADP
Orientation and Assessment	15.46	0.4%	177.92	4.3%	3.69	197.07	0.1%
TYC Institutions	122.63	3.0%	1319.33	32.1%	388.11	1830.07	9.5%
Halfway Houses	11.20	0.3%	152.90	3.7%	32.87	196.97	0.8%
Contract Services	9.21	0.2%	169.25	4.1%	22.33	200.79	0.5%
Parole	89.22	2.2%	860.14	20.9%	732.03	1681.39	17.8%
All Locations:	247.73	6.0%	2679.53	65.3%	1179.03	4106.29	100.0%

Percent of Total ADP by Age & Sex		
female < 18	247.73	6.0%
female 18+	81.93	2.0%
male < 18	2679.53	65.2%
male 18+	1097.10	26.7%
all youth	4106.39	100.0%

¹Cell values are rounded. Sums may not be equal to Totals.

Appendix B. ADP by Gender and Specialized Treatment Settings FY2009

APPENDIX B

Residential and Aftercare Specialized Treatment ADP Compared to Total ADP, by Sex and Age¹

	Female ADP ²	Female ADP in Specialized Treatment as a Percent of Total Female ADP	Male ADP	Male ADP in Specialized Treatment as a Percent of Total Male ADP	Male and Female ADP	ADP in Specialized Treatment as a Percent of Total ADP
Residential ADP, youth under age 18**	158.5		1819.4		1977.9	
<i>ADP in Residential Specialized Treatment</i>						
Capital Offender	8.43	5.3%	15.23	0.8%	23.66	1.2%
Chemical Dependency	24.69	15.6%	206.29	11.3%	230.99	11.7%
Mental Health	23.14	14.6%	270.55	14.9%	293.69	14.8%
Sex Offender	4.18	2.6%	120.43	6.6%	124.61	6.3%
<i>(Total) Any Residential:</i>	57.11	36.0%	572.36	31.5%	629.47	31.8%

Aftercare ADP, youth under age 18	89.22		860.14		949.36	
<i>ADP in Aftercare Specialized Treatment</i>						
Capital Offender	0.00	0.0%	0.00	0.0%	0.00	0.0%
Chemical Dependency	4.09	4.6%	54.73	6.4%	58.83	6.2%
Mental Health	7.70	8.6%	52.29	6.1%	60.00	6.3%
Sex Offender	0.50	0.6%	11.75	1.4%	12.25	1.3%
<i>(Total) Any Aftercare:</i>	11.25	12.6%	112.30	13.1%	123.56	13.0%

**Residential ADP includes youth in institutions, halfway houses, and contract facilities.
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¹Cell values are rounded. Sums may not be equal to Totals.

²Youth can participate in more than one treatment program. Totals will be less than the sums of ADP in individual treatment program.

DEPARTMENT OF STATE HEALTH SERVICES

DEPARTMENT OF STATE HEALTH SERVICES
REPORT TO THE
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
AS REQUIRED BY S.B. 103, 80TH LEGISLATURE

This report is in response to S.B. 103, 80th Texas Legislature, Regular Session, 2007 relating to access for females under 18 years of age to facilities, services, and treatment available through health and human services and juvenile corrections programs. The bill asks for a review of:

1. The nature, extent, and effectiveness of services offered for females under 18 years of age within the areas of teen pregnancy, physical and sexual abuse, and alcohol and drug abuse, services for runaway and homeless females, and services for females involved in gangs or other delinquent activity; and
2. The equity of services offered to persons under 18 years of age with respect to gender within the areas of physical and sexual abuse, alcohol and drug abuse, and services offered to runaway and homeless youths.

This report is compiled using fiscal year 2009 data from DSHS Behavioral Health Integrated Provider System (BHIPS) Data Warehouse, the NorthSTAR Data Warehouse, and the Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW).

The DSHS Mental Health and Substance Abuse Division (MHSA) does not capture information in its state database on teen pregnancy, history of physical and sexual abuse, runaway and homelessness, or gang activity. However, DSHS does serve clients with characteristics similar to the services specified in S.B. 103. Specifically, some consumers served are involved with the juvenile justice system or have a primary diagnosis of substance abuse. The information provided in this report is specific to those children and youth served that had either involvement in the juvenile justice system or a diagnosis of substance abuse.

Substance Abuse Services

I. Definitions of Substance Abuse Services Offered and Eligibility for Services

A. Prevention

Prevention is an ordered set of steps along a continuum that utilizes evidence-based programs and strategies designed to preclude the onset and delay the progression of the use of alcohol, tobacco and other drugs by youth. These interventions support resilience, foster recovery, promote treatment, and prevent relapse. Prevention principles and strategies encourage the development of social and physical environments that facilitate healthy, drug-free lifestyles. Prevention strategies often target universal, selective and indicated populations within the 0-17 age group and include parents or guardians, but also include community-based policy approaches.

Universal programs are prevention programs designed to address an entire population with messages and programs aimed at preventing or delaying the use and abuse of alcohol, tobacco, and other drugs. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk.

Selective programs are prevention programs designed to target subsets of the total population that are deemed to be at higher risk for substance abuse by virtue of membership in a particular population segment. Risk groups may be defined by age, gender, family history, place of residence, or victimization by physical and/or sexual abuse. Selective prevention programs target the entire subgroup regardless of the degree of individual risk.

Indicated prevention programs utilize multiple strategies to prevent or interrupt the use of alcohol, tobacco, and other drugs. Indicated programs are designed to prevent the onset of substance abuse in individuals who are showing early warning signs of substance abuse, such as failing grades, dropping out of school, and/or use of alcohol. When designed for adults, indicated programs intervene to break the cycle of harmful use of legal substances and all use of illegal substances in order to halt the progression and escalation of use, abuse, and related problems. Indicated prevention strategies target indicated populations.

Community Based prevention approaches reduce the illegal and harmful use of alcohol, tobacco and other drugs (ATOD) in communities (with a particular emphasis on reduction in youth use) by promoting and conducting community-based and environment prevention strategies that have an impact on the social, cultural, political and economic processes of the community.

B. Intervention

Intervention is defined as a service for persons who are at risk for substance abuse and dependency or identified as having problems associated with abuse or dependency. Intervention activities focus on reducing the incidence of exposure to Alcohol, Tobacco, and Other Drugs (ATOD), improving outcomes and providing alternative activities to facilitate healthy lifestyles. Intervention strategies may include referral for identified service needs, screening, and referral for substance abuse treatment or related mental health services. Program types for intervention are HIV Outreach (HIV), HIV Early Intervention (HEI), Pregnant-Postpartum Intervention (PPI), and Rural Border Intervention (RBI).

HIV Outreach Services target substance abusers who may or may not be seeking treatment and provides culturally relevant information, activities, referrals and education directed toward informing them about the relationship between drug use, HIV and other communicable diseases, including hepatitis C. HIV outreach programs also demonstrate HIV risk reduction strategies appropriate to the target population, provide ongoing contacts to reinforce and continue behavior change, facilitate linkages and access to health care, mental health counseling, HIV Early Intervention case management programs, and initiate and facilitate referral into substance abuse treatment.

HIV Early Intervention Programs establish and maintain working linkages within a comprehensive community resource network made up of community and social service agencies serving or having interest in the identified target population. The programs implement case identification strategies that market the program design to the target population and other service providers working within that population. HEI programs perform or provide access to HIV antibody testing and counseling, screening for tuberculosis and sexually transmitted diseases, and access to medical services for HIV infected persons on the program caseload.

Pregnancy and Post-Partum Intervention/Treatment Programs provide intervention for pregnant and post-partum adult and adolescent females at risk for substance abuse. The programs are designed to reduce the incidence of fetal and infant exposure to ATOD to facilitate a healthy lifestyle for all participants. Pregnant and Post-Partum Intervention Programs offer on-site, female-focused, community based, outreach, intervention, motivational counseling, case management, treatment referral, and support for at-risk females. Risk factors include: domestic violence, history of substance use or abuse, current or past Department of Family and Protective Services (DFPS) involvement, mental health problems, teen pregnancy, and poverty.

Rural Border Intervention (RBI) Program promotes and embraces culturally appropriate prevention, intervention and evidence based treatment services for youth and adults in rural border areas of the state, including the Colonias.

C. Chemical Dependency Treatment

Chemical dependency treatment is defined as a planned, structured, and organized program designed to initiate and promote a person's chemical-free status or to maintain the person free of illegal drugs. It includes, but is not limited to, the application of planned procedures to identify and change patterns of behavior related to or resulting from chemical dependency that are maladaptive, destructive, or injurious to health, or to restore appropriate levels of physical, psychological, or social functioning lost due to chemical dependency.

Youth Outpatient: services for youth under 18 who are substance dependent or substance abusing, offered in a clinic or other nonresidential setting.

Youth Residential: services for youth under 18 who are substance dependent or substance abusing, offered in a licensed residential setting.

OSAR: The Outreach, Screening, Assessment and Referral (OSAR) providers are the "front door" to the DSHS substance abuse continuum by assessing both clinical and financial eligibility, ensuring appropriate placement for high-severity clients and authorizing admissions to residential treatment settings. The contractor provides service coordination to high severity clients, approves and monitors the use of residential services and approves continued lengths of stay. The primary goal of the integrated service delivery system is to increase access and improve outcomes by promoting coordination between treatment providers within a service area. This joint effort seeks to create a seamless transition through the treatment continuum and increase access to more clients.

D. Clinical Eligibility

Prevention: All school-aged children under the age of 18 are eligible for universal selected and indicated prevention strategies.

Intervention: Children under the age of 18 who are at risk for substance abuse and dependency or identified as having problems associated with abuse or dependency and persons who are at risk for HIV.

Treatment: Children under the age of 18 receiving treatment services must meet the *DSM-IV* criteria for a diagnosis of substance abuse or dependency.

E. Financial Eligibility:

Free Services: Children in families with an adjusted income below 135 percent of the federal poverty guidelines are eligible for free services.

Sliding Fee Scale: Children in families with an adjusted income above 135 percent of the federal poverty guidelines shall be charged for services according to the Commission's sliding fee scale.

Determination by Parental or Family Income: For children and adolescents, ability to pay shall be determined by parental or family income unless (a) the adolescent applies for treatment without parental knowledge; and (b) the adolescent refuses to consent to parental notification. If a child or adolescent program determines that both conditions above are met, the adolescent's income may be used to determine financial eligibility.

Access to another public or private funding source: A person who has access to another public or private funding source that pays for substance abuse services for the individual's diagnosis is not eligible for DSHS-funded services. For youth whose families cannot meet insurance deductibles, DSHS pays for services until the deductible is met.

II. Determination of Need for Youth Substance Abuse Treatment Services

DSHS conducts a biennial survey of Texas youth through the *Texas School Survey*. Need estimates for treatment services are based on responses to survey questions measuring the number of adolescents who have used a substance (except tobacco) daily or more than once a week and report having had one or more of the following problems during the school year:

1. Experienced trouble with the police due to drug or alcohol use;
2. Experienced trouble with teachers due to drug or alcohol use;
3. Attended class high from alcohol or other drugs;
4. Experienced difficulties with friends or someone they were dating due to alcohol or drug use; or
5. Drove a car after having had a "good bit" to drink (as worded in the survey) or while feeling high from drugs.

Based on the 2008 *Texas School Survey* responses using the above criteria (the most recent data available) and adjusted by the student dropouts, it was determined that 8 percent of youth met the above criteria. This figure was then applied to the 2009 population estimate of 2,078,781 Texas children between the age of 12 and 17, resulting in an estimate of 166,977 youth who are defined as “the chemically dependent population.” Of this group, approximately 63 percent of this group was estimated to be male and 37 percent female.

To determine the need and eligibility for DSHS-funded treatment services, an estimate is made of the proportion of the chemically dependent population that was below 200 percent of the federal poverty level (according to state census data). Using this method, the number of youth that are chemically dependent and in need of DSHS treatment services are estimated at 68,005 (see breakdown below). The differences in need, as demonstrated by the results of the *Texas School Survey*, have implications regarding the difference in receipt of treatment services between genders.

Population in Need of DSHS-Funded Treatment Services: Ages 12-17

Gender	Treatment Need Estimate	Percent of Total Need
Male	42,560	62.6%
Female	25,445	37.4%
Total	68,005	100.0%

III. Descriptions of Youth Served by Substance Abuse Services

A. Children Served by DSHS Contracted Substance Abuse Service Providers

Of the 6,467 youth served by DSHS in fiscal year 2009, 5,354 (83 percent) were involved in the juvenile justice system. For the youth receiving any substance abuse service, more males (79 percent) were served than were females (21 percent). Of the youth receiving substance abuse services, 99 percent were over the age of 12.

B. Children Served by DSHS Local Behavioral Health Authority (LBHA) Clinics (NorthSTAR)

Texas has one Local Behavioral Health Authority (LBHA), which services Dallas and surrounding counties. Of the 15,223 children and youth served by DSHS in the LBHA network in fiscal year 2009, 1,236 (8 percent) were involved in the juvenile justice system and 968 (6 percent) had a primary or secondary substance abuse diagnosis. Analysis is based on encounter data and uniform assessment data in the DSHS NorthSTAR data warehouse. There is substantial overlap between these two groups. For the youth receiving substance abuse services, more males (66 percent) were served than were females (34 percent). This treatment distribution aligns with the need: the percentage of boys with a substance abuse diagnoses is 2.1 times greater than girls. Of the youth receiving substance abuse services, 99 percent were over the age of 12.

In addition, DSHS funds four specialized female outpatient treatment programs. These programs are funded by the Substance Abuse Prevention and Treatment Block Grant for specialized female services. Use of these dollars is confined to pregnant and/or parenting adolescents. Programs receiving the funds must provide: parenting education, childcare, transportation, referral and case management for perinatal care, education on the effects of ATOD on the fetus, counseling to address abuse and

neglect and case management to include reproductive health education and care. For fiscal year 2009, there were a total of 982 female adolescents served at these outpatient programs.

DSHS also funds one residential, gender-specific program for adolescent females in the NorthSTAR area. This program is not funded by set-aside monies and thus is available to all eligible adolescent females, including those that are pregnant and/or parenting.

IV. Length of Stay (LOS) in Substance Abuse Services

LOS in Substance Abuse Services Provided by DSHS Providers

Service	Male LOS	Female LOS
Intensive Residential	43 days	53 days
Outpatient	73 days	81 days
Outpatient Specialized Female	n/a	97 days
Supportive Residential	31 days	31 days

Length of Stay in Substance Abuse Services for LBHA/NorthSTAR

Service	Male LOS	Female LOS
Intensive Residential	19 days	16.5 days
Outpatient	30 days	45 days

For those served by DSHS Contracted Substance Abuse Treatment Providers, girls spend more days on average in Intensive Residential programs than do boys. Girls spend more days on average engaged in outpatient services, especially when the outpatient services are specialized for females. Specialized female programs serve exclusively a female population and offer a curriculum, environment, staff and mission that is cognizant of and sensitive towards the unique needs and life experiences of females (such as the prevalence of sexual and physical abuse in female drug abusers). Approved curricula for these programs include *Seeking Safety* and the *Trauma Informed Treatment Model* which are recommended best practice curricula for the female population.

V. percent of Youth with Substance Abuse Services by Gender

Numbers of Youth Receiving Prevention/Intervention Services

Fiscal Year 2009	Males Served	Percent Males	Females Served	Percent Females	Total Served
All DSHS Providers	106,186	52%	99,204	48%	205,390

Percent of Youth Served in Substance Abuse Treatment

Fiscal Year 2009	Males Served	Percent Males	Females Served	Percent Females	Total Served
DSHS Providers	5,104	79%	1,363	21%	6,467
LBHA Providers	636	66%	332	34%	968

Numbers of Youth Receiving Pregnancy and Post Partum Intervention Services and Specialized Female Substance Abuse Treatment

Fiscal Year 2009	Males Served	Percent Males	Females Served	Percent Females	Total Served
All DSHS Providers	123*	14%	739	86%	862

* male siblings and fathers of the baby may participate in this program

VI. Dollars Spent on Youth in Substance Abuse Treatment

Dollars Spent on Youth in Substance Abuse Treatment

Fiscal Year 2009	Dollars Spent on Males	Percent Males	Dollars Spent on Females	Percent Females	Total Spent
DSHS Providers	\$11,930,984	76%	\$3,791,920	24%	\$15,722,904
LBHA Providers	\$562,877	70%	\$240,915	30%	\$803,792

The significantly higher concentration of need for substance abuse treatment in males in Texas than females is also a contributing factor to this disparity in spending (see Section II). The 30 percent longer length of stay for boys than girls in intensive residential treatment, one of the costliest substance abuse services, accounts for part of this disparity.

VII. Effectiveness of Substance Abuse Services for Youth

A. Substance Abuse Treatment

Providers are required to implement logical, conceptually sound programs that are based on research that has shown reliable evidence of effectiveness. Providers receive training in the curriculum before implementing the program. The providers are asked to implement the curriculum with fidelity to the model. Providers are also expected to assess the effectiveness of the program design relative to the needs of the youth who participate. In replicating programs that come from best practice, the programs are expected to have similar positive results.

Beginning in fiscal year 2007, youth outpatient programs began a process to adopt the Cannabis Youth Treatment program. They have adopted modules 1-3:

1. Motivational Enhancement Therapy/ Cognitive Behavioral Therapy 5-week training;
2. Motivational Enhancement Therapy/ Cognitive Behavioral Therapy 7-week training; and
3. Family Support Network.

DSHS also monitors performance measures, outcome measures, goals, and objectives through their Quality Management and Contract Management Departments.

Effectiveness of substance abuse treatment for youth is measured by the following factors:

Completion of treatment: For a client to have completed a level of treatment, the client must substantially complete his or her planned duration of stay and individualized treatment plan objectives and must exceed on average 70 percent of their treatment goals.

Abstinence: Abstinence is defined as the percent of clients who report no use of alcohol or drugs within the last 30 days, when contacted 60 days after discharge from the treatment program.

Post-Treatment Outcome Data

Percent of youth, by gender, who completed treatment		
Fiscal Year 2009	Male	Female
DSHS Providers	59%	63%
LBHA Providers	55%	61%

percent of youth, by gender, who report abstinence at follow-up		
Fiscal Year 2009	Male	Female
DSHS Providers	78%	83%
LBHA Providers	69%	77%

* Available data was not complete.

B. Substance Abuse Prevention

Substance abuse prevention services funded by DSHS are required to use evidence-based curriculum and approaches. These approaches have been shown, through research-based clinical trials, to show a statistically significant reduction in the substance use of targeted individuals and populations. Currently, direct service prevention programs exist in elementary, middle, and high schools across Texas. These services are incorporated in more than 500 Texas school districts, reaching over 1,836 schools and over 539 community site in fiscal year 2009.

VIII. Description of Gender Discrepancies in Substance Abuse Services

DSHS has been aware of the gender discrepancies in service numbers and funding between males and females in substance abuse services for many years. The discrepancies identified above are much greater in the area of treatment services than prevention/education programs. This relates in a large part to the fact that much of the traditional DSHS referral base for adolescent services has been the juvenile justice system. Probation refers 82 percent of youth admitted to substance abuse treatment. Girls and adolescent females in DSHS services are more likely to have diagnoses of major depression or anxiety, whereas boys and adolescent males are most likely to carry diagnoses of conduct disorder or ADHD.

This above mentioned gender discrepancy in treatment, due to juvenile probation being primarily responsible for motivating youth and their families to seek it, is in step with the national trend

(see following table). The incorporation of DSHS-funded prevention providers into Texas schools helps to avoid undue focus on the juvenile justice population, which is largely male. However, youth with juvenile justice involvement may be considered in the development of selective and indicated prevention programs for identified at-risk youth, which is appropriate.

Youth Admitted to Substance Abuse Treatment who were Referred by Probation*

Fiscal Year	Number Males	Percent Males	Number Females	Percent Females
2009	2,902	85%	513	15%

* Data is based on numbers reported by LMHA and does not include LBHA data. LBHA does not collect data on referrals to SA treatment.

IX. Plan to Address Discrepancy in Services for Female Youth

A. Substance Abuse Treatment

Referrals: DSHS is actively looking at referral sources and who is targeted for youth substance abuse treatment services. The agency will be working with outpatient substance abuse referrals to increase outreach to other gender neutral referral sources, such as schools. Additionally, the agency will coordinate with substance abuse intervention for possible referral sources.

Engagement: The continued increase in the use of evidence-based practices will enhance the ability of treatment programs to effectively engage all persons in youth substance abuse treatment. DSHS is also developing ways to incorporate principles of *Trauma Informed Treatment* and *Seeking Safety* curricula across the substance abuse treatment spectrum.

Integration: In addition, DSHS substance abuse staff is integrating prevention and intervention efforts with Women, Infants and Children (WIC), community and family health and other programs focused on adult and adolescent females which should improve outreach capacity and efficiency in delivering services to young women. Texas sought and obtained the Screening, Brief Intervention and Referral to Treatment (SBIRT) pilot project which is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

Over the five years of the project, 768 adolescent females were screened for alcohol and drug problems while receiving healthcare services in a hospital, community health clinic, or school-based health clinic. One hundred thirty of them received brief intervention to address problem use, 105 received brief treatment services, and 29 were referred for more intensive community-based treatment for substance use disorders.

B. Substance Abuse Prevention Plan

There are minimal discrepancies of the number served between genders in DSHS substance abuse prevention. The agency will continue practices that support equity, including outreach to schools and continuous quality improvement.

X. Plan for Future Review of Gender Discrepancy in Substance Abuse Youth Services

DSHS has increasingly focused upon tracking gender specific data for all services provided for both youth and adolescents. In fiscal year 2004, legacy Texas Commission on Alcohol and Drug Abuse (TCADA) implemented an outcome monitoring system for youth prevention and youth intervention program providers who target universal, selective, and indicated populations. All providers were required to implement an evidence-based prevention model and report to TCADA through electronic means on a quarterly basis the number of students served, the number of students who completed program activities, and the number of students who completed the program successfully. With this information, TCADA and then DSHS began measuring rates of completion and program success. DSHS will continue to monitor data through the committee for the elimination of health disparities and cultural competence.

Mental Health Services

I. Definitions of Mental Health Services Offered through the LMHAs

A. Medication Services:

Supplemental Nursing Services: A service provided to a client by a licensed nurse or other qualified and properly trained personnel working under the supervision and delegation of a physician or Registered Nurse, as provided by state law, to ensure the direct application of a psychoactive medication to the client's body by any means (including handing the client a single dose of medication to be taken orally), and to assess target symptoms, side effects, and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family.

Pharmacological Management: A service provided to a client by a physician or other prescribing professional to the client to determine symptom remission and the medication regimen needed.

Provision of Medication: Ensuring the provision of psychoactive medication benefits to clients who have no source of funds for such, as determined to be medically necessary and as prescribed by an authorized provider of the Contractor.

B. Case Coordination

Routine Case Management: Activities to assist a client and his or her caregiver gain and coordinate access to necessary care and services appropriate to the individual's needs.

Intensive Case Management: Activities to assist a client and his or her caregiver gain and coordinate access to necessary care and services appropriate to the individual's needs. Wraparound Planning is used to develop the Case Management Plan.

C. Counseling:

Individual, family and group therapy focused on the reduction or elimination of a client's symptoms of emotional disturbance and increasing the individual's ability to perform activities of daily living. Counseling must be provided by a Licensed Practitioner of the Healing Arts (LPHA). This service includes treatment planning to enhance resiliency.

D. Rehabilitative Services:

Crisis Intervention Services: Interventions in response to a crisis in order to reduce symptoms of severe and persistent mental illness or emotional disturbance and to prevent admission of an individual or client to a more restrictive environment.

Medication Training and Support: Training provided to the client(s) and/or the primary caregiver(s)/LAR(s) on the nature of mental illness, the importance of medications, and other medication related information.

Skills Training and Development Services: Training provided to a client and the primary caregiver that addresses the serious emotional disturbance and symptom-related problems that interfere with the individual's functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual's community integration and increases his or her community tenure.

E. Assessment:

A face-to-face interview with the individual and family seeking services to evaluate the individual's priority population, diagnostic eligibility and treatment needs. A licensed professional or a qualified mental health professional certified by the local mental health authority must provide this service.

F. Crisis Services:

Crisis Flexible Benefits: Non-clinical supports that reduce the crisis situation, reduce symptomatology and enhance an individual's ability remain in the home or community.

Safety Monitoring: Ongoing observation of an individual to ensure the individual's safety.

Crisis Follow-Up and Relapse Prevention: A service provided to individuals who are not in imminent danger of harm to self or others, but require additional assistance to avoid recurrence of the crisis event.

Crisis Transportation: Transporting individuals receiving crisis services or Crisis Follow-Up and Relapse Prevention services from one location to another.

Laboratory Services: Same-day laboratory studies needed to assess conditions that may be related to the crisis or inform treatment of the crisis.

II. PATH Grant

Projects for Assistance in Transition from Homelessness (PATH) is a formula grant that provides funds to State Mental Health Authorities. This federal Substance Abuse and Mental Health Services Administration Best Practice model program provides for behavioral health and housing services to persons who are seriously mentally ill (which may include a co-occurring substance use disorder) and who are without a regular means of shelter. The Texas Department of State Health Services provides oversight for these funds for flexible community-based services for persons with serious mental illnesses who are homeless or at imminent risk of becoming homeless. There are presently 16 PATH programs in Texas, 3 of which provide services for adolescents. There were a total of 21 unaccompanied adolescents served in fiscal year 2009, with San Antonio receiving the largest number of adolescents. Part of the reason for this number regards the requirement for consent for treatment under the age of 17.

Services to be Supported by Federal PATH Funds: The PATH program consists of outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol or drug treatment services; staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services; case management services; supportive and supervisory services in residential settings; referrals for primary health services, job training, educational services, and relevant housing services, and other appropriate services determined by DSHS.

III. Eligibility

A. Clinical Eligibility:

The department's priority population for children's mental health services is defined as children and adolescents under the age of 18 years with a diagnosis of mental illness who exhibit serious emotional, behavioral, or mental disorders and who:

1. Have a serious functional impairment;
2. Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
3. Are enrolled in a school system's special education program due to serious emotional disturbance.

B. Financial Eligibility:

Free Services: Children in families with an adjusted income below 135 percent of the federal poverty guidelines are eligible for free services.

Sliding Fee Scale: Children in families with an adjusted income above 135 percent of the federal poverty guidelines shall be charged for services according to the Commission's sliding fee scale.

Determination by Parental or Family Income: For children and adolescents, ability to pay shall be determined by parental or family income unless (a) the adolescent applies for treatment without parental knowledge; and (b) the adolescent refuses to consent to parental notification. If a child or adolescent program determines that both conditions above are met, the adolescent's income may be used to determine financial eligibility.

Access to another public or private funding source: A person who has access to another public or private funding source that pays for substance abuse services for the individual's diagnosis is not eligible for DSHS-funded services. For youth whose families cannot meet insurance deductibles, DSHS pays for services until the deductible is met.

IV. Determination of Need for Youth Mental Health Services

National prevalence studies indicate that 5 percent of children ages 9 to 17 have a serious emotional, behavioral or mental disorder. DSHS applies this 5 percent rate to Texas children population ages 9 to 17 to estimate the number of children needing publicly funded mental health care. In fiscal year 2009, 167,189 children were estimated to be in the DSHS priority population in need of mental health services. Many more children are in need of services than are currently served. During fiscal year 2009, DSHS served 40,551 (24.3 percent) of the estimated priority population.

V. Descriptions of Youth Served by Bill-Related Mental Health Services

DSHS has two distinct service delivery systems that serve youth in mental health services related to this bill: Local Mental Health Authority (LMHA) centers, of which there are 37 around the state; and one Medicaid Managed Care Program, also referred to as NorthSTAR, which serves the Dallas area. During fiscal year 2009, DSHS served 29,931 children through LMHAs; 15,223 through NorthSTAR; and 2,047 in State Hospitals. The overall number of children served is smaller than the sum of those served in all locations, as children often receive both outpatient and State Hospital services.

A. Children served through LMHAs

Of the 29,931 children and youth served in mental health services during fiscal year 2009, 7,710 (26 percent) had involvement with the juvenile justice system, either when they first entered our system or during the course of treatment. Also, 2,410 (8 percent) of the total had a primary or secondary substance abuse diagnosis. Of these, there was an overlap of 1,941 (6.5 percent) children who had both juvenile justice involvement and a substance abuse diagnosis. Of the 29,931 total children and youth, 19,638 (66 percent) were male and 10,293 (34 percent) female. Further, 15,881 (53 percent) of total children and youth were over age 13.

B. Children Served in NorthSTAR*

Of the 15,223 children and youth served in the LBHA network during fiscal year 2009, 1,236 (8 percent) were involved in the juvenile justice system, either when they first entered our system or during the course of treatment. Also, 968 (6 percent) of the total has a primary or secondary substance abuse diagnosis. Analysis is based on encounter data and uniform assessment data in the DSHS NorthSTAR data warehouse. Of the 15,223 total children and youth, 9,742 (64 percent) were male and 5,481 (36 percent) were female. Further, 6,241 (41 percent) of total children and youth were over age 13.

VI. Length of Stay (LOS) in Community Mental Health Services

Number of Days from Assessment until Discharge

Fiscal Year 2009	Male LOS	Female LOS
LMHAs	256 days	225 days
LBHA	209 days	191 days

Overall, there was no statistically significant difference between females and males for the average length of stay for youths receiving community mental health services; for either those individuals involved with juvenile justice or those with a co-occurring substance abuse diagnosis.

VII. Number and percent of Youth Served on Mental Health Services for Youth Involved with Juvenile Justice or with Substance Abuse Involvement

Type of Mental Health Service Provided (Fiscal Year 2009)	Number of Males Receiving Services	Percentage of Males Receiving Services	Number of Females Receiving Service	Percentage of Females Receiving Services
Medication Services	3,688	70%	1,562	30%
Case Coordination	4,223	67%	2,059	33%
Counseling	634	51%	601	49%
Rehabilitative Services	3,692	71%	1,536	29%
Assessment	3,814	69%	1,748	31%
Crisis Services	609	58%	445	42%
Total Services Provided	16,660	68%	7951	32%

It is not unexpected that a greater percentage of males than females receive services such as medication services, case coordination and rehabilitation services, which are appropriate treatments for ADHD and ADD. The Diagnostic and Statistical Manual IV (DSM-IV) by the American Psychiatric Association states that there is a 2 to 9 times greater prevalence of ADHD/ADD in boys versus girls. In fiscal year 2009, the largest segment of DSHS youth in mental health services are males being treated for ADHD/ADD, which is in line with national statistics.

For girls diagnosed with major depression, counseling is the preferred treatment and efforts are underway to expand the percentage of youth enrolled in DSHS services, who receive counseling. Girls enrolled in Medicaid may use external providers and the data may not be reflected in this report.

VII. Dollars Spent on Mental Health Services by Gender

Dollars Spent on Mental Health Services by Gender

Fiscal Year 2009	Males	Females
Total Dollars Spent/ LMHA	\$ 40,649,309	\$ 20,575,494

Total Dollars Spent/ LBHA	\$7,894,752	\$4,621,053
Average Dollars per person per Year/ LMHA	\$ 2,070	\$ 1,999
Average Dollars per person per Year/ LBHA*	\$2,254	\$1,712

- the dollars excluded lab services, drugs, and clinical assessments. Only services with units =hours or minutes were included.

The dollars spent on males were greater than the dollars spent on females. This is a direct result of the numbers served. However, the average dollars per person per year for services were nearly equitable between boys and girls.

VIII. Effectiveness of Mental Health Services

A. Descriptions of Mental Health Outcome Measures for Children and Adolescents Involved in the Juvenile Justice System and/or Receiving DSHS Substance Abuse Services. These outcome measures were chosen for their relevance to this population.

Self-Harm: The Self-Harm outcome measure indicates whether, after a period of treatment, the child or adolescent is more at-risk of self harm, less at-risk of self harm, or if the risk of self-harm has become stable.

School Behavior: The School Behavior outcome measure indicates whether the child or adolescent has demonstrated more, less, or the same level of disruptive school behavior after a period of treatment. Behavior assessed includes school attendance, disruptive behaviors at school, breaking school rules, school punishments, or placements in self-contained classroom or in alternative education programs.

Co-occurring Substance Use: The Co-occurring Substance Use outcome measure indicates whether the child or adolescent has demonstrated more, less, or a stabilized level of limitations as related to substance-use after a period of treatment. Behavior assessed includes increased or decreased use of substances, evidence of consequences related to substance use, and evidence of addiction.

Juvenile Justice Involvement: The Juvenile Justice Involvement outcome measure indicates whether the child has had increased, stable, or decreased involvement in the juvenile justice system after a period of treatment. Areas assessed include any involvement with community interventions or diversions, any arrest and adjudicated misdemeanor or felony, and any re-arrest during the period of assessment.

Problem Severity: The Problem Severity outcome measure indicates whether the child or adolescent has demonstrated more, less, or a stabilized level of problem severity after a period of treatment. Behaviors at home and at school are assessed and include anger, not following direction, hurting oneself, lying, breaking rules, fighting, and feeling anxious or depressed.

Level of Functioning: The Level of Functioning outcome measure indicates whether the child or adolescent has demonstrated a higher, lower, or stable level of

functioning after a period of treatment. Behaviors at home and at school are assessed and include getting along with others, completing tasks and assignments, passing grades at school, accepting responsibilities, feeling good about oneself, and controlling emotions.

Outcomes by Gender of Bill-Related Mental Health Services

Outcome Measure (Fiscal Year 2009)	Served By	Percent Males with Stable Functioning	Percent Males with Improved Functioning	Percent Females with Stable Functioning	Percent Females with Improved Functioning
<i>Self-Harm</i>	LMHAs	80%	13%	65%	24%
	LBHA	86%	8%	82%	12%
<i>School Behavior</i>	LMHAs	29%	58%	24%	63%
	LBHA	59%	24%	60%	22%
<i>Co-occurring Substance Use</i>	LMHAs	34%	57%	25%	66%
	LBHA	95%	2%	95%	2%
<i>Juvenile Justice Involvement</i>	LMHAs	42%	28%	37%	34%
	LBHA	93%	3%	93%	3%
<i>Problem Severity</i>	LMHAs	48%	38%	45%	38%
	LBHA	60%	29%	59%	29%
<i>Level of Functioning</i>	LMHAs	46%	34%	44%	36%
	LBHA	54%	30%	54%	29%

- available data was not complete

In every outcome, functioning for females improved at a greater percentage than for males with the exception of problem severity, which was equal.

IX. Description of Gender Discrepancies in Bill-Related Mental Health Services

Gender discrepancies in the bill-related mental health services for youth are primarily related to the referral base. As most youth served in bill-related mental health services are referred by the juvenile justice system, gender discrepancy is related to the disproportionate number of boys

versus girls referred, as shown in the table below. Regardless of gender, clinically appropriate interventions are used for each child and adolescent in DSHS mental health services.

Whereas more dollars are spent on services for boys due to the greater number of boys referred, the average dollars spent per year per client were commensurate for girls and boys.

Additionally, the impact of mental health services delivered to girls actually outpaces the impact of mental health services delivered to boys as far as percentages of those receiving treatment who maintain or improve in targeted areas of healthy functioning.

Referral to Treatment by Juvenile Justice

Fiscal Year 2009	Number of Males Served	Percentage of Males Served	Number of Females Served	Percentage of Females Served	Total Number Served
LMHAs	892	74%	320	36%	1212
LBHA (NorthSTAR)	69	63%	40	37%	109

* available data was not complete

X. Plan to Address Gender Discrepancy in Bill-Related Mental Health Services

A. Referrals

The Crisis Services Redesign initiative, implemented in 2007, may contribute to the increased number of female adolescents served. In fiscal year 2007, the total female adolescents served were 7,431. In fiscal year 2009 this number increased to 8,206 adolescent females served. Additionally, Rider 65, which will expand services for 90 days beyond these crisis services may bring additional numbers of female adolescents served.

B. Engagement

The Resiliency and Disease Management (RDM) approach to mental health treatment was implemented in Texas in fiscal year 2005. This approach uses focused, evidence-based treatment, which leads to better outcomes for the greatest number of clients. The intent is to provide the right service to the right person in the right amount to have best outcomes with the resources available. In a comparison of fiscal year 2005 to fiscal year 2009, with the implementation of RDM, positive outcomes have increased for female adolescents by 3.5 percent.

The continued refinement of RDM and evidence-based practices should enhance the ability of treatment programs to effectively engage all youth in mental health treatment. RDM utilizes Cognitive Behavioral Therapy (CBT) in child and family counseling for children ages 9 and above. CBT is particularly important to females as it is the preferred treatment for major depression, which has a greater prevalence in females than in males. In order to improve and increase CBT services, DSHS piloted a CBT research project, funded by SAMHSA and the National Institute for Mental Health, which uses workshops, teleconferences, audio tapes, and mentoring to train DSHS clinicians and assess fidelity. Currently, there are 9 CBT trainers, who have

each trained at least 50 therapists in the field, with approximately 120 CBT therapists for children and adolescents.

C. Integration

DSHS will continue its outreach to schools. Currently, DSHS has contracts with Education Service Centers across the state to conduct awareness presentations and training related to eliminating barriers to learning due to mental health issues. This training is conducted with school district personnel to raise awareness on how mental health issues can impact learning. As schools serve more gender-neutral populations, this shall continue to provide a gender equitable referral base. DSHS will continue to address the stigma associated with seeking treatment for substance abuse and mental illness in conjunction with advocacy agencies such as the National Association of Mental Illness and Advocacy, Inc.

XI. Plan for Future Review of Gender Discrepancies in Youth Services

The Disparities Workgroup will monitor the effectiveness on mental health outcomes for youth of both genders. DSHS will continue to evaluate and promulgate best practices for girls' mental health intervention and treatment.

The DSHS Mental Health and Substance Abuse Division (MHSA) Quality Management (QM) unit monitors providers to ensure mental health community services delivered to children and adolescents are evidenced-based. QM uses site visits, desk reviews, client satisfaction surveys and case studies during comprehensive quarterly reviews.

The DSHS Contracts Division monitors several outcome measures and contract requirements quarterly as well, and offers technical assistance when measures vary from projected targets. DSHS will continue to review and evaluate RDM with continued practices of treatments and interventions that are individualized based on the needs and choices of the clients and families.

HEALTH AND HUMAN SERVICES COMMISSION

TEXAS HEALTH AND HUMAN SERVICES COMMISSION S.B. 103, SECTION 20 OF THE 80TH LEGISLATURE REPORT

Report to the Health and Human Services Commission required by S.B. 103, Section 20, 80th Legislature, Regular Session, 2007 relating to access for females under 18 years of age to facilities, services and treatment available through health and human services and juvenile corrections programs.

The Texas Health and Human Services Commission (HHSC) administered multiple state and federal human services programs that serve five major client populations: elderly persons, persons with disabilities, low-income parents and children, refugees, and victims of family violence. All services are offered regardless of race, gender, age or disability. For the purposes of this report, HHSC reviewed the Family Violence Program and the children and families Medicaid programs and found no gender discrepancies in the funding requirements, the manner in which services were delivered, or the eligibility requirements. As required by H.B. 2292, 78th Legislature, Regular Session, 2003, these programs were transferred to HHSC from the Department of Human Services. The Family Violence Program was transferred on October 1, 2003 and the Medicaid programs were transferred on April 1, 2004.

Family Violence Program: The Family Violence Program contracts with family violence shelters, nonresidential centers and special nonresidential centers across the state. The program primarily serves adult victims and their dependents, both male and female, equally. In fiscal year 2009, 18 percent of all clients served were females ages 18 and under compared to 15 percent of males ages 18 and under. H.B. 1364, passed by the 78th Legislature, expanded Section 32.201 of the Family Code relating to emergency shelter or care for minors. Effective in fiscal year 2004, centers are permitted to provide up to 15 days of service to minors with or without children, and extend services if the consenting minor is 16 years of age or older and the minor lives apart from his/her parent, managing conservator, or guardian (with or without consent from the responsible adult) and the minor manages the minor's own financial affairs, regardless of the source of income. Extended services can also be provided if the minor is unmarried and pregnant or unmarried with custody of a child. Program rules indicate that services are to be provided to victims equally, without regard to gender.

Medicaid Programs: The Medicaid program serves eligible children and adults. In 2009, the number of women under 18 years of age accessing Medicaid benefits for pregnancy services was 23,011. This equates to 7.8 percent of the total number of women receiving pregnancy related Medicaid benefits. Below is data of the numbers of individuals served and the total costs, which includes an estimate of the amounts to be paid for premiums, drugs, and ancillary costs.

Number of Pregnant Women Served Through HHSC Medicaid Programs

Fiscal Year	Total Pregnant Women	Total Pregnant Women Under 18 Yrs. of Age (6.2%)
2004	112,256	7,372
2005	118,353	7,333
2006	123,761	7,550
2007	126,062	7,746
2009	290,595	23,011

Costs – All Funds

Fiscal Year	Total Pregnant Women	Total Pregnant Women Under 18 Yrs. of Age (6.2percent)
2004	\$794,442,737	\$52,172,529
2005	\$874,085,548	\$54,157,138
2006	\$929,779,823	\$56,721,036
2007	\$1,015,047,276	\$62,370,792
2009	\$1,148,436,439	\$90,939,868

Costs - State Funds

Fiscal Year	Total Pregnant Women	Total Pregnant Women Under 18 Yrs. of Age (6.2percent)
2004	\$316,188,209	\$20,366,667
2005	\$342,466,718	\$21,218,767
2006	\$365,589,426	\$22,302,711
2007	\$398,203,046	\$24,468,062
2009	\$464,772,227	\$36,803,365

Conclusions

In the HHSC operated programs reviewed, funding follows need and eligibility without regard to age or gender. HHSC reviewed the Family Violence Program and the children and families Medicaid programs and found no gender discrepancies in the funding requirements, the manner in which services were delivered, or the eligibility requirements.

Plan

No plan was submitted by the agency because the review of programs did not identify any discrepancies that needed a plan of correction.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

REVIEW OF SERVICES PROVIDED TO FEMALES UNDER 18 YEARS OF AGE COMPARED TO SERVICES PROVIDED TO MALES DURING FISCAL YEAR 2009.

This report is in response to Section 20, S.B.103, 80th Legislature, Regular Session, 2007. The bill required a review of:

The nature, extent and effectiveness of services offered for females under 18 years of age within the areas of teen pregnancy, physical and sexual abuse and alcohol and drug abuse, services for runaway and homeless females and services for females involved in gangs or other delinquent activity; and

The equity of services offered to persons under 18 years of age with respect to gender within the areas of physical and sexual abuse, alcohol and drug abuse, and services offered to runaway and homeless youth.

Program Services of the Division of Prevention and Early Intervention:

Within the Division of Prevention and Early Intervention, four programs and the Youth and Runaway Hotlines provide services that address the mandated areas of review as required by S.B.103.

Community Youth Development (CYD)

The CYD program contracts with Fiscal Agents to develop juvenile delinquency prevention programs in ZIP codes that have a high incidence of juvenile crime. Approaches used by communities to prevent delinquency have included mentoring, youth employment programs, career preparation, and alternative recreation activities. Communities prioritize and fund specific prevention services identified as needed locally. CYD services are available in 15-targeted Texas ZIP codes.

Services to At-Risk Youth (STAR)

Through contracts with community agencies, STAR offers family crisis intervention counseling, short-term emergency residential care, and individual and family counseling to youth up to age 17 who experience conflict at home, have been truant or delinquent, or have run away. STAR services are available in all 254 Texas counties. Each STAR contractor also provides universal child abuse prevention services, ranging from local media campaigns to informational brochures and parenting classes.

Statewide Youth Services Network (SYSN)

SYSN supports statewide networks of community-based prevention programs that provide evidence-based juvenile delinquency prevention services to address conditions resulting in negative outcomes for children and youth.

Youth Resiliency (YR)

A variety of services are available across the state that is designed to increase known protective factors to improve youth resiliency while preventing juvenile delinquency. Programs must also

foster strong community collaboration to provide for a continuum of services for youth participants. YR services are available in 14 Texas counties.

Texas Runaway and Youth Hotlines

The toll-free Texas Runaway Hotline (1-888-580-HELP) and the Texas Youth Hotline (1-800-98-YOUTH) offer crisis intervention, telephone counseling, and referrals to troubled youth and families. A volunteer workforce of about 60 people answers the hotline phone numbers. Many callers face a variety of problems including family conflict, delinquency, truancy, and abuse and neglect issues. The program increases public awareness through television, radio, billboards and other media efforts. Hotline telephone counselors respond to about 40,000 calls annually.

The above PEI programs served a combined total of 57,262 participants under 18 years of age during fiscal year 2008. The data was retrieved from the Prevention and Early Intervention Services System and from provider documentation.

The CYD and STAR programs each have Legislative Budget Board (LBB) outcome measures to gauge effectiveness of services. For the STAR program, 87.14percent of clients who completed follow-up forms reported positive outcomes in 2008. For the CYD program, of the youth served in 2008 and eligible to be referred to juvenile probation, 97.8percent were not referred to Juvenile Probation. The YR and SYSN programs did not have LBB outcome measures in 2008.

PEI Numbers Served in Juvenile Delinquency Prevention Programs in Fiscal Year 2009

Program	Total Number Served	Total Number Served Under 18 Years of Age	Total Number of Females Under 18 Years of Age Served	Percent of Females Served	Total Number of Males Under 18 Years of Age Served	Percent of Males Served	Total Number of Unknown Under 18 Years of Age Served	Percent of Unknown Served
CYD	19,642	19,390	10,493	54.12%	8,892	45.86%	5	0.03%
STAR	29,414	29,406	13,100	44.55%	16,304	55.44%	2	0.01%
SYSN	6,551	6,548	3,199	48.85%	3,346	51.10%	3	0.05%
YR	1,655	1,654	787	47.58%	866	52.36%	1	0.06%
Totals	57,262	56,998	27,579		29,408		11	

PEI Expenditures for Juvenile Delinquency Prevention Programs in Fiscal Year 2009

Program	Total Expenditures	Estimated Expenditures for Youth Under 18 Years of Age**	Estimated Expenditures for Females Under 18 Years of Age**	Estimated Expenditures for Males Under 18 Years of Age**
CYD	\$6,509,074.00	\$6,509,074.00	\$3,522,419.47	\$2,984,976.07
STAR	\$19,684,015.00	\$19,684,015.00	\$8,768,979.00	\$10,913,697.22
SYSN	\$2,007,555.00	\$2,007,555.00	\$980,783.21	\$1,025,852.02
YR	\$1,844,230.00	\$1,844,230.00	\$877,514.52	\$965,600.47
Totals	\$30,044,874.00	\$29,231,648.92	\$13,908,641.26	\$15,537,762.71

***Expenditures are current as of December 22, 2009. The breakdown of expenditures by age and gender assumes equality of services and were calculated by dividing the total number served into the total expenditures and multiplying the cost per participant by the number in each gender/age category.*

Youth and Runaway Hotline Callers for Fiscal Year 2009

Age Group	Total	Percentage
Adult	9,150	70%
Youth	3,922	30%
Total	13,072	**

Gender	Total	Percentage
Female	9,543	73%
Male	3,529	27%
Total	13,072	**

**Excludes call data from the Youth hotline 1-800-98YOUTH number due to reporting malfunction (number was omitted from AT&T's online reporting system)

In 2009 expenditures for the Youth and Runaway Hotline totaled \$253,528.

Abuse, Neglect, Foster Care and Adoption Services:

The Child Protective Services Division investigates allegations of abuse and neglect of children without regard to gender of the victim pursuant to Chapter 261, Texas Family Code. Services to the victim are offered based on the needs of the child and family; there are no legal or policy restrictions limiting access based on gender.

In fiscal year 2009, 35,305 females, 32,875 males, and 146 individuals of unknown gender were served through investigations as confirmed child abuse/neglect victims.

As of August 31, 2009, there were 7,040 females (45.7percent) in foster care and 8,362 males (54.3percent) in foster care.

In fiscal year 2009, there were 2,542 female and 2,532 male children in adoptive homes. Children in consummated adoptions included 2,429 females and 2,430 males.

Effectiveness of these services is measured through CPS' quality assurance process, which is modeled on the federal Child and Family Service Review process.

Conclusion

Consistent with the 2003 data that was provided in response to H.B. 1758, 77th Legislature, Regular Session, services provided by the Texas Department of Family and Protective Services in fiscal year 2009, as described above, equally serve female and males under the age of eighteen. Funds for services are not allocated based on gender and using the methodology described above, expenditures for services to females and males for PEI services are equitable.

Plan

No plan was submitted by the agency because the review of programs did not identify any discrepancies that needed a plan of correction.