Senate Bill 103
Executive Summary and Agency Reports

Submitted by the
Health and Human Services Commission

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INDEX

EXECUTIVE SUMMARY

The 80th Legislature, Regular Session, 2007, enacted Senate Bill (S.B.) 103, Section 20, relating to access for females less than 18 years of age to facilities, services, and treatments available through the health and human services (HHS) and juvenile corrections programs. The measure amended the Texas Government Code by adding Section 531.016 in Chapter 531, Subchapter A, directing the Texas Health and Human Services Commission (HHSC), the Texas Youth Commission (TYC), and the Texas Juvenile Probation Commission (TJPC) to periodically review, document, and compare the accessibility and funding of facilities, services, and treatments provided to females under 18 to that of males in the same age group. Additionally, each HHS agency 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. Therefore, the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS) were added to the list of covered agencies, in addition to the named agencies: HHSC, TJPC, and TYC.

Under the previous legislative charge of House Bill (H. B.) 1758, 77th Legislature, Regular Session, 2001, HHSC was directed to assemble the agency reports, and prepare an executive summary and consolidated report to be delivered to the members of the Legislature not later than July 1 of each even-numbered year beginning July 1, 2002. The initial report was submitted in July 2002 and a second in July 2004. That Act expired September 1, 2005. S. B. 103, Section 20, 80th Legislature, Regular Session, 2007, became effective June 8, 2007, with the first report due by July 1, 2008. Therefore, this is the first consolidated report since the new legislation and the third since the original legislation. 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 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. 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, beginning July 1, 2008. Section 20 expires September 1, 2011.

THE PROCESS

HHSC surveyed HHS agencies to determine which agencies provided services subject to the criteria established by the requirements of S.B. 103, Section 20. HHSC met with the involved HHS agencies, TYC, and TJPC in September 2007 to discuss the agency requirements and establish a timetable for the submission of agency reports. Agencies participating in this study were identified by the requirements in S.B. 103, Section 20 to include TYC, TJPC, DSHS, DFPS, and HHSC.

Each agency provided the following 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 systemic barriers to access to services by females under the age of 18. During the review, HHSC and the identified agencies specifically analyzed the nature of the services, their eligibility criteria, and the targeted populations for these specific services. Based on this information, it was 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 eligibility criteria, no intake processes, and no specific service issues reflected 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 27 percent of total referrals to probation in 2007 were female. TYC reports that about 7 percent of the total fiscal

year 2007 TYC population was female. DSHS reports that females comprised 25 percent of the youth receiving any substance abuse service. This lower number relates largely to the fact that much of the traditional DSHS referral base for adolescent services has been through the juvenile justice system (i.e., juvenile probation refers 82 percent of those youth admitted to substance abuse treatment). DSHS also reports that of the 27,032 children and youth served through local mental health authorities in fiscal year 2007, 33 percent were female, again due to the juvenile justice involvement/referral. DSHS notes that females under 18 years of age in DSHS services are more likely to have diagnoses of major depression or anxiety, whereas males under 18 years of age are most likely to carry diagnoses of conduct disorder or attention deficit hyperactivity disorder (ADHD).

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. Also noted is the 13 percent increase of females served in substance abuse treatment since the previous fiscal year. 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 indicates re-arrest rates for violent offenses at one-year were very low for girls (2.2 percent). Re-arrest rates for girls approached 30 percent for any offense, compared to almost 60 percent for boys. At three years, females have a 35.2 percent re-arrest rate compared to 48.5 percent for males. TYC reports that the agency is responding to a variety of strategies to better address basic and specialized treatment needs, especially 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.

Relative to the nature and extent of services provided through DSHS, the agency estimates that 22.8 percent of the estimated priority population was served in fiscal year 2007. This estimate is based on prevalence studies indicating five percent of all children have a serious emotional, behavioral, or mental disorder. Based on that rate, DSHS uses a conservative 2.5 percent rate to estimate the number of children needing publicly funded mental health care. In fiscal year 2007, 159,118 children were estimated to be in the DSHS priority population in need of mental health services, while 35,380 (22.8 percent) were served.

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 serve juveniles referred for alleged delinquency and conduct in need of supervision (CINS) offenses. To fall within the jurisdiction of the juvenile probation system, a youth must have committed an offense while between the ages of 10 and 16. Most juveniles enter the system through a referral from law enforcement; however, a juvenile may be referred by a school, social service agency, parent, or by TYC. Juveniles referred to the juvenile probation system may be cautioned and referred to services, placed on informal deferred prosecution supervision, adjudicated and placed on probation supervision, adjudicated to TYC, or certified as an adult. Juvenile departments provide a variety of services to juveniles under supervision. Services not available through a juvenile department may be available to a juvenile through a referral to a provider in the community. The following information was collected from juvenile probation departments through the 2007 Resource Report in which 160 departments responded.

Teen Pregnancy Services: Twenty-one percent (34) of the juvenile probation departments indicated that teen pregnancy services are offered, down from 28 percent four years ago. Of the 34 departments, 53 percent provided services exclusively to females, while 47 percent served both males and females.

Physical and Sexual Abuse Services: Twenty-nine percent (47) of the juvenile probation departments indicated that they offered services for physical and sexual abuse, down from 37 percent four years ago. Sixty-eight percent of the departments offered these services to both males and females.

Substance Abuse Services: Of the seventy-eight percent (124) of the juvenile probation departments offering substance abuse services, 97 percent offered services to both males and females.

Runaway and Homeless Youth Services: Twenty-nine percent (46) of the juvenile probation departments indicated that services for runaway or homeless youth were offered, down from 44 percent four years ago. Of the 46, 87 percent offered services to both males and females.

Gang Services: Sixteen percent (26) of the juvenile probation departments indicated that gang services were offered. Of the 26, 88 percent offered services to both males and females.

Parenting Services: Thirty-five percent (56) of the juvenile probation departments indicated that parenting services, a program reported on for the first time, were offered; therefore, no comparison data is available. Of the 56, 89 percent offered services to both males and females.

Psychological Services: Seventy-eight percent (124) of the juvenile probation departments indicated that psychological services, a program reported on for the first time, were offered; therefore, no comparison data available. Of the 124, 97 percent offered services to both males and females.

Conclusions In determining if services were equally provided to males and females, the agency notes to be mindful that 73 percent of the total referrals to probation departments in 2007 were male, only 27 percent were female. Also, while departments may not actually provide a particular program or service to juveniles under their jurisdiction, most can and do refer juveniles to services that may be available in the community.

Plan A plan was not submitted by the agency to address discrepancies, as the information in the report did not indicate that this was necessary based on findings and data collected.

TEXAS YOUTH COMMISSION

Service Summary TYC provided a range of services from secure institutional to parole residential and community services. Youth between the ages of 10 and 17 were committed to TYC for felony offenses including violation of felony probation. The 80th Legislature, through S.B. 103, disallowed the commitment of youth for misdemeanor offenses and lowered the maximum age through which TYC may maintain supervision over a youth from age 21 to 19 years. Depending on the type of commitment and individual progress, youth may remain under the custody of the agency, in an institutional or parole setting, until age 19 years.

Teen Pregnancy Services: TYC provided direct and contract secure residential services and pre- and post-natal medical services for females who were pregnant when committed to the agency. Pregnant females were assigned to a contract care provider or the agency's Ron Jackson State Juvenile Correctional Complex Unit II for secure institutional care. Non-secure residential care was provided by contract through the Women in Need of Greater Strengths (W.I.N.G.S.) program. Non-secure residential services had a capacity of 12 mothers and their children under the age of three years. Seven mothers younger than 18 years of age participated in this program in fiscal year 2007. This was down from the 21 mothers in fiscal year 2003.

Medical services were provided through a contract with the University of Texas Medical Branch and through local hospitals. Community-based services, such as childbirth and parenting classes for new and expecting mothers, were provided in the communities in which TYC maintains facilities. During fiscal year 2007, nine females were pregnant at the time of commitment, lower than the 17 reported in fiscal year 2003.

Physical and Sexual Abuse: In fiscal year 2007, 41 percent of females and eight percent of males under 18 years of age in TYC had reported or were known to have been sexually abused. This number is higher than the 33 percent reported four years ago. In addition, 28 percent of females reported or were known to have a history of physical abuse, nearly double the number of males (15 percent).

Substance Abuse Services: Females were assessed with chemical dependency treatment needs more often than their male counterparts (27 percent and 9 percent respectively). Of those, 32 percent received chemical dependency treatment compared to 57 percent in fiscal year 2003. The agency operated 40 secure chemical dependency treatment beds for females. The treatment program was designed to be completed in six to nine months, depending on the needs of the youth. Individual counseling was provided by a licensed chemical dependency counselor, approved counselor intern, or other qualified credentialed counselor. Group counseling sessions focused on self-esteem, personal responsibility for behaviors, family and victim issues, relationships, and chemical dependency education.

Runaway and Homeless Youth Services: During fiscal year 2007, 63 percent of females in TYC had a history of running away from home. This was down from 70 percent in fiscal year 2003. TYC worked with each youth and family to provide individualized transition planning with the goal of providing each youth with the tools necessary to succeed in the community. Regionalization over the current biennium will place females closer to their homes, and decentralization of services for females will increase the capacity for providing specialized treatment services, including appropriate transitional housing.

Conclusions

- Although females were a small proportion (10 percent) of the agency's average daily youth population, the agency served a total of 732 females under the age of 18 years during fiscal year 2007. On average, 496 females were under TYC's custody or supervision each day.
- Females were classified as "Type B Violent" youth nearly twice as often as males[1].
- Females assessed with chemical dependency treatment needs were served nearly three times more often than their male counterparts.
- Females had a higher rate of need for mental health treatment and were served at higher rates.
- Females under age 18 years represented three percent of all youth in aftercare; males in the same age group represented 30 percent.
- Significant differences were documented in the risk and needs of females compared to males. The most often occurring and one of the most significant risk factors for females, was a history of running away from home. In addition, females were sexually abused at five times the rate of boys and reported physical abuse twice as often as boys. Females had significantly more reports of inadequate supervision, neglect, and abandonment.
- No significant differences were found between the gender groups for history of chronic poverty. Fifty-six percent of females and 59 percent of males had histories of chronic poverty.

[1] 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.

Medical care, general treatment programs, and counseling were available and used by all residents, regardless of gender. TYC's formalized "specialized treatment programs" (i.e., substance abuse, violent offender, sex offender treatment, etc.), with the exception of mental health treatment, were generally less accessible to young females when compared to young males. Centralization of services and the nature of the programs (i.e., sex offender treatment), contributed to differences in accessibility. It is noted that, although they participated at lower rates, females who participated in specialized treatment programs recidivated at lower rates than males. It is also noted that the female-oriented environment at the Ron Jackson State Juvenile Correctional Complex is uniquely different from the male-oriented environments at other secure institutions and offered specialized services on an individual and as-needed basis.

TYC increased its capacity of female chemical dependency treatment beds during fiscal year 2007 by four beds. Chemical dependency treatment was available to females during the first half of the fiscal year at the Giddings State School (16 beds) and the Ron Jackson State Juvenile Correctional Complex (20 beds). When all females were removed from Giddings mid-2007, 20 chemical dependency beds were added to the existing beds at the Ron Jackson State Juvenile Correctional Complex for a current total of 40 chemical dependency beds.

Although females had higher rates of violent offenses, the agency's Capital and Serious Violent Offender program is offered only to males at the Giddings State School. The program was offered to females at the Giddings State School during the first half of fiscal year 2007; however, all female participants were over the age of 18 years. The Ron Jackson State Juvenile Correctional Complex provided females with cognitive-behavioral treatment designed to increase appropriate problem-solving skills and these skills were emphasized in all aspects of the program.

Plan The agency is implementing a risk-based assessment and classification system that will assist case managers in developing individualized treatment and transition plans. The information gathered through this process will assist the agency in managing the levels and types of services that are available to female youth. Additionally, the agency implemented the use of a screening tool for Post Traumatic Stress Syndrome. This tool will assist in identifying youth who require special services.

TYC's "Vision & Framework for the 21st Century Texas Youth Commission"[2] sets the groundwork for agency improvements over the coming years. Regionalization, as set forth in the Framework, will place females closer to their homes. In addition, decentralization of services for females will occur over the next two biennia and increase the capacity for providing specialized treatment services. In addition, the Girls' Task Force will assess and make recommendations regarding a model program for female youth committed to the custody of the Texas Youth Commission.

[2] Texas Youth Commission. (February 2008)

Substance Abuse Services

Service Summary Substance abuse services provided by DSHS centered around:

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

All school-aged children under the age of 18 years are eligible for prevention services. Children under the age of 18 years 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. Children under the age of 18 years receiving treatment services must meet the *DSM-IV* criteria for a diagnosis of substance abuse or dependency for treatment. Generally, financial eligibility is based on children in families with an adjusted income below 135 percent of the federal poverty guidelines, although additional income allowances and parameters may exist based on individual circumstances.

Substance Abuse Services: In fiscal year 2007, females represented 48 percent of all the youth receiving prevention/intervention services by all DSHS providers. Twenty-three percent of those receiving substance abuse treatment services from DSHS providers were females. Females comprised 32 percent of those receiving services from NorthSTAR the state's only local behavioral health authority (LBHA), which operates as a Medicaid Managed Care Program and serves Dallas and surrounding counties.

Additionally, females represented 80 percent of those served through pregnancy and post-partum intervention services (note that male siblings and fathers could also participate in this program). By definition, females comprised one hundred percent of the population served by the specialized female substance abuse treatment program by DSHS providers. A total of 23 percent of the dollars spent ($3,756,202) on substance abuse treatment were for females for DSHS providers, 100 percent ($17,002) for the DSHS Specialized Female Treatment Provider, and 25 percent ($621,578) for the females served by LBHA providers.

Teen Pregnancy: DSHS Intervention/Treatment Programs provided intervention for pregnant and post-partum adult and adolescent women at risk for substance abuse. The programs were 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 Post-Partum Intervention Programs offered on-site, female-focused, community-based, outreach, intervention, motivational counseling, case management, treatment referral, and support for at-risk women.

Conclusions DSHS, and legacy agency Texas Commission on Alcohol and Drug Abuse, have been aware of and concerned about gender discrepancies in service numbers and funding for youth for many years. The discrepancies are much greater in the area of treatment services than prevention/education programs. This relates in large part to the fact that much of DSHS's traditional referral base for adolescent services has been the juvenile justice system. Juvenile probation refers 82 percent of youth admitted to substance abuse treatment. Girls and adolescent females in DSHS services were 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.

All substance abuse prevention services utilize only evidenced-based curriculum. Work has been done to gain access to elementary, middle, and high schools across Texas. These services were well-incorporated in over 500 Texas school districts, and reached over 3,000 schools in fiscal year 2007. This provided more equal access and broadened the base of treatment referral resources.

Plan Since minimal discrepancies exist between genders in DSHS substance abuse prevention, the agency will continue practices that support equity, including outreach to schools and continuous quality improvement. To address the discrepancy in services for female youth in substance abuse treatment, the following is being done.

- Referrals: DSHS is actively looking at referral sources and who is targeted for youth substance abuse treatment services. The agency will be working with provider networks to emphasize referrals from new 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: DSHS substance abuse staff are integrating prevention and intervention efforts with Women, Infants and Children (WIC), community and family health and other programs focused on adult and adolescent women, which should improve outreach capacity and efficiency in delivering services to young women. Screening, Brief Intervention and Referral to Treatment (SBIRT), a new Substance Abuse Mental Health Service Association (SAMHSA) pilot project, 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.
- Texas Recovery Initiative (TRI) Project: DSHS is looking at ways to build upon the TRI Project recommendations to include youth services, which should further tailor mental health services to the unique needs of the individual youth, whether male or female. The TRI Project, begun in 2007, is focused on primary recovery support for adults.

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.

Typically, children in families with an adjusted income below 135 percent of the federal poverty guidelines are eligible for free services. Children in families with an adjusted income above 135 percent of the federal poverty guidelines are charged for services according to the department's sliding fee scale, although additional income allowances and parameters may exist based on individual circumstances.

Gender discrepancies for the services targeted for this report (i.e., teen pregnancy, physical and sexual abuse, alcohol and drug, runaway and homeless, gangs, etc.) involved with mental health services for youth are primarily related to the referral base. As most referrals to these programs were juvenile justice system related, there were discrepancies related to the disproportionate number of boys versus girls referred. Regardless of gender, clinically appropriate interventions were used for each child and adolescent in DSHS mental health services.

In looking at effectiveness, the co-occurring mental health and substance abuse 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. There was little discrepancy between females (68 percent) and males (64 percent) on the percent of improved functioning as indicated by the local mental health authorities (LMHAs). Additionally, the LBHA reported improved functioning for 92 percent of the females and 95 percent of the males served.

Other related outcomes include:

- Juvenile justice involvement: The LMHAs reported 49 percent of females with improved functioning as compared to 45 percent for males. The LBHA reported 91 percent of females and 93 percent of males improved their level of functioning.
- Self-harm: The LMHAs indicated a discrepancy in outcomes by gender, with 59 percent of females achieving "stable functioning," compared to a 75 percent rate for males. On the other hand, LMHAs reported 29 percent of females with "improved functioning," compared to 18 percent for males. There was an insignificant difference in functioning levels for females and males reported by the LBHA.

During fiscal year 2007, DSHS served 35,380 (22.8 percent) of the estimated priority population of children. The estimated priority population was based on a conservative rate aligned with national prevalence studies. Of the 27,032 children and youth served in LMHA services during fiscal year 2007, 7,560 (28 percent) had involvement with the juvenile justice system, either when they first entered the system or during the course of treatment. Also 2,563 (10 percent) of the total had a substance abuse diagnosis. Of these, there was an overlap of 2,145 (8 percent) children who had both juvenile justice involvement and a substance abuse diagnosis. Of the 27,032 total children and youth served in LMHAs, 18,047 (67 percent) were male and 8,985 (33 percent) were female. Fifty-six percent of these children were over age 13.

Of the 11,644 children and youth served in the NorthSTAR or LBHA network in fiscal year 2007, 1,847 were either involved in the juvenile justice system (858) or had a primary or secondary substance abuse diagnosis (989). There is substantial overlap between these two groups. Of the overall number served, more males (64 percent) were served than females (36 percent). As a result of the numbers served, the total expenditure for males was greater than for females. However, the average expenditures per person per year for services were nearly equitable between males and females.

Conclusions Gender discrepancies in the mental health services for youth outlined in S.B. 103 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 males versus females referred. Regardless of gender, clinically appropriate interventions are used for each child and adolescent in DSHS mental health services. 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 being implemented across the state may capture more females to improve the referral basis. The continued refinement of the Resiliency and Disease Management approach is projected to improve consumer and family engagement practices. DSHS will continue its outreach to schools and public health clinics for further integration of services of physical health, mental health, and substance abuse. The DSHS Quality Management unit will continue to track progress and the technical assistance unit will continue to offer female-specific youth curricula training such as *Seeking Safety* and *Trauma Informed Therapy*, based on SAMHSA recommended best practices.

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 2007, 19.5 percent of all clients served were females under the age of 18 years compared to 16.5 percent of males under age 18 years.

The Medicaid program serves eligible children and adults. In 2007, the number of females under 18 years of age accessing Medicaid benefits for pregnancy services was 7,746. This equated to 6.2 percent of the total number of women receiving pregnancy related Medicaid benefits as compared to seven percent four years ago.

Conclusions In the HHSC operated programs reviewed, funding follows need and eligibility without regard to age or gender. Where appropriate, the services were available to males and females, and no discrepancies were noted 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 Child Protective Services Division investigates 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.

Physical and Sexual Abuse Services: In fiscal year 2007, 37,022 females, 34,183 males and 139 individuals (gender not specified) were served through investigations as confirmed child abuse/neglect victims. As of August 31, 2007, there were 8,654 females (46.9 percent) in foster care and 9,804 males (53.1 percent) in foster care. In fiscal year 2007, there were 2,092 female and 2,066 male children placed in adoptive homes. Children in consummated adoptions included 2,028 females and 1,995 males. Effectiveness of these services is measured through CPS's quality assurance process, which is modeled on the federal Child and Family Service Review process.

Additionally, the agency provides programs related to service areas under S.B. 103, Section 20, through the Prevention and Early Intervention Division that includes: 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. These programs served a combined total of 47,407 participants under 18 years of age during fiscal year 2007. The percentage of females under the age of 18 served through CYD for fiscal year 2007 was 51.2 percent compared to 48.7 percent for males. For STAR programs, 43.9 percent served were females, slightly lower than males at 56 percent. In the Youth Resiliency program 60.7 percent of youth served were females under 18, compared to 39.2 percent males.

Runaway and Homeless Youth Services: 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. Hotline telephone counselors respond to about 40,000 calls annually. Gender identification data is not available for youth callers.

Conclusions Services provided by DFPS in 2007 equally served females and males under the age of 18 years. Funds for services were not allocated based on gender and expenditures for services to females and males for Prevention and Early Intervention services were equitable. In fiscal year 2007, expenditures for the Youth and Runaway Hotline totaled $220,500. There was no significant variance to the total expenditures of the other three combined prevention and early intervention programs for females under age 18 years ($13,908,641 as compared to males at $15,537,762).

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

S.B. 103, Section 20: Findings Regarding Services per Gender for Calendar Year 2007

Conclusions

In determining if services were equally provided to males and females, keep in mind that approximately 73 percent of the total referrals to probation in 2007 were male, 27 percent were female. Also, while departments may not actually provide a particular program or service to juveniles under their jurisdiction, most can and do refer juveniles to services that may be available in the community.

Teen Pregnancy Services

- Thirty-four (21 percent) of juvenile probation departments indicated that they offered teen pregnancy services.
- In 2007, almost half (47 percent) of the departments offering services reported both females and males received such a service. Fifty-three (53) percent of the departments reported only females received services through the program.
- Fifty-nine percent of the departments offering services provided services through non-residential programs. Twenty (20.5) percent provided services through one-time service programs and 20.5 percent provided services through residential programs.
- Forty-one percent of the departments offering services indicated that the components of the program were not equitable between females and males.
- Seventeen percent of the departments offering services said that there was a cost difference in the services provided to females and males.

Physical and Sexual Abuse Services

- Forty-seven (29 percent) of the juvenile probation departments indicated that they offered services for juvenile victims of physical and sexual abuse.
- In 2007, 68 percent of the departments offering services reported both females and males received such a service. Twenty-three percent reported only males were served by the program and 9 percent reported only females were served.
- Seventy-two percent of the departments offering services provided services through non-residential programs. Eleven percent provided services through one-time service programs and 17 percent provided services through residential programs.
- Twenty-six percent of the departments offering services indicated that the components of the program were not equitable between females and males.
- Two percent of the departments offering services indicated that there was a difference in the cost of the program for females and males.

Substance Abuse Services

- Seventy-eight percent (124) of juvenile probation departments indicated that they offered substance abuse services. This was the most prevalent service offered.
- In 2007, 97 percent of the departments offering services reported both females and males received such services. Two percent reported only males received services and 1 percent reported only females received services.

- Eighty-three percent of the departments offering services provided services through non-residential programs. Two percent provided services through one-time service programs and 15 percent provided services through residential programs.
- Less than four percent of the departments offering services indicated that the components of the program differed for females and males.
- Less than two percent of the departments offering services reported that there was a difference in the cost of the program for females and males.

Runaway and Homeless Youth Services

- Twenty-nine percent (46) of juvenile probation departments indicated that they offered services for runaway or homeless youth.
- In 2007, 87 percent of the departments offering services reported both females and males received services. Two percent reported only males received services and 11 percent of the departments reported only females received services.
- Sixty-seven percent of the departments offering services provided services through non-residential programs. Twenty-six percent provided services through one-time service programs and 7 percent provided services through residential programs.
- Only four percent of the departments offering services reported that the components of the program differed for females and males.
- Four percent of the departments offering services reported that there was a difference in the cost of the program for females and males.

Gang Services

- Sixteen percent (26) of juvenile probation departments indicated that they offered gang services. This was the least prevalent service offered.
- In 2007, 88 percent of the departments offering services reported both females and males received services. Twelve percent reported only males received services.
- Sixty-nine percent of the departments offering services provided services through non-residential programs. Twenty-three percent provided services through one-time service programs and 8 percent provided services through residential programs.
- Nineteen percent of the departments offering services reported that the components of the program differed for females and males.
- Only four percent of the departments offering services indicated that there was a difference in the cost of the program for females and males.

Parenting Services

- Thirty-five percent (56) of juvenile probation departments indicated that they offered parenting services.
- In 2007, 89 percent of the departments offering services reported both females and males received services. Seven percent reported only males received services and four percent of the departments reported only females received services.
- Seventy-seven percent of the departments offering services provided services through non-residential programs. Fourteen percent provided services through one-time service programs and nine percent provided services through residential programs.

- Fourteen percent of the departments offering services reported that the components of the program differed for females and males.
- Only two percent of the departments offering services indicated that there was a difference in the cost of the program for females and males.

Psychological Services

- Seventy-eight percent (124) of juvenile probation departments indicated that they offered psychological services.
- In 2007, 97 percent of the departments offering services reported both females and males received services. Two percent reported only males received services and one percent of the departments reported only females received services.
- Fifty-five percent of the departments offering services provided services through non-residential programs. Forty-three percent provided services through one-time service programs and two percent provided services through residential programs.
- Thirteen percent of the departments offering services reported that the components of the program differed for females and males.
- Two percent of the departments offering services indicated that there was a difference in the cost of the program for females and males.

S.B. 103: Service Information by Texas Juvenile Probation Departments for Calendar 2007

			Teen Pregnancy	Physical and Sexual Abuse	Substance Abuse	Runaway and Homeless Youth	Gang Involvement	Parenting	Psychological
Number of juvenile probation departments offering services or programs (either by department or contracted) (out of 160 total responses)			34	47	124	46	26	56	124
Who received services (number of departments)	Both females and males		16	32	120	40	23	50	120
	Females		18	4	1	5	0	2	1
	Males		0	11	3	1	3	4	3
Type of service (number of departments)	Residential		7	8	18	3	2	5	3
	Non-residential/one-time service		7	5	3	12	6	8	53
	Non-residential program		20	34	103	31	18	43	68
Number of juveniles receiving this service during 2007 (and percent of total)		Female	1,798 (32%)	1,294 (38%)	5,197 (27%)	1,305 (58%)	653 (19%)	1,923 (26%)	3,755 (28%)
		Male	3,842 (68%)	2,106 (62%)	13,801 (73%)	928 (42%)	2,791 (81%)	5,430 (74%)	9,464 (72%)
If available to both genders, are the components of the service/program the same for males and females?		Yes	17	33	118	43	21	48	105
		No	12	12	5	2	5	8	16
If available to both genders, are the costs of the service/program equitable between males and females?		Yes	25	44	121	43	25	55	119
		No	5	1	2	2	1	1	2

Note: The above information was collected from juvenile probation departments through the 2007 Resource Report.

TEXAS YOUTH COMMISSION

FISCAL YEAR 2007 TYC REPORT ON GENDER EQUITY: FACILITIES, SERVICES AND TREATMENT FOR FEMALES[1]

April 2008

Agency Mission Statement

The Texas Youth Commission, the state's juvenile corrections agency, promotes public safety by operating juvenile correctional facilities and by partnering with youth, families, and communities to provide a safe and secure environment where youth in the agency's care and custody receive individualized education, treatment, life skills and employment training and positive role models to facilitate successful community reintegration.

Introduction & Summary

TYC's "Vision & Framework for the 21st Century Texas Youth Commission"[2] sets the groundwork for agency improvements over the coming years. Regionalization, as set forth in the Framework, will place females closer to their homes, and decentralization of services for females will increase the capacity for providing specialized treatment services. In addition, the agency's newly appointed Girls' Task Force will assess and make recommendations regarding a model program for female youth committed to the custody of TYC.

This report to the Health and Human Services Commission (HHSC) is submitted in accordance with Texas Government Code Chapter 531.016 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. The report provides an overview of TYC's young female population, a description of the services and funding patterns, and a comparison of needs and service rates by gender. The youth included in this report were: (1) less than 18 years of age and (2) residents in a TYC secure institution during fiscal year 2007.

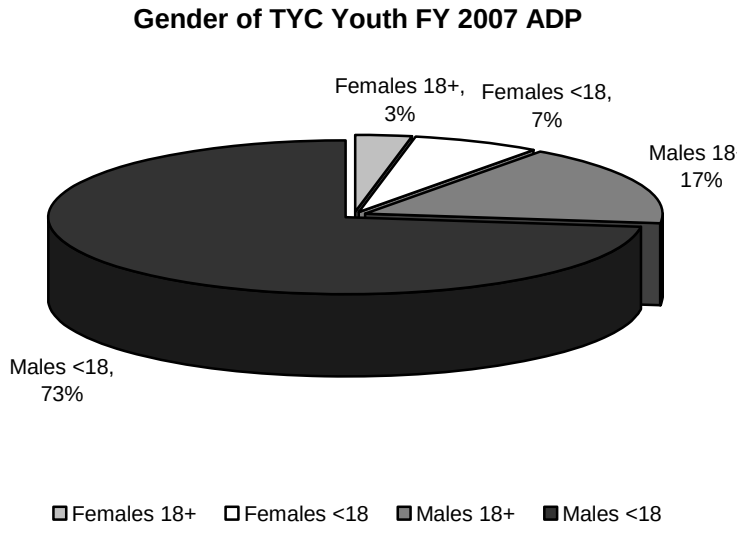
- Although females were a small proportion (10 percent) of the agency's average daily youth population, the agency served a total of 732 females under the age of 18 during fiscal year 2007. On average, 496 females were under TYC's custody or supervision each day.
- Females were classified as "Type B Violent" youth nearly twice as often as males[3].
- Females assessed with chemical dependency treatment needs were served nearly three times more often than their male counterparts.
- Females had a higher rate of need for mental health treatment and were served at higher rates.
- Females under age 18 represented 3 percent of all youth in aftercare; males in the same age group represented 30 percent.

[1] Unless otherwise specified, the term "females" in this report refers to females under the age of 18.
[2] Texas Youth Commission. (February 2008)
[3] 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.

- Significant differences were documented in the risk and needs of females compared to males. The most often occurring, and one of the most significant risk factors for females, was a history of running away from home. In addition, females were sexually abused at five times the rate of boys and reported physical abuse twice as often as boys. Females had significantly more reports of inadequate supervision, neglect, and abandonment.
- No significant differences were found between the gender groups for history of chronic poverty. Between 56 percent and 59 percent had histories of chronic poverty.

Population Overview

TYC provides a range of services from secure institutional to parole residential and community services. Youth between the ages of 10 and 17 can be committed to TYC for felony offenses including violation of felony probation. The 80th Texas Legislature, through Senate Bill 103, disallowed the commitment of youth for misdemeanor offenses and lowered the maximum age through which TYC may maintain supervision over a youth from age 21 to 19. Depending on the type of commitment and individual progress, youth may remain under the custody of the agency, in an institutional or parole setting, until age 19. This legislative change reduced the overall number of females in the TYC system, thus increasing the proportion of female youth who are under the age of 18 and reducing competition for services.



- The agency's average daily population (ADP) for all settings was 7,267 youth. On average, about 10 percent (727) were females under age 21 while 7 percent (496) were females under age 18.
- During fiscal year 2007, TYC served a total of 732 females who were under 18 years old.
- Females and males under age 18 were represented in their gender groups at similar rates: about 67 percent and 65 percent respectively.

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

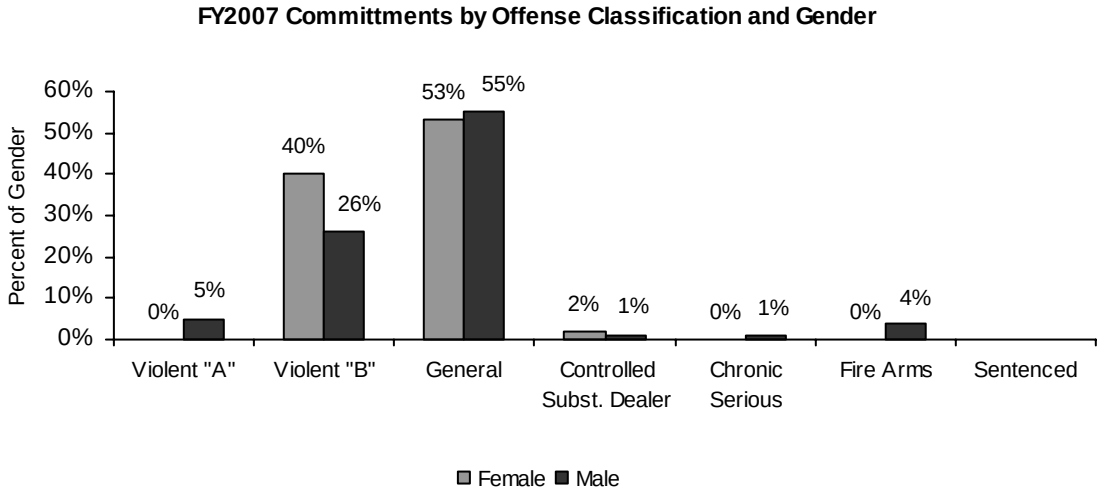
Average Daily Population by Gender & Setting – Fiscal Year 2007

	ADP Females		ADP Males		Percent of Overall ADP 18+	ADP All Youth
	ADP Females <18	Percent of Overall ADP	ADP Males <18	Percent of Overall ADP		
Orientation & Assessment	33	10%	305	88%	2%	345
Institutions[4]	286	9%	2,349	71%	20%	3,306
Parole[5]	134	5%	1,162	39%	56%	2,962
Halfway Houses Only	12	6%	132	61%	33%	217
Contracted Care	31	7%	267	61%	32%	438
Overall ADP	496	7%	4,215	58%	35%	7,267

Females under 18 years old represented 9 percent of the institutional ADP, 6 percent in halfway houses, and 7 percent in residential contracted care.

Offense Classifications

TYC's initial classification of youth was based primarily on the youth's offense history. The table below shows the distribution of new commitments during fiscal year 2007 by classification and gender.



- Females were classified as "Type B Violent" youth nearly twice as often as males.[6] .

[4] Excludes the institutional Orientation & Assessment Unit. Includes contracted institutional care.
[5] Excludes contracted residential parole and TYC operated halfway houses
[6] Some of the offenses in this category included manslaughter, kidnapping, aggravated kidnapping, injury to a child or elderly person, abandonment, endangering a child, unlawful restraint, and engaging in organized crime

Treatment Needs

Youth are prioritized for "Specialized Treatment" based on the level of risk and need. Risk and need were determined by criminogenic factors that are statistically related to a youth's likelihood to commit future crimes or participate in other delinquent behaviors. The table below shows the percent of males and females that had each factor. In addition, the table shows whether or not the difference between males and females was significant.

Risk Factors and Treatment Assignments of TYC Population by Gender – Fiscal Year 2007

	Percent of Females <18 (N=227)	Percent of Males <18 (N=2078)	Significant Difference?	Level of Significance*
Risk Factors				
History of Running away from Home	63%	36%	Yes	<.0001
History of Sexual Abuse	41%	8%	Yes	<.0001
History of Inadequate Supervision	32%	20%	Yes	<.0001
History of Emotional Abuse	30%	14%	Yes	<.0001
History of Physical Abuse	28%	15%	Yes	<.0001
History of Running away from Placement	19%	8%	Yes	<.0001
History of Abandonment	18%	9%	Yes	<.0001
History of Medical Neglect	8%	4%	Yes	0.0181
History of Neglect	15%	8%	Yes	0.0215
Identified Gang Member	36%	44%	Yes	0.0296
Family History of Chronic Poverty	56%	59%	No	NS
TYC Specialized Treatment Programs				
Chemical Dependency Treatment	27%	9%	Yes	<.0001
Sex Offender Treatment	0%	9%	Yes	<.0001
Mental Health Treatment	26%	17%	Yes	0.0006
Capital & Violent Offender Treatment	2%	2%	No	NS

* Chi square statistic.

- Significant differences between the gender groups were observed for 10 of the 11 risk factors. The most often occurring risk factor for females was a history of running away from home. Females were sexually abused at five times the rate of boys and reported physical abuse twice as often as boys. In addition, females had greater incidences of inadequate supervision, neglect, and abandonment.
- There was no significant difference between females and males under 18 in risk factors for family history of chronic poverty and need for capital and violent offender treatment services; 3 of 5 and 1 of 5 youths present evidence of this need and risk, respectively.
- Females were assessed with chemical dependency treatment needs three times more often than their male counterparts. Females also had a higher rate of need for mental health treatment.

TYC FACILITIES AND TREATMENT SETTINGS

TYC operates a 24-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: Throughout fiscal year 2007, all youth received orientation and assessment services at the Marlin Orientation and Assessment (O&A) Unit in central Texas. O&A was relocated to the McLennan County Juvenile Correctional Facility on September 1, 2007, as TYC transferred the Marlin facility to the Texas Department of Criminal Justice in accordance with the 80th Texas Legislature General Appropriations Act.[7] Orientation and assessment 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, existing databases, assessment and screening tools, and interviews with the youth. The agency's 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. Orientation and assessment processes are comparable for females and males.

Secure Institutions: Females were placed at one of three secure institutions. Ron Jackson State Juvenile Correctional Complex Unit II operated as the main campus for females. Corsicana Regional Treatment Center and Giddings State School provided services for youth with certain mental health diagnoses. Giddings operated a Capital & Serious Violent Offender Treatment Program for female youth. A facility in Victoria County provided institutional contract care for female youth who were mothers. All youth attend school and/or participate in vocational training programs on the secure campuses.

Community Transition Centers: TYC operates Willoughby House in Tarrant County to provide transitional residences and parole services for females.

Contract Residential Settings: The W.I.N.G.S. for Life program provides a minimum-security parenting-oriented program for pregnant females and females with children.

ADP and Estimated Expenditures by Residential Treatment Setting

Type of Setting	Facility or Program	ADP Females <18	ADP All Youth	Percent of ADP	Estimated Expenditure[8]
Orientation & Assessment	Marlin	33	345	10%	$360,000
TYC Institutions	Corsicana RTF	50	3,306	2%	$3.9 mil
	Giddings	33			
	Ron Jackson II	103			
Halfway House	Willoughby House	12	217	6%	$576,000
Contract Residential	Victoria[9]	15	438	6%	$1.2 mil
	Safe Alternatives (SAFY)	6			
	WINGS	7			
	Overall	496	7,267	7%	$1.6 mil

[7] General Appropriations Act, 80th Texas Legislature, R.S., 2007, page V-67

[8] 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.

[9] The contract program in Victoria County was also a secure institution. However, for budgeting purposes, the program was a contract residential program.

The expenditures presented above are estimates only. The agency's budget categories are different than its population categories. In addition, the fact that TYC served youth from ages 10 to 21 during fiscal year 2007 further complicates estimating expenditures specifically on females under the age of 18.

Nature, Extent, and Effectiveness of Services

During the majority of fiscal year 2007, the agency offered Basic Treatment, or a modified version as appropriate, through the Resocialization© program to all youth regardless of gender. As the agency began reform during fiscal year 2007, some of these programs may have been eliminated or changed. In general, modified versions of Resocialization© were offered on a case by case basis for youth who might not otherwise progress (e.g., youth with severe mental health diagnoses). In addition, youth who had a specific treatment need were placed in one of four specialized treatment programs: Sexual Behavior, Capital & Serious Violent Offender, Chemical Dependency, or Mental Health Treatment Programs.

Specialized Institutional Treatment Programs

Chemical Dependency Treatment Program (CDTP): CDTP programs were offered within secure institutions on dorms dedicated to that purpose. Females received specialized chemical dependency services at the Ron Jackson State Juvenile Correctional Complex and Giddings facilities. The ADP of females in specialized chemical dependency treatment was 31. The CDTP sought to address not only underlying emotional dynamics that fueled delinquent behaviors, but also addressed the youth's chemical dependency issues as they related to behaviors and their effects on family and other victims. Treatment occurred within the context of the Resocialization© program, meaning youth in chemical dependency treatment had to demonstrate specific competencies in all Resocialization© tasks. The youth were also required to demonstrate the ability to prevent relapse prior to being considered for release to a less restrictive setting.

The treatment program was designed to be completed in six to nine months, depending on the needs of the youth. Individual counseling was provided by a licensed chemical dependency counselor, approved counselor intern, or other qualified credentialed counselor (QCC). Group counseling sessions focused on self-esteem, personal responsibility for behaviors, family and victim issues, relationships, and chemical dependency education.

Mental Health Treatment Program: While most youth with mental health diagnoses participated in the agency's basic treatment program through TYC institutions, as long as appropriate support services were available, the Mental Health Treatment Program (MHTP) at Corsicana Residential Treatment Center provided services to females and males who had serious mental health diagnoses and required specialized care that was not available at most facilities. Services included intensive psychiatric monitoring, psychological consultation, specialized counseling and specially trained dorm staff. A very small group with major mental health diagnoses were treated in the Corsicana Stabilization Unit (CSU) or moved to a state psychiatric hospital for care. These were youth that, because of their diagnoses, might be in danger of hurting themselves or others and required the most intensive and restrictive of treatment settings.

A key element of care was stabilizing the signs and symptoms of the mental illness that makes participation in other programs difficult. Other aspects included 1) enhanced assessment and treatment for the signs and symptoms of the disorder through the use of medication, individual counseling, and other interventions and 2) modification of the dormitory environments and basic treatment expectations. The MHTP increased the availability of clinical services, provided smaller specialized caseloads, and increased individual psychological and casework interventions. Direct care staff received additional training in working with the special needs of this population to allow these to occur on a 24-hour a day basis. In fiscal year 2007, the ADP of females in the mental health treatment program was 51, or 16 percent of all females.

Capital & Serious Violent Offender Treatment Program[10]*:* Enrollment in the Capital & Serious Violent Offender (C&SVO) Treatment Program was mandatory for youth committed to TYC for capital and first degree felonies. Other violent felony youth are required to participate as beds are available. The program is offered at the Giddings State School. The CSVO program is an intensive, six-month residential program guided and monitored by trained staff, and generally provided for youth nearing the end of their minimum length of stay (MLOS). The aim for all youth is cognitive, emotional and social development. During the first half of fiscal year 2007, a limited number of beds were available for females. Although a few females did participate in the program, the ADP for females under 18 years was zero compared to 16 for males. The CSVO program for females was suspended in May 2007.

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

Specialized Residential Treatment Programs by Rate Served

	Female ADP <18	Percent with Priority 1 Need[11]	Percent of Female ADP Served	Male ADP <18	Percent of Male ADP with Need	Percent of Male ADP Served
Chemical Dependency	31	27%	**6%**	220	9%	**5%**
Mental Health	51	26%	**10%**	214	17%	**5%**
Capital & Serious Violent	0	2%	**0%**	16	2%	**<1%**
Sex Offender	0	0%	**0%**	111	9%	**3%**

- On average, 27 percent of females and 9 percent of males were assessed as in need of chemical dependency treatment programs while 6 percent and 5 percent, respectfully, were served. The agency increased the capacity for female chemical dependency treatment during fiscal year 2007 by four beds.
- Mental health treatment programs served females at higher rates than males.

[10] *Capital & Serious Violent Offender Treatment Program Manual. Texas Youth Commission.*
[11] Youth may have multiple needs. TYC prioritized needs for specialized treatment as Priority 1, 2 or 3.

Transition, Parole & Aftercare

Most youth who are released from an institutional environment to TYC parole supervision are placed in the agency's halfway houses or other transitional programs. One halfway house, Willoughby House, is dedicated to serving only females. On average, 12 females under age 18 were at Willoughby House in fiscal year 2007. Females under age 18 represented 3 percent of all youth in aftercare; males in same age group represented 30 percent.

It is also helpful to look at ADPs in specialized treatment programs in residential aftercare settings in fiscal year 2007. The information is presented below. Comprehensive data for youth participation in all specialized treatment programs, with residential and aftercare settings presented together, is in Appendix B.

Specialized Aftercare Residential Treatment Programs by Rate Served

	Female ADP <18	Percent of Female ADP Served	Male ADP <18	Percent of Male ADP Served
Mental Health	13	**3%**	107	**3%**
Chemical Dependency	10	**2%**	107	**3%**
Capital & Serious Violent	0	**--**	0	**--**
Sex Offender	0	**--**	12	**<1%**
Any Aftercare Residential Tmt.	22	**5%**	225	**5%**

- The low percentages of youth under 18 years old in specialized aftercare programs may reflect the fact that youth on parole tended to be an older population than those in institutions.

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 study were those released from institutions between June 1, 2005 and July 30, 2006 for the first year measures and between June 1, 2003 and July 30, 2004 for the three-year measure. There were 182 females and 1,631 males under 18 years in the one-year cohort, and 176 females and 1,546 males in the three-year cohort.

Overall Recidivism Rates by Gender – Fiscal Year 2007

Recidivism Measures	***Females <18***	***Males <18***
One-Year Re-arrest Rate for Violent Offense	2%	9%
One-Year Re-arrest Rate for Any Offense	29%	57%
One-Year Re-incarceration Rate	15%	25%
Three-Year Re-incarceration Rate	35%	49%

Females recidivated at lower rates than males for every measure.

Of the females in the one-year cohort, 72 received specialized services and 23 received basic services. In the three-year female cohort, 112 received specialized services and 36 received basic services. The table below shows mixed results with one-year re-arrest measures the same or higher for females in specialized treatment than for females in basic treatment. However, those who did not receive specialized treatment were twice as likely to be re-incarcerated after one year as females who did receive these specialized services. Reliable conclusions are difficult given the small sample sizes.

Recidivism Rates for Specialized Treatment Services: Females < 18

Recidivism Measures	***Specialized Treatment***	***Basic Treatment***
One-Year Re-arrest Rate for Violent Offense	4%	4%
One-Year Re-arrest Rate for Any Offense	40%	30%
One-Year Re-incarceration Rate	15%	30%
Three-Year Re-arrest Rate	60%	68%
Three-Year Re-incarceration Rate	32%	38%

- Females who received specialized treatment services were re-incarcerated at lower rates than those who received only basic services.

Another important outcome measure is attainment of a GED or high school diploma. Females attained this outcome at a slightly higher rate than males. Of the 226 females under the age of 18 released during fiscal year 2007, 106 (47 percent) received these certifications within 90 days of release. Of the 1,592 released males in the same age category, 685 (43 percent) received their GED or diploma.

Special Services for Females

TYC's medical provider tested all female commitments for pregnancy as part of the O&A medical evaluation. During fiscal year 2007, nine females were pregnant at the time of commitment. Pregnant females were assigned to Victoria Regional Juvenile Justice Center, a contract care provider, for secure institutional care. In July 2007, TYC terminated the contractual agreement and all females were transferred to the Ron State Juvenile Correctional Complex Unit.

Regardless of placement, TYC provided pre- and post-natal care to pregnant females through its medical providers and, as appropriate, community-based medical and family services. At Ron Jackson State Juvenile Correctional Complex, pregnant youth are provided Lamaze classes with nurse educators at the local Brownwood Regional Medical Center. Delivery occurs at a regional medical center. Youth's infants are referred to DFPS only when a responsible family member or guardian willing to care for the infant until the youth's release cannot be identified.

Since 2000, TYC has maintained a contract with Women in Need of Greater Strengths (W.I.N.G.S.), a residential program for females with a child or children three years of age or younger. Females received parenting skills and life skills for their return to their home communities (i.e., budgeting, nutrition, job search, apartment living). W.I.N.G.S. assists females to build confidence, develop healthy relationships, and apply problem-solving skills. The program's counselors also work with clients to address eating disorders, sexually transmitted diseases and other services. The program accommodated up to 12 females and their babies; the ADP for females under 18 years at W.I.N.G.S. was 7.

Females participate in education and vocational programs at a Unit at the Ron Jackson State Juvenile Correctional Complex. Vocational programs are offered in food services, horticulture, cable, and construction/cabinet-making. These programs provide females with opportunities to develop skills, build confidence, and pursue career opportunities.

Conclusion

Medical care, general treatment programs, and counseling were available and used by all residents, regardless of gender. TYC's formalized "specialized treatment programs" (i.e., substance abuse, violent offender, sex offender treatment), with the exception of mental health treatment, were generally less accessible to young females when compared to young males. Centralization of services and the nature of the programs (i.e., sex offender treatment), contribute to differences in accessibility. It must be noted that, although they participated at lower rates, females who participate in specialized treatment programs recidivated at lower rates than males. It also must be noted that the female-oriented environment at a unit of the Ron Jackson State Juvenile Correctional Complex is unique from the male-oriented environments at other secure institutions, offering specialized services on an individual and as needed basis.

TYC increased its capacity of female chemical dependency treatment beds during fiscal year 2007 by four beds. Chemical dependency treatment was available to females during the first half of the fiscal year at the Giddings State School (16 beds) and the unit (20 beds) of the Ron Jackson State Juvenile Correctional Complex. When all females were removed from Giddings mid-2007, 20 chemical dependency beds were added to the existing beds at Ron Jackson State Juvenile Correctional Complex for a current total of 40 chemical dependency beds.

Although females had higher rates of violent offenses, the agency's Capital & Serious Violent Offender program is offered only to males at the Giddings State School. The program was offered to females at the Giddings State School during the first half of fiscal year 2007; however, all female participants were over the age of 18. A unit of the Ron Jackson State Juvenile Correctional Complex does provide females with cognitive-behavioral treatment designed to increase appropriate problem-solving skills and these skills are emphasized in all aspects of the program.

The agency is implementing a risk based assessment and classification system that will assist case managers in developing individualized treatment and transition plans. The information gathered through this process will assist the agency in managing the levels and types of services that are available to female youth. Additionally, the agency has implemented the use of a screening tool for Post Traumatic Stress Syndrome. This tool will assist in identifying youth who require special services.

TYC's "Vision & Framework for the 21st Century Texas Youth Commission"[12] sets the groundwork for agency improvements over the coming years. Regionalization, as set forth in the Framework, will place females closer to their homes. In addition, decentralization of services for females will occur over the next two biennia and increase the capacity for providing specialized treatment services. In addition, the Girls' Task Force will assess and make recommendations regarding a model program for female youth committed to the custody of TYC.

[12] Texas Youth Commission. (February 2008)

Appendix A. ADP by Gender and Treatment Setting – Fiscal Year2007

Youth Younger than 18 Years of Age						
	Female ADP	***Percent of Total Female ADP***	***Male ADP***	***Percent of Total Male ADP***	***Total ADP***	***Percent ADP***
Orientation and Assessment	33.25	7%	302.15	7%	335.40	7%
TYC Institutions	285.51	58%	2348.82	56%	2634.33	56%
Halfway Houses	12.22	2%	132.04	3%	144.26	3%
Contract Services	30.76	6%	267.25	6%	298.01	6%
Parole	132.83	27%	1136.73	27%	1269.56	27%
Total All Settings	***494.57***	***100%***	***4186.99***	***100%***	***4681.56***	***100%***

Youth 18 Years of Age and Older						
	Female ADP	***Percent of Total Female ADP***	***Male ADP***	***Percent of Total Male ADP***	***Total ADP***	***Percent ADP***
Orientation and Assessment	0.41	0%	5.70	0%	6.11	0%
TYC Institutions	53.64	22%	617.95	27%	671.59	27%
Halfway Houses	6.80	3%	65.52	3%	72.32	3%
Contract Services	8.85	4%	130.69	6%	139.54	6%
Parole	172.97	71%	1463.55	64%	1636.52	65%
Total All Settings	***242.67***	***100%***	***2283.41***	***100%***	***2526.08***	***100%***

Youth of Any Age						
	Female ADP	***Percent of Total Female ADP***	***Male ADP***	***Percent of Total Male ADP***	***Total ADP***	***Percent ADP***
Orientation and Assessment	33.66	5%	307.85	5%	341.51	5%
TYC Institutions	339.15	46%	2966.77	46%	3305.92	46%
Halfway Houses	19.02	3%	197.56	3%	216.58	3%
Contract Services	39.61	5%	397.94	6%	437.55	6%
Parole	305.8	41%	2600.28	40%	2906.08	40%
Total All Settings	***737.24***	***100%***	***6470.40***	***100%***	***7207.64***	***100%***

Appendix B. ADP by Gender and Specialized Treatment Settings Fiscal Year 2007

	Female ADP	*Percent Female ADP*	*Male ADP*	*Percent Male ADP*	*Total ADP*	*Percent ADP*
Youth Younger than 18 Years of Age						
Total	***494.57***	***100%***	***4186.99***	***100%***	***4681.56***	***100%***
Mental Health, Residential	50.85	10.3%	214.01	5.1%	264.86	5.7%
Mental Health, Aftercare	12.54	2.5%	106.54	2.5%	119.08	2.5%
Chemical Dependency, Residential	31.17	6.3%	220.04	5.3%	251.21	5.4%
Chemical Dependency, Aftercare	9.61	1.9%	106.54	2.5%	116.15	2.5%
Capital Offender, Residential	0.00	0.0%	15.50	0.4%	15.50	0.3%
Capital Offender, Aftercare	0.00	0.0%	0.00	0.0%	0.00	0.0%
Sex Offender, Residential	0.00	0.0%	110.56	2.6%	110.56	2.4%
Sex Offender, Aftercare	0.00	0.0%	12.09	0.3%	12.09	0.3%
Mental Retardation, Residential	0.00	0.0%	1.13	0.0%	1.13	0.4%
Any Specialized Residential Treatment	82.02	16.6%	561.24	13.4%	643.26	13.7%
Any Specialized Aftercare Treatment	22.15	4.5%	225.17	5.4%	247.32	5.3%
Youth 18 Years of Age and Older						
Total	***242.67***	***100%***	***2526.08***	***100%***	***2768.75***	***100%***
Mental Health, Residential	11.21	4.6%	44.76	1.8%	55.97	2.0%
Mental Health, Aftercare	5.60	2.3%	26.62	1.1%	32.22	1.2%
Chemical Dependency, Residential	3.42	1.4%	31.42	1.2%	34.84	1.3%
Chemical Dependency, Aftercare	9.94	4.1%	83.95	3.3%	93.89	3.4%
Capital Offender, Residential	0.00	0.0%	18.39	0.7%	18.39	0.7%
Capital Offender, Aftercare	0.00	0.0%	0.00	0.0%	0.00	0.0%
Sex Offender, Residential	0.00	0.0%	17.04	0.7%	17.04	0.6%
Sex Offender, Aftercare	0.00	0.0%	12.45	0.5%	12.45	0.4%
Mental Retardation, Residential	0.00	0.0%	1.56	0.1%	1.56	0.1%
Any Specialized Treatment, Residential	14.63	6.0%	113.17	4.5%	127.80	4.6%
Any Specialized Treatment, Aftercare	15.54	6.4%	123.02	4.9%	138.56	5.0%
Youth of Any Age						
Total	***737.24***	***100%***	***6713.07***	***100%***	***7450.31***	***100%***
Mental Health, Residential	62.06	8.4%	258.77	3.9%	320.83	4.3%
Mental Health, Aftercare	18.14	2.5%	133.16	2.0%	151.30	2.0%
Chemical Dependency, Residential	34.59	4.7%	251.46	3.7%	286.05	3.8%
Chemical Dependency, Aftercare	19.55	2.7%	190.49	2.8%	210.04	2.8%
Capital Offender, Residential	0.00	0.0%	33.89	0.5%	33.89	0.5%
Capital Offender, Aftercare	0.00	0.0%	0.00	0.0%	0.00	0.0%
Sex Offender, Residential	0.00	0.0%	127.60	1.9%	127.60	1.7%
Sex Offender, Aftercare	0.00	0.0%	24.54	0.4%	24.54	0.3%
Mental Retardation, Residential	0.00	0.0%	2.69	0.0%	2.69	0.0%
Any Specialized Treatment, Residential	96.65	13.1%	674.41	10.0%	771.06	10.3%
Any Specialized Treatment, Aftercare	37.69	5.1%	348.19	5.2%	385.88	5.2%

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 2007 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 of the use of alcohol, tobacco and other drugs by youth, support resilience, foster recovery, promote treatment, and prevent relapse. Prevention principles and strategies foster the development of social and physical environments that facilitate healthy, drug-free lifestyles. Prevention strategies target universal, selective and indicated populations within the 0-17 age group and include parents or guardians.

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.

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).

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.

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.

1. ***Youth Outpatient*:** services for youth under 18 who are substance dependent or substance abusing, offered in a clinic or other nonresidential setting.
2. ***Youth Residential*:** services for youth under 18 who are substance dependent or substance abusing, offered in a licensed residential setting.
3. ***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

1. ***Prevention:*** All school-aged children under the age of 18 are eligible.
2. ***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.
3. ***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:

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

1. 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.
2. 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.
3. If a child or adolescent program determines that both conditions above are met, the adolescent's income may be used to determine financial eligibility.

4. 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.
5. 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 2006 *Texas School Survey* responses using the above criteria (the most recent data available), it was determined that 9 percent of respondents met the above criteria. This figure was then applied to the 2007 population estimate of 2,111,544 Texas children between the ages of 12 and 17, resulting in an estimate of 192,266 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 is estimated at 79,393 (49,895 male and 29,498 female). 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	49,895	62.8%
Female	29,498	37.2%
Total	79,393	100%

III. Descriptions of Youth Served by Substance Abuse Services

A. Children Served by DSHS Contracted Substance Abuse Service Providers

Of the 28,472 youth served by DSHS in fiscal year 2007, 6,788 were involved in the juvenile justice system and 6,955 youth had a substance abuse diagnosis (primary or secondary diagnosis). There is substantial overlap between these two groups: 5,658 of the 6,955 youth with substance abuse diagnoses were also involved with the juvenile justice system (81 percent). For the youth receiving any substance abuse service, more males (75 percent) were served than were females (25 percent). This treatment distribution aligns with the need: the percentage of boys with an identified substance use or abuse is 2.7 times greater than girls. 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)

Of the 11,644 children and youth served by DSHS in the LBHA network in fiscal year 2007, 1,847 were either involved in the juvenile justice system (858) or had a primary or secondary substance abuse diagnosis (989). 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 (64 percent) were served than were females (36 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 & 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.

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.

*Texas has one LBHA, the North Texas Behavioral Health Authority (NTBHA), which services Dallas and surrounding counties.

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	69 days	48 days
Intensive Residential Specialized Female	n/a	22 days
Outpatient	75 days	77 days
Outpatient Specialized Female	n/a	117 days
Supportive Residential	30 days	30 days

Length of Stay in Substance Abuse Services for LBHA/NorthSTAR

Service	Male LOS	Female LOS
Intensive Residential	32 days	32 days
Outpatient	55 days	55 days

For those served by DSHS Contracted Substance Abuse Treatment Providers, boys spend more days on average in Intensive Residential programs than do girls. 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

FY2007	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

FY2007	Males Served	Percent Males	Females Served	Percent Females	Total Served
DSHS Providers	5,332	77 %	1,623	23 %	6,955
LBHA Providers	709	68 %	340	32 %	1,049

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

FY2007	Males Served	Percent Males	Females Served	Percent Females	Total Served
All DSHS Providers	186*	20%	759	80%	945
DSHS Specialized Female Treatment Providers	0	0%	28	100%	28

* 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

FY2007	Dollars Spent on Males	Percent Males	Dollars Spent on Females	Percent Females	Total Spent
DSHS Providers	$12,548,337	77%	$3,756,202	23%	$16,304,539
DSHS Specialized Female Treatment Providers	$0	0%	$17,002	100%	$17,002
LBHA Providers	$466,788	75%	$154,790	25%	$621,578

The significantly higher concentration of need for substance abuse treatment in males in Texas than females is also a contributing factor (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.

Intensive training for providers including tape recording reviews for fidelity is rolling out across the state through fiscal year 2008.

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. This means that the average of the following must equal or exceed 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.

B. Substance Abuse Prevention

Substance abuse prevention services are currently 100 percent evidence-based curriculum. Work has been done to gain access to elementary, middle, and high schools across Texas. These services are now well incorporated in over 500 Texas school districts, reaching over 3,000 schools in fiscal year 2007.

Post-Treatment Outcome Data

Percent of youth, by gender, who completed treatment		
FY2007	**Male**	**Female**
DSHS Providers	44%	61%
LBHA Providers	n/a*	n/a*

Percent of youth, by gender, who report abstinence at follow-up		
FY2007	**Male**	**Female**
DSHS Providers	61%	50%
LBHA Providers	n/a*	n/a*

* Available data was not complete.

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
2007	3,176	82%	681	18%

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

In fiscal year 2002, DSHS (then TCADA) entered into a Memorandum of Understanding (MOU) with the Texas Department of Family and Protective Services (DFPS) (then DPRS). The MOU includes priority admission to treatment for youth in state conservatorship. This priority admission status has increased the numbers of DFPS children and adolescents referred to treatment. As this population is at very high risk for juvenile justice involvement, the court referred admissions grew from 6 percent in fiscal year 2002 to 11 percent for fiscal year 2007. This increase widens the gender gap as boys are more likely to be identified by the juvenile justice system than girls, and once identified, more likely to be ordered into substance abuse services.

IX. Plan to Address Discrepancy in Services for Female Youth

A. Substance Abuse Treatment

1. Referrals
   DSHS is actively looking at referral sources and who is targeted for youth substance abuse treatment services. The agency will be working with provider networks to emphasize referrals from new sources.

2. 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.
3. Integration
   In addition, DSHS substance abuse staff are 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. Screening, Brief Intervention and Referral to Treatment (SBIRT), a new SAMHSA pilot project, 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.
4. Texas Recovery Initiative (TRI) Project
   DSHS is looking at ways to build upon the TRI Project recommendations to include youth services, which should further tailor mental health services to the unique needs of the individual youth, whether male or female.

   The TRI Project, begun in 2007, brought together a diverse group of stakeholders and has focused on primary recovery support for adults. The purpose of the multi-phase Texas Recovery Initiative is to gather information and recommendations for designing protocols that implement holistic, recovery-oriented models of care for use within the behavioral health community. An essential characteristic of a recovery-oriented model is that it be based on an individualized, multi-disciplinary recovery plan that is developed in partnership with the person receiving these services and any others he or she identifies as supportive of this process.

B. Substance Abuse Prevention Plan

Since minimal discrepancies between genders exist 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 Decision Support Unit has recently tracked the numbers of females served in DSHS-funded substance abuse treatment programs. The number of females (all ages) receiving substance abuse treatment in fiscal year 2007 has increased 13 percent over the previous fiscal year.

Mental Health Services

I. Definitions of Mental Health Services Offered

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 mediation 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.

Case Coordination:

Routine Case Management – Activities to assist a client and their 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 their 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.

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.

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.

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.

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. 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:

1. Children in families with an adjusted income below 135 percent of the federal poverty guidelines are eligible for free services.
2. Children in families with an adjusted income above 135 percent of the federal poverty guidelines shall be charged for services according to the department's sliding fee scale.
3. 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.
4. If a child or adolescent program determines that both conditions above are met, the adolescent's income may be used to determine financial eligibility.
5. A person who has access to another public or private funding source that fully pays for mental health services for the individual's diagnosis is not eligible for DSHS-funded services.
6. For youth whose families cannot meet insurance deductibles, DSHS pays for services until the deductible is met.

III. Determination of Need for Youth Mental Health Services

National prevalence studies indicate that 5 percent of all children have a serious emotional, behavioral or mental disorder. DSHS uses a conservative 2.5 percent rate to estimate the number of children needing publicly funded mental health care. In fiscal year 2007, 159,118 children were estimated to be in the DSHS priority population in need of mental health services. During fiscal year 2007, DSHS served 35,380 (22.8 percent) of the estimated priority population for 2007.

IV. 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 2007, DSHS served 27,032 children through LMHAs; 7,325 through NorthSTAR; and 2,009 in state hospitals. The overall number of children served is smaller than the sum of those served in all locations, as children are often served in more than one location.

A. Children served through LMHAs

Of the 27,032 children and youth served in mental health services during fiscal year 2007, 7,560 (28 percent) had involvement with the juvenile justice system, either when they first entered our system or during the course of treatment. Also, 2,563 (10 percent) of the total had a substance abuse diagnosis. Of these, there was an overlap of 2,145 (8 percent) children who had both juvenile justice involvement and a substance abuse diagnosis. Of the 27,032 total children and youth, 18,047 (67 percent) were male and 8,985 (33 percent) female. Further, 15,209 (56 percent) were over age 13.

B. Children Served in NorthSTAR*

Of the 11,644 children and youth served in mental health services in fiscal year 2007, 1,847 were either involved in the juvenile justice system (858) or had a primary or secondary substance abuse diagnosis (989). There is substantial overlap between these two groups. Of the overall served number, more males (64 percent) were served than were females (36 percent). Of the overall served group, 40 percent were between the ages of 13 and 17, and 60 percent were age 12 or under.

*NorthSTAR is an integrated managed care program serving Dallas and surrounding counties.

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

Number of Days from Assessment until Discharge

FY2007	Male LOS	Female LOS
LMHAs	161 days	152 days
LBHA	195 days	199 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 involved with juvenile justice or those with a co-occurring substance abuse diagnosis.

VI. 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 (FY2007)	Number of Males Receiving Services	Percentage of Males Receiving Services	Number of Females Receiving Service	Percentage of Females Receiving Services
Medication Services	2,869	57%	889	49%
Case Coordination	4,258	85%	1,458	80%
Counseling	772	15%	493	27%
Rehabilitative Services	3,584	71%	1,036	57%
Assessment	3,989	80%	1,462	80%
Crisis Services	498	10%	236	13%

It is not unexpected that a greater percentage of males receive services such as medication services, case coordination and rehabilitation services, which is appropriate treatment 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 2007, the largest segment of DSHS youth in mental health services are males being treated for ADHD/ADD, which again 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.

VII. Dollars Spent on Mental Health Services by Gender

Dollars Spent on Mental Health Services by Gender

FY2007	Males	Females
Total Dollars Spent/ LMHA	$ 39,813,441	$ 18,639,421
Total Dollars Spent/ LBHA	$7,894,752	$4,621,053
Average Dollars per person per Year/ LMHA	$ 2,099	$ 1,962
Average Dollars per person per Year/ LBHA	$1,088	$1,155

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.

1. ***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.
2. ***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.
3. ***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.
4. ***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.
5. ***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.
6. ***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 (FY2007)	Served By	Percent Males with Stable Functioning	Percent Males with Improved Functioning	Percent Females with Stable Functioning	Percent Females with Improved Functioning
Self-Harm	LMHAs	75%	18%	59%	29%
	LBHA	6%	87%	9%	84%
School Behavior	LMHAs	33%	57%	29%	65%
	LBHA	25%	60%	19%	64%
Co-occurring Substance Use	LMHAs	28%	64%	27%	68%
	LBHA	na*	95%	na*	92%
Juvenile Justice Involvement	LMHAs	42%	45%	41%	49%
	LBHA	na*	93%	na*	91%
Problem Severity	LMHAs	48%	38%	42%	42%
	LBHA	44%	38%	53%	34%
Level of Functioning	LMHAs	42%	37%	39%	39%
	LBHA	44%	40%	46%	37%

* available data was not complete

Maintaining Stability

For a number of measures, outcomes are comparable between boys and girls such as School Behavior, Co-occurring Substance Use, Juvenile Justice Involvement, Problem Severity and Level of Functioning. However, there is a discrepancy in the Self-Harm stability outcome measure. As noted earlier in this report and in accordance with findings from the Centers for Disease Control and Prevention, girls are more likely to carry a diagnosis of major depression and are more likely to attempt suicide than males.

This discrepancy will be addressed with the focus of DSHS to increase the delivery of cognitive behavioral therapy counseling for youth, which is the preferred treatment for major depression and which should positively affect the self-harm outcome for girls. "Trauma Informed Treatment," a recognized treatment approach for women, is also being explored for its application to youth services.

Improved Functioning
Across the board for the LMHAs, girls who receive mental health services have better outcomes in improved function in all of the outcome measures. In the area served by the LBHA there is one measure of improvement in which boys exceed girls by a slight margin, the Self-Harm measure.

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 2007	Number of Males Served	Percentage of Males Served	Number of Females Served	Percentage of Females Served	Total Number Served
LMHAs	1472	76%	459	24%	1931
LBHA (NorthSTAR)	na*	na*	na*	na*	na*

* available data was not complete

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

A. **Referrals**
The Crisis Services Redesign initiative being implemented across the state may capture more girls. The Mobile Crisis Outreach Team for example, which is up and running in every LMHA/ LBHA region, puts staff in a position to identify more girls and to assure a smooth and timely transition into services.

B. **Engagement**

1. 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 intention is to provide the right service to the right person in the right amount to have best outcomes with the resources available. DSHS data has not yet shown the full extent of the results of this implementation; future data will hopefully show better outcomes for all children and adolescents based on this RDM approach.

   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. When RDM was implemented, specific youth packages were created with Cognitive Behavioral Therapy (CBT) as its central treatment modality. 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 is currently piloting 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. Over 400 therapists have been trained in CBT techniques and fidelity using these methods.

   Other CBT Resources developed since 2004:

   a) CBT Resource website available to clinicians on the legacy MHMR website (supervisor, therapist, and patient resources)
   b) CBT Lending Library available for clinicians on the legacy MHMR website
   c) Online discussion group for Texas therapists who use CBT
   d) CBT expert training to be procured and delivered this summer at the DSHS Training Institute

2. DSHS is looking at ways to incorporate principles of *Trauma-informed Treatment* and *Seeking Safety* curricula across mental health services. This is of particular value to the female population who are more likely than boys to have experienced physical or sexual abuse.

C. Integration

DSHS will continue its outreach to schools. 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 the National Association of Mental Illness and Advocacy, Inc.

An initiative stemming from the Frew vs. DSHS lawsuit involving medical, behavioral and dental care for children with Medicaid, will involve greater integration between public health clinics, mental health and substance abuse. Licensed Practitioners of the Healing Arts (LPHAs) will be placed in public health clinics to offer screening of all children and adolescents for early signs of mental illness or substance use or abuse. These clinics, like schools, are again a gender neutral referral source as opposed to the juvenile justice system, which is predominantly male.

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

As the effects of the RDM implementation continue, DSHS will monitor its effects on mental health outcomes for youth of both genders.

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 are short of projected targets. DSHS will continue to evaluate and promulgate best practices for girls' mental health intervention and treatment. The DSHS Training and Technical Assistance Unit will continue to offer youth female-specific curricula training such as *Seeking Safety* and *Trauma Informed Therapy*, based on SAMHSA recommended best practices.

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 2007, 19.5 percent of all clients served were females under the age of 18 compared to 16.53 percent of males under age 18. 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 2007, the number of women under 18 years of age accessing Medicaid benefits for pregnancy services was 7,746. This equates to 6.2 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

Costs – All Funds

Fiscal Year	Total Pregnant Women	Total Pregnant Women Under 18 Yrs. of Age (6.2%)
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

Costs - State Funds

Fiscal Year	Total Pregnant Women	Total Pregnant Women Under 18 Yrs. of Age (6.2%)
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

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 2007.

This report is in response to S.B. 103, Section 20 of the 80th Texas Legislature. 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, three 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.

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 47,407 participants under 18 years of age during fiscal year 07. 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, 86.5 percent of clients who completed follow-up forms reported positive outcomes in 2007. For the CYD program, of the youth served in 2007 and eligible to be referred to juvenile probation, 98.4 percent were not referred to Juvenile Probation. The YR program did not have a LBB outcome measure in 2007.

PEI Numbers Served in Juvenile Delinquency Prevention Programs in Fiscal Year 2007

Program	Total Number Served	Total Number Served Under 18 Years of Age	Total Number of Females Under 18 Years of Age Served	% of Females Served	Total Number of Males Under 18 Years of Age Served	% of Males Served
CYD	12,319	12,142*	6,219	51.22%	5,920	48.76%
STAR	32,085	32,026	14,086	43.98%	17,940	56.02%
YR	3,338	3,239	1,967	60.73%	1,272	39.27%
Totals	47,742	47,407	22,272		25,132	

** The CYD program served 3 youth whose gender was not identified.*

PEI Expenditures for Juvenile Delinquency Prevention Programs in Fiscal Year 2007

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	$6,499,935	$6,406,544	$3,329,196	$3,169,133
STAR	$20,044,683	$20,007,823	$8,816,255	$11,228,427
YR	$2,903,390	$2,817,280	$1,763,189	$1,140,201
Totals	$29,448,009	$29,231,648	$13,908,641	$15,537,762

***Expenditures are current as of January 23, 2008. 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 2007

Age Group	Total	Percentage
Adult	24,884	70%
Youth	10,664	30%
Total	35,548	

Gender	Total	Percentage
Female	26,306	74%
Male	9,242	26%
Total	35,548	

A breakdown of youth callers by gender is not available.

In fiscal year 2007, expenditures for the Youth and Runaway Hotline totaled $220,500.

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 2007, 37,022 females, 34,183 males and 139 individuals of an unknown gender were served through investigations as confirmed child abuse/neglect victims.

As of August 31, 2007, there were 8,654 females (46.9 percent) in foster care and 9,804 males (53.1 percent) in foster care.

In fiscal year 2007, there were 2,092 female and 2,066 male children placed in adoptive homes. Children in consummated adoptions included 2,028 females and 1,995 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 Texas Legislature, Regular Session, 2001, services provided by the Texas Department of Family and Protective Services in 2007, as described above, equally served females 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.