

**Dallas County
Community Plan
for
Criminal Justice
FY 2002**

Prepared for submission to the Criminal Justice Division
of the Governor's Office, through the
North Central Texas Council of Governments
for the FY 2002 program year.

Compiled by the
Dallas County Criminal Justice Community Planning Committee
with assistance from the office of
Dallas County Commissioner Mike Cantrell

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TABLE OF CONTENTS

I. INTRODUCTION..... 3

II. FY 2002 PLANNING PROCESS..... 5

III. ORGANIZATION OF PLAN 7

IV. ACKNOWLEDGEMENTS 9

V. FY 2002 PLAN PARTICIPANTS..... 11

VI. DALLAS COUNTY POPULATION TABLE 15

VII. SUBCOMMITTEE REPORTS (with participant and resource lists)..... 17

A. CHILD ABUSE..... 17

 STATEMENT OF NEED..... 17

 PRIORITY PROBLEMS..... 20

 CURRENT RESOURCES AND COORDINATION 25

 INCREASED COORDINATION OF RESOURCES 29

 PRIORITY GAPS 29

 SUBCOMMITTEE MEMBERS..... 33

B. CHILDREN LIVING IN MULTIPLE RISK ENVIRONMENTS 35

 STATEMENT OF NEED..... 35

 PRIORITY PROBLEMS..... 35

 CURRENT RESOURCES AND COORDINATION 40

 INCREASED COORDINATION OF RESOURCES 44

 PRIORITY GAPS 45

 SUBCOMMITTEE MEMBERS..... 48

C. DOMESTIC VIOLENCE 51

 STATEMENT OF NEED..... 51

 PRIORITY PROBLEMS..... 52

 CURRENT RESOURCES AND COORDINATION 55

 INCREASED COORDINATION OF RESOURCES 56

 PRIORITY GAPS 56

 SUBCOMMITTEE MEMBERS..... 59

D. JUVENILE CRIME..... 61

 STATEMENT OF NEED..... 61

 PRIORITY PROBLEMS..... 61

 CURRENT RESOURCES AND COORDINATION 66

 INCREASED COORDINATION OF RESOURCES 69

 PRIORITY GAPS 70

 SUBCOMMITTEE MEMBERS..... 73

E. LAW ENFORCEMENT..... 75

 STATEMENT OF NEED..... 75

 PRIORITY PROBLEMS..... 75

 CURRENT RESOURCES AND COORDINATION 75

 INCREASED COORDINATION OF RESOURCES 80

 PRIORITY GAPS 81

 SUBCOMMITTEE MEMBERS..... 82

F.	MENTAL HEALTH.....	83
	STATEMENT OF NEED.....	83
	PRIORITY PROBLEMS.....	84
	CURRENT RESOURCES AND COORDINATION	86
	INCREASED COORDINATION OF RESOURCES	88
	PRIORITY GAPS	89
	SUBCOMMITTEE MEMBERS.....	90
G.	MENTAL RETARDATION.....	91
	STATEMENT OF NEED.....	91
	PRIORITY PROBLEMS.....	91
	CURRENT RESOURCES AND COORDINATION	93
	INCREASED COORDINATION OF RESOURCES	94
	PRIORITY GAPS	94
	SUBCOMMITTEE MEMBERS.....	95
H.	SUBSTANCE ABUSE.....	99
	STATEMENT OF NEED.....	99
	PRIORITY PROBLEMS.....	103
	CURRENT RESOURCES AND COORDINATION	107
	INCREASED COORDINATION OF RESOURCES	108
	PRIORITY GAPS	109
	SUBCOMMITTEE MEMBERS.....	112
I.	VICTIMS OF CRIME.....	117
	STATEMENT OF NEED.....	117
	PRIORITY PROBLEMS.....	117
	CURRENT RESOURCES AND COORDINATION	119
	INCREASED COORDINATION OF RESOURCES	121
	PRIORITY GAPS	121
	SUBCOMMITTEE MEMBERS.....	122

I. INTRODUCTION

This FY 2002 Dallas County Community Plan has been prepared in response to the CJD's requirement that communities come together to identify community needs and develop a plan to meet these needs. The purpose of this plan is to create a coordinated approach to local problems and to concentrate resources on the issues identified by the planning group as priority problems. The result is a plan developed by a broad spectrum of community professionals and concerned citizens that recommends programs effective in addressing identified problems, that attempts to avoid local duplication of effort, and that influences CJD funding allocations.

The plan has been prepared by many community participants, under the leadership of Dallas County Commissioner Mike Cantrell, in an organized planning effort that has grown in participation and depth of representation each year since the initial planning process in 1996. Dallas County has been fortunate to have the participation of a dynamic and diverse body of public, private, and non-profit entities, as well as concerned citizens, who have readily and enthusiastically participated in the development of this plan each year.

The planning group is composed of representation from the areas of education, health, mental health, drug and alcohol abuse, juvenile justice, law enforcement, criminal justice, child welfare, victim's services, children's services, family services, the courts, public agencies, non-profit organizations, government, the private sector, community associations, and concerned citizens. The participating agencies provide a broad range of services throughout Dallas County and a few offer help beyond the boundaries of the County. The scope of this plan, however, is generally focused on Dallas County. A complete list of participants is included in this document.

As Dallas County's planning process has evolved and been refined over the past years, the planning effort itself has become more than simply a means to identify community needs for a criminal justice plan. It generated collaborative efforts and partnerships among participants that are being used to address other community and agency issues, to create new initiatives, and to develop solutions to problems not described in this plan. Partnerships and task forces have been formed that now meet regularly to share ideas and search for innovative solutions. Other collaborations have been formed and disbanded after effectively addressing a shared problem.

Members of the planning body's expertise and input have enabled the group as a whole to better identify problems and to search for solutions among disciplines. For example, the group has looked to address abuse as both a family problem and a law enforcement problem, understanding that chaotic homes have an impact on the criminal justice system, as well as many other disciplines including social

services, health, substance abuse, and mental health delivery systems. The outcome of this improved ability to characterize needs, however, has been to create more, not less, demand on local resources, and has further strained an already over-burdened system.

It is anticipated, however, that this planning process and the enhanced ability to recognize needs will lead to the development of programs and resources that will improve the system, provide optimal services, and contribute to productive and satisfying lives for the individuals, children and families touched by these resources.

II. FY 2002 PLANNING PROCESS

In 1998, the Dallas County planning group implemented a subcommittee approach to address the large number of agencies and organizations participating in the Plan. This process was implemented to assure that the voice of all those involved had the opportunity to be heard, and that the true “experts”, those grappling daily with the issues described herein, would provide the primary input into the plan. The subcommittee approach proved successful and was continued in subsequent years with even greater success.

Planning for the FY 2002 plan began early to assure adequate time for a comprehensive planning process. At the first meeting, which invited participation from the entire planning body, nine subcommittees were formed. These subcommittees evolved from defined Critical Problem Areas previously identified in prior year plans. The FY 2002 subcommittees are:

1. Child Abuse
2. Children Living in Multiple Risk Environments
3. Domestic Violence
4. Juvenile Crime
5. Law Enforcement
6. Mental Health
7. Mental Retardation
8. Substance Abuse
9. Victims of Crime

Planning board members chose the subcommittee(s) on which they wished to serve, selected a chairperson, and set a schedule for regular meetings. Each subcommittee met on its own schedule to identify needs, to develop a list of priority problems, to identify resources available in the community, to develop a list of gaps in services and resources, and to recommend the types of programs and services that should be provided in the community. The number of times a subcommittee met varied; however, most met three or four times over a two to three month period.

The Executive Committee, composed of the chairpersons from each of the nine subcommittees, also met with Commissioner Cantrell to present each group’s draft report. Final subcommittee reports in a standardized format were then submitted to Commissioner Cantrell’s office for inclusion in the Plan.

This year for the first time the Dallas County Community Plan was placed online on the county’s web site and can be viewed and/or downloaded (as a Word document) at:

<http://www.dallascounty.org/dco/html/commissioners/mcant.html>

This innovation allows easy access to the document for the broad spectrum of participants and other interested individuals who use the information contained within the plan. It also saved the costly and time-consuming process of printing multiple copies of the plan for all users.

III. ORGANIZATION OF PLAN

The Dallas County Community Plan is divided into subject reports presented by the nine subcommittees. Each report includes:

1. A statement of need.
2. A discussion of priority problems consistent with the need statement.
3. A discussion of current community resources and how they currently work together.
4. A discussion suggesting how current resources can work together better without the addition of new funding.
5. A list of priority gaps in service that, if filled, will begin to address the needs identified in the plan.
6. A list of current community resources and subcommittee members.

Each of the participants in the planning group represents a resource targeted toward the problems identified in this plan, and many represented agencies are a resource in more than one area. Each of the represented organizations interacts with others within the planning body itself as well as with other agencies and organizations in the community. These varied organizations attempt to provide a full range of services to adult and juvenile offenders, to victims and to victimizers, to families, to children, to the mentally ill and the mentally retarded, and to substance abusers. Additionally, they work together to bring to bear the full force of law enforcement and the criminal justice system on offenders. Community resources are committed to reducing repeat offenses and to addressing problem areas from a prevention and early intervention standpoint.

IV. ACKNOWLEDGEMENTS

The subcommittees and chairpersons are gratefully thanked for their hard work and their concern for the community. Each member has offered unique expertise and insight, increasing the value and relevance of the subcommittee recommendations. The effort put forth by the entire planning body has ensured that this plan is truly representative of the problems encountered in Dallas County and expresses those needs that must be addressed. Such comprehensiveness in this plan would not have been possible without the input of each member of the planning body. Special acknowledgment is given to the chairpersons who provided leadership and synthesized the many ideas generated by their groups into the written reports which make up the substance of this plan. The FY 2002 Chairpersons were:

Child Abuse: Dana Norton, Children First Counseling Center

Children Living in Multiple Risk Environments: Kirsten James, Junior Players

Domestic Violence: Bill Bernstein, East Dallas Counseling Center

Juvenile Crime: Ron Stretcher, Dallas County Juvenile Department

Law Enforcement: Jeff Craig, City of Richardson Police Department

Mental Health: Hazel Byers, National Alliance for the Mentally Ill (co-chair), Greg Zarbo, Mental Health Association (co-chair)

Mental Retardation: Drew Dixon, Arc of Dallas

Substance Abuse: Janet Harrison, Greater Dallas Council on Alcohol & Drug Abuse

Victims of Crime: Jennifer Altus, New Beginning Center, Inc.

V. FY 2002 PLAN PARTICIPANTS

FY 2002 Dallas County Community Plan Participants

	<u>Name</u>	<u>Organization</u>
1	Laurel Arnold Clement	
2	Nancy Davenport	
3	Roderick Howard	
4	Joyce Jones	
5	Dorothy Lee Todd	
6	Ernestine Tyler	
7	Beth Epps	Adapt of Texas
8	Cecil Hawkins	African American Men of Peace
9	Kevin Hawkins	African American Men of Peace
10	Lisa Hawkins	African American Men of Peace
11	E. Hosea Minor	Agape Youth Training Centers of America
12	James F. Brown	Alameda Heights Community Outreach Center
13	Artis Dean	Alameda Heights Community Outreach Center
14	William Hodges	Alameda Heights Community Outreach Center
15	Elzada Mays	Alameda Heights Community Outreach Center
16	Drew Dixon	Arc of Dallas
17	Erin Fincher	Arc of Dallas
18	Ana Vogel	Arc of Dallas
19	Ocie Ellis	Be Free
20	Jo Hyatt	Bethphage
21	Pam Newton	Betty Ford Center Metroplex Children's Program
22	D'Aun Knighten	Boys & Girls Club - Carrollton/Farmers Branch
23	Jana Amil	Brighter Tomorrows
24	Emily Hutchinson	Buckner Children's Home
25	Tim James	Camp Fire Boys & Girls
26	Chris Johnson	Camp Fire Boys & Girls
27	Rhonda Pherigo	Center for Non-Profit Management
28	Kevin Curry	Challenges of Tomorrow
29	Kimberly Lankford	Challenges of Tomorrow
30	Dana Grissett Norton	Children First Counseling Center
31	Dr. Donna Persaud	Children's Medical Center REACH Office
32	Diana Buffington	Children's Rights Council
33	Tim Bowles	Citizens Development Center
34	Priscilla Phelps	City of Dallas
35	Ken Sprecher	City of Dallas
36	Patricia Washington	City of Dallas c/o SW ICP
37	Becky Balsamo	City of Dallas Police Department
38	Pat Keaton	City of Dallas Police Department
39	Mary Katherine Knipp	City of Dallas Police Department
40	Lt. Bill Walsh	City of Dallas Police Department
41	Candy Coblyn	City of Dallas - Project Climb
42	Dave Hogan	City of Dallas Social Services Unit
43	Derinda Walker	City of Dallas Youth Services

44	Dana Mitchell	City of Mesquite Parks & Rec Youth Services Division
45	Jeff Craig	City of Richardson Police Department
46	Bill Carson	City of Wilmer Police Department
47	Chief Frank Mooney	City of Wilmer Police Department
48	Charlotte Berry	Communities In Schools Dallas, Inc.
49	Lea Bond	Community Homes for Adults, Inc.
50	Richard Williamson	Concerned Citizens of Dallas, Inc.
51	Oliver Rayzer	Dallas Area NorthSTAR Authority
52	Tom Turnage	Dallas Area NorthSTAR Authority
53	Dawn Hallman	Dallas Association for Parent Education
54	Beverly Levy	Dallas CASA
55	Kevin Mondy	Dallas Challenge
56	Trisha Regis	Dallas Challenge
57	Rhenda White	Dallas Challenge
58	Alex Appiah	Dallas Challenge - Medical City
59	Cheryl Sutterfield	Dallas Children's Advocacy Center
60	Rick Voorhies	Dallas County Budget Office
61	Harold Denney	Dallas County Commissioner Jim Jackson
62	Kelly Warren	Dallas County Commissioner Mike Cantrell
63	The Honorable Mike Cantrell	Dallas County Commissioners Court
64	The Honorable John Wiley Price	Dallas County Commissioners Court
65	Helen Hicks	Dallas County Constable Precinct 1 Mike Pappas
66	Gary Edwards	Dallas County Constable Precinct 3 Rick Richardson
67	Steve Ackerman	Dallas County Constable Precinct 4 Don Ashlock
68	Cindy Brignon	Dallas County CSCD
69	Marty Burke	Dallas County CSCD
70	Melissa Cahill, Ph.D.	Dallas County CSCD
71	John Sykes	Dallas County CSCD
72	Scott Ulrich	Dallas County CSCD
73	Howard Blackmon	Dallas County District Attorney's Office
74	Cindy Dyer	Dallas County District Attorney's Office
75	Patricia Hogue	Dallas County District Attorney's Office
76	Chris Jenkins	Dallas County District Attorney's Office
77	Marvin Jones	Dallas County District Attorney's Office
78	Carol Todd	Dallas County DIVERT Court
79	Brenda Sauls	Dallas County DWI Task Force
80	Ken Arfa, M.D.	Dallas County Health & Human Services Department
81	Rene Funkirn	Dallas County Health & Human Services - Jail Psychiatry
82	Lauren Clayton	Dallas County Judge Lee Jackson's Office
83	Ron Stretcher	Dallas County Juvenile Department
84	Don Aubrey	Dallas County Sheriff's Department
85	Pat McMillan	Dallas County Sheriff's Department
86	Lois Olson	Dallas Helps
87	David Aston	Dallas MetroCare Services
88	A.G. Black	Dallas MetroCare Services
89	Scott Campbell	Dallas MetroCare Services
90	D. Cavaness Johnson	Dallas MetroCare Services
91	Maryanne Romano	Dallas MetroCare Services
92	Robert Spencer	Dallas MetroCare Services
93	Archie Turner	Dallas MetroCare Services
94	Brenda Marshall	Dallas Public Schools

95	Stacy Scannell, M.D.	Dallas Veterans Administration Hospital
96	Ron Mackay	District Courts Administration
97	Minnie Blackwell	Down Syndrome Guild
98	Henry Biddle	Drug Enforcement Agency
99	Lester Meriwether	Drug Prevention Resources
100	Bill Bernstein	East Dallas Counseling Center
101	Anne Dinh	East Dallas Counseling Center
102	Lisa Theriot	El Centro Community College
103	Margaret Patterson	EXCAP
104	Ron Session	Family Link
105	Valerie Lucke	Family Outreach
106	Barbara Sanders	Family Outreach
107	Janice Board	Federal Bureau of Investigation
108	Chrys Hawkins	Federal Bureau of Investigation
109	Dr. Shirley King	G/S King Consultants
110	Gregg Dockins	Gateway: Help is Possible
111	Jan Langbein	Genesis Women's Shelter
112	Pat Prestidge	Genesis Women's Shelter
113	Dana Patterson	Girls, Inc. of Metro Dallas
114	Miriam Nisenbaum	Goodwill Industries of Dallas
115	Cindy Cottin	Greater Dallas Council on Alcohol & Drug Abuse
116	Janet Harrison	Greater Dallas Council on Alcohol & Drug Abuse
117	Debbie Meripolski	Greater Dallas Council on Alcohol & Drug Abuse
118	Martha Stowe	Greater Dallas Injury Prevention Center
119	Judy Purcell	Head Start of Greater Dallas, Inc.
120	Felicia Summerville	Head Start of Greater Dallas, Inc.
121	Doug Denton	Homeward Bound
122	Patricia Hope Kirby	Hope for Children Foundation
123	DeAnna Phillips	Hope For Children Foundation
124	Isaiah Robertson	House of Isaiah
125	Laura Peterson	Humphreys & Associates, PLLC
126	Delores Beall	I Am That I Am Training Center
127	Kirsten Brandt James	Junior Players
128	Nikayela Gipson	Legal Services of North Texas
129	Barbara Laster	Legal Services of North Texas
130	Heidi Marsala	Legal Services of North Texas
131	Margaret Lake	Legal Services of North Texas Women's Legal Advocacy Center
132	Sam Quattrochi	Letot Center
133	Cherie Thompson	Letot Center
134	Rebecca Amy	Lone Star Council of Camp Fire
135	Susan Bragg	MADD Metroplex Chapter
136	Sylvia Orozco-Joseph	Mental Health Association of Greater Dallas
137	Greg Zarbo	Mental Health Association of Greater Dallas
138	Dr. Joel Feiner	Mental Health Connections/Dallas Metrocare Services
139	Hazel Byers	National Alliance for the Mentally Ill - Dallas
140	Jerome Byers	National Alliance for the Mentally Ill - Dallas
141	Robert Neff	NCTCOG
142	Jennifer Altus	New Beginning Center, Inc.
143	JoAn Dwyer	New Beginning Center, Inc.
144	Melanie Prescott	New Beginning Center, Inc.
145	Israela Montgomery	Obadiah Gang & Drug Program

146	Pam Wilson	Our Brother's Keeper NDUGU
147	Linda & Ralph Long	Parent-to-Parent
148	Susan M. Wolfe, Ph.D.	Parkland Health & Hospital System
149	Melinda Beauchene	Parkland Rape Crisis Center
150	Suzanne Smith	Phoenix House
151	Mary Cardona	PLANES
152	Libbie Lee	Project 75216
153	Jennifer Herbert	Project C.O.A.L.
154	Janet Mitchell	Rainbow Days, Inc.
155	Susan Reukema	REACH of Dallas
156	Clara Patterson	Southern Diversity
157	Barbara Lucente	St. Joseph's Adolescent & Family Services
158	Michelle Taylor	TCADA
159	Katherine Howard	TDPRS/CPS
160	Erika Estes	Teens In Crisis Outreach
161	Kathleen McAnany	Texas Advocate Leaders
162	Don Cramer	Texas Baptists Missions Foundation
163	Paige Flink	The Family Place
164	Debra Mitchell-Ibe	The Family Place
165	Ashley O'Neill	The Family Place
166	Stephen Ryter	The Family Place
167	Pat Reimann	The Salvation Army
168	Mary Hernandez	Trinity River Mission
169	Joyce Dietzman	True Balance Mediation Services
170	Becky Adams	United Cerebral Palsy
171	Larry Jarrett	United States Attorney's Office
172	Dr. Ellen Taliaferro	UT Southwestern Medical Center
173	Carole Matyas	ValueOptions
174	Linda McKinney	ValueOptions
175	Gene Grounds	Victim Relief Ministries
176	Duane Starkey	Victim Relief Ministries
177	John Cade	Victim's Outreach
178	Marcia Niemann	Victim's Outreach
179	Pat Miller	Volunteers of America
180	Liz Duncan	YMCA Community Services
181	Ligia Tobar	YMCA Community Services
182	Brandi McManaman	YMCA Oak Cliff

VI. DALLAS COUNTY POPULATION TABLE

Entity	Estimated Population as of 01/01/00
Dallas County	2,070,704
Addison	13,250
Balch Springs	18,750
Cedar Hill	30,950
Cockrell Hill	3,800
Coppell	34,800
Dallas	1,083,500
DeSoto	37,900
Duncanville	36,450
Farmers Branch	26,900
Garland	205,300
Glenn Heights	6,750
Grand Prairie	117,150
Highland Park	9,400
Hutchins	2,750
Irving	185,200
Lancaster	25,050
Mesquite	121,900
Richardson	91,050
Rowlett	44,000
Sachse	10,050
Seagoville	10,450
Sunnyvale	2,800
University Park	24,350
Wilmer	2,650
Remainder of Dallas County	6,600
Split Cities (cross county boundaries)	(80,946)

VII. SUBCOMMITTEE REPORTS (with participant and resource lists)

A. CHILD ABUSE

The importance of the family in American society is central to our nation's history and tradition. Society assumes that parents act in their child's best interest. Parents have a right to rear their child as long as they are willing and able to protect him/her. When parents cannot meet their child's needs and protect him/her from harm, society has a responsibility to intervene to protect the health and welfare of every child. This is true whether a child has been victimized by someone they know or by a total stranger.

Dallas County children and youth are in trouble. Since 1997 it has been reported in the Dallas County Community Plan that too many children live in multiple-risk environments influenced by violence, poverty, substance abuse, and inadequate shelter, health care and nutrition. This remains an ongoing problem with the need for intervention, treatment and prevention growing more profound.

STATEMENT OF NEED

While many critical risk factors continue to exist in Dallas County and in other communities, hope for these at-risk children comes through early and effective intervention. Child abuse prevention, intervention and treatment must include initiatives that stress a collaborative approach to protecting our children from future abuse.

In 1999, TDPRS reported that Dallas County had 15,330 referrals of suspected child abuse and neglect with 13,406 investigations assigned, 10,699 investigations completed, and 3,157 cases of confirmed abuse and neglect. There were 1,326 child removals, a 30% increase, from 1998 with twice as many of these children placed outside of Dallas County because not enough foster homes were available in Dallas County. Foster care placements rose 15% to 2,105 children. The number of children in legal conservatorship rose by 11% to 2,666. Sadly the numbers are increasing each year.

For reports that were investigated but not confirmed, the Texas Attorney General's office notes that the outcome of "allegations unfounded" does not mean that the abuse did not occur. It simply means that the evidence was insufficient to support charges or provide services.¹ Because not all incidences of abuse and neglect are reported or can be confirmed, these statistics may be understated. A 1995 Gallup poll estimated that in the United States 49 children per 1,000 in any given population are victims of physical abuse in a one-year period; 19 per 1,000 suffer from sexual abuse.² These estimates would suggest that nearly 40,000 children in Dallas County suffer abuse each year.³

Unfortunately, the trend does not look good. The numbers continue to rise. In statistics furnished by TDPRS, it is particularly unfortunate that in FY98 Texas led the nation with 176 child abuse fatalities.⁴ This number increased from 103 child fatalities reported in 1997. Closer to home, in FY98, Dallas County reported 25 deaths due to child abuse and neglect.⁵ Sadly, this figure is up from 17 child deaths in 1997.

Substance abuse and economic stress, the two problems most frequently cited by families reported for abusing and/or neglecting their children, complicate the problem. Among the confirmed cases of child abuse, 40% involved the use of drugs and/or alcohol.

Further, child abuse prosecutions are extremely labor intensive. The current volume at the Child Abuse Unit of the Dallas District Attorney's Office continues to overwhelm the unit's resources resulting in case delays and personnel turnover which hampers the efficient and effective prosecution of child abusers.

The Cost of Child Abuse in Dallas County

In February 1998, the Dallas Commission on Children and Youth to the Healthy Communities Initiative issued a report entitled Greater Dallas Healthy Community: A Step Towards A Business Plan for Children In Dallas Plan For Children In Dallas County Technical Report: Child Abuse and Neglect. This report presented a clear and dramatic delineation of the annual costs of child abuse to our county each year. Included in the report were the direct costs of child abuse and neglect as well as a discussion of these costs, as outlined below. The increasing number of child referrals and the inadequate number of foster care placements in Dallas County which are noted below indicate result in the rising direct and indirect costs of investigations and protective care.

- CPS is unable to investigate 30% of abuse and neglect reports. Older children are especially under-investigated.
- The average CPS caseload per worker (investigative and legal) is approximately 27 cases, more than double Child Welfare of America recommendations.
-

of these courts totaling \$1,282,000 (excluding attorneys' fees), estimates on Juvenile Court costs for child abuse and neglect are close to **\$436,000** a year.

Family preservation services: These services were offered to families with children who did not need to be placed in foster care at a cost of **\$565,000**. Other expense to the County included \$107,000 on additional foster care needs **\$288,000** for the REACH (Referral and Evaluation of Abused Children) Clinic, and **\$28,000** for sexual abuse examinations at Children's Medical Center.⁷

Youthful Offenders: Children and adolescents come into the system as victims of abuse and neglect. Many youth come in as victimizers. Dallas County Juvenile Department's cost of handling youthful offenders is over \$39 million a year.⁸ Approximately 5% of the referrals to the Department were confirmed cases of abuse/neglect with CPS.⁹

Juvenile Department administrators, however, estimate that actual cases of maltreatment are at least three times this amount or more. Assuming conservatively that 15% of the youths are victims of maltreatment, the allocated costs of these youths are **\$5,552,625** (with Letot's budget excluded).

The Texas Youth Commission: (TYC) houses the state's most serious juvenile offenders. Almost 15% of its FY96 commitments were from Dallas County. If one were to allocate 15% of the TYC \$167.5 million budget to Dallas commitments--15% estimated to involve maltreatment--the cost of handling maltreated committed youth from Dallas County runs about **\$3.9 million** annually.

Dallas Police Department costs: The report estimates that direct salary expenses related to child abuse amount to over \$1 million each year. With the police department involved in approximately half of area police activity related to child abuse, total Dallas County police costs related to child abuse each year are estimated at **\$2 million**.¹⁰

Additional costs: These costs to the county come through services provided to child victims and troubled youth:

- Shelter assistance to runaways, many of whom have been abused/neglected.
- Nonprofit staff services to child abuse/neglect victims and their families
- Unpaid services of volunteers through nonprofit agencies
- Medical costs at area hospitals
- Mental health services to abusive families and victims
- School costs due to increased need for special education and remedial instruction to children too abused or neglected to perform in school.

For just one year, child abuse and neglect in Dallas County directly cost the community at least **\$55 million**.

Indirect Costs of Child Abuse and Neglect

According to the 1998 Business Plan, child abuse increases the odds of subsequent delinquency and adult criminal activity by 40%. Other problems associated with child maltreatment include increased school failure, teen pregnancy, substance abuse and mental health problems.

Subsequent criminal behavior: In a survey of 13,986 inmates, the following rather disturbing information was reported:¹¹

- 68% of all inmates were under the age of 35;
- 31% of the women had been abused before age 18;
- 30% had parents who abused drugs or alcohol;
- 31% had a brother with a jail or prison record;
- 43% had lived in a single-parent home;
- 17% had lived in a foster home, agency, or other institution as a child;
- 37% had an immediate family member who had served time;
- 40% had been convicted before as a juvenile.

Comparison of subsequent behavior of maltreated vs. non-maltreated youth: A longitudinal study of 1,000 inner-city youths documented the difference in outcomes between maltreated and non-maltreated youths.¹² According to the study quoted in the Business Plan, results on the maltreated youth indicated:

- 42% were involved in serious delinquency
- 70% were involved in violence
- 52% of the females got pregnant during the four-year study
- 43% used drugs
- 33% had low school grades
- 26% had mental health problems

Intangible costs: The total direct and indirect cost of child abuse in our community does not reflect, nor could it reflect, the total cost of lost potential when adults who were maltreated as children is considered. Without effective intervention, child victims will most likely either repeat the cycle of child abuse they learned at home or turn to lives of juvenile or adult crime.

Barriers to Moving Child Victims out of the Court System

Significant barriers exist which hinder the process of moving kids out of the court system and keeping them from returning to the system. There is a critical need in Dallas County to create positive outcomes for children and adolescents in the court system. A facilitated process to address this need should:

1. Remove roadblocks hampering efforts to bring needed services to kids in court;
2. Remove obstacles that hinder moving children out of the court system quickly;
3. Address the system to insure progress for child and family so they won't return as victims or victimizers;
4. Implement solutions to address root causes of identified problems;
5. Maintain a process to eliminate barriers to moving kids out of the court system;
6. Coordinate or enhance resources to help kids and families in the court system;
7. Eliminate bureaucracy and enhance inter-governmental collaboration to better serve children in court.

PRIORITY PROBLEMS

Every child in Dallas County deserves to grow up free from abuse, violence and exposure to the devastating effects of alcohol and other drugs. Too many children in our community have not. Adding to the challenge of the prevention, intervention and treatment of child abuse and neglect

are such factors as a shortage of caseworkers and the inability to move these children expeditiously and sensitively through the court system. The severity of such family problems as substance abuse and domestic violence further complicate all aspects of child abuse and neglect in our community.¹³

LACK OF A STRATEGIC PLAN

In addition to a community plan, a comprehensive strategic plan is needed to develop and implement actions to address the problems of child abuse in Dallas County.

HIGH INCIDENCE OF CHILD ABUSE

Child abuse and neglect in Dallas County cuts across every economic, cultural and geographic boundary.¹⁴ No age is exempt. Child abuse and neglect affects children of all ages. Child abuse, for the purposes of this report, includes physical injury, sexual abuse, psychological or emotional harm, and medical neglect.

The number of confirmed victims of child abuse or neglect has increased by one-third since 1990. The number of children removed from their homes by Child Protective Services has more than doubled.¹⁵

LACK OF ADEQUATE RESOURCES TO DEAL WITH THE HIGH NUMBER OF REPORTS

Limited resources render CPS unable to provide services to more than half the substantiated cases of abuse or neglect with cases involving adolescents receive little attention. These factors contributed to a 37% increase in reports of children who ran away from home.¹⁶ Limited resources have also meant that services beyond investigation were not provided to as many as one-fourth of the cases in recent years.¹⁷ Continuing shortages of personnel and money means that this trend is likely to continue. An estimated additional \$110.4 million is needed to extend services to these families statewide in the coming years.

HIGH CASELOADS FOR CPS WORKERS

According to the Beyond ABC (2000) report, the number of cases carried by CPS caseworkers is higher than the court-mandated ratio of 20:1 in many states. Nationally, the Child Welfare League recommends a ration of 12:1. In Dallas County the average CPS caseload per worker (investigative and legal) is approximately 27 cases. As a result, caseworkers are able to spend only about 85% of the minimum time required to effectively serve clients. Increasing reports and escalation in the severity of cases have more than offset increased state expenditures for CPS. Career burnout is a major concern as overworked professionals leave the field for less stressful jobs. Additionally, inadequate ongoing training, low salaries, and lack of community respect for CPS caseworkers are also significant problems.

CHILDREN ARE BEING VICTIMIZED IN THEIR OWN HOMES

The majority of perpetrators of child maltreatment (69.9%) were parents and another 12.4% were other relatives of the victim. Parent's unrealistic expectations for their children; lack of knowledge of the basic stages of development; and a lack of skills for coping with a child's behavior and their own stress and frustration levels all contribute to the abuse of children in the home. "Professionals must recognize that most parents do not intend to harm their children. Rather abuse and neglect may be a result of the combination of psychological, social, situational and societal factors."¹⁸

The National Clearinghouse for Child Abuse and Neglect states that effective social service initiatives for strengthening families and preventing child maltreatment include parent education services which help parents to develop adequate child rearing knowledge skills. The US

Department of Health and Human Services (1992) recommended parent education programs that “emphasize the unique skills of parenting and assisting parents to understand that parenting skills are learned not instinctive...emphasizing the process of child development, describing realistic expectations and helping parents enhance their own child’s development.”

People who were in other caretaking relationships to the victim (e.g., childcare providers, foster parents, and facility staff) account for only 2% of perpetrators.¹⁹

UNMET NEEDS OF CHILD VICTIMS IN CONSERVATORSHIP

In some cases, children who have been abused or neglected must temporarily be placed outside the home while CPS staff work to make their homes safe. These situations usually involve families with inadequate income, a lack of access to public assistance, or a history of drug abuse or crime. Dallas County CPS has about 2,300 children in substitute care placement; 50% are placed outside Dallas County. Dallas has 350 foster homes and could easily utilize twice that number.

LACK OF SUFFICIENT SERVICES FOR CHILDREN IN CONSERVATORSHIP

Although services have improved, Dallas lacks adequate in-county placement facilities for children who are waiting in foster care for safe, permanent homes. There are too few foster homes and many are over crowded. In addition, there is an insufficient number of potential adoptive homes. Too many children in foster care have to be placed in facilities across the state, making frequent contact with these children difficult at best.

Each child in conservatorship has a dependency case in the juvenile or family courts to determine if the parental rights to the children will be terminated. Attorneys who represent child victims in court rarely see their clients. Due to lack of financial resources, only one-fourth of the children who need a court-appointed special advocate have one assigned to their case by the courts. There is a definite lack of available services and resources for adolescents leaving the protective services system. There is clearly a lack of adequate bilingual services for child victims in Dallas, both for foster children and for children remaining at home.

HIGH CONSEQUENCES OF CHILD VICTIMIZATION

Child abuse costs citizens in Dallas County almost \$55 million every year. Being abused or neglected as a child significantly increases the likelihood of arrest as a juvenile or as an adult and arrest for a violent crime. Child abuse and neglect increase the odds of arrest as a juvenile by 53%, as an adult by 38%, and for violent crimes by 38%. Children from violent homes are 24 times as likely to commit sexual assault, 50 times as likely to abuse drugs, and six times more likely to abuse their own children.²⁰ Even in cases where abuse is not fatal, society pays a stiff price.

Please refer to the special sections in the report regarding the direct and indirect costs associated with child abuse in our community.

LACK OF COMMUNITY AWARENESS OF NEED TO REPORT

There is a serious lack of community awareness about the needs of child victims, especially the need to notify authorities of suspected abuse. In 1996, a national survey indicated that more than half of all reports alleging maltreatment and referred for investigation came from professionals. The professionals included educators, law enforcement and justice officials, social services workers, and medical and mental health personnel. An estimated two-thirds of reports later substantiated came from professional sources.²¹

LACK OF UNDERSTANDING THAT CHILDREN EXPOSED TO DOMESTIC VIOLENCE
IS A FORM OF CHILD ABUSE

cases will be handled effectively and efficiently, there is a need for additional prosecutors, investigators and child victim assistants in the Division.

To improve the handling of child abuse cases in the initial stages, a prosecutor assigned at the Dallas Children's Advocacy Center is needed to review cases with TDPRS and other interested agencies, provide legal assistance to law enforcement agencies and to help develop a unified approach to the intake and filing of child abuse cases prior to referral to the Dallas County Grand Jury.

Further, additional prosecutors and investigators are needed to help eliminate the significant number of backlogged cases in the division. Because convicted sex offenders face severe punishment consequences, including limited options for probation and mandatory registration with law enforcement, very few of these cases move quickly through the system. In fact, approximately 30% of all sex offenses usually get set for jury trials compared to a 5% on other types of offenses. A large percentage of these defendants are out on bond awaiting trial. Once an alleged sex offender is released on bond it becomes increasingly more difficult to get a conviction. The longer a defendant can postpone a case, the better his or her chances for an acquittal. This is usually due to: children often forget or repress key details of offenses; as children age, they can lose their appeal to a jury; or victims and families become discouraged while enduring a lengthy wait for justice. Currently, the average wait for a bond case to go to trial is approximately 2 ½ years. The time to dispose of a case once it is set for trial varies among the District Courts, but ranges from 6 months to 6 ½ years. Additional prosecutorial personnel would help reduce the backlog and help movement towards a goal of no child victim waits exceeding one year to trial.

The District Attorney's Office also lacks victim advocates to assist child victims and their families. Several cases are dismissed each year due to the inability to locate victims or victims becoming uncooperative. Advocates contacting and counseling victims on a consistent basis would reduce these types of dismissals and increase the number of offenders prosecuted. The Child Abuse Division currently has one Child Abuse Liaison, who serves as a point of contact with victims and their families in addition to fulfilling numerous other responsibilities, including crisis counseling and referrals to therapy. The work load permits only limited advocate communication with victims and virtually no follow up contact. At least two permanent Child Victim Assistants are necessary to assist the Liaison with initial witness contacts, crisis counseling, therapy referrals and follow-ups to victims frustrated with the system or being pressured to recant or drop charges. In addition, these Assistants would be an excellent source of support for children waiting to testify and would be available to accompany them to and from the courtroom. Such a position, though obviously necessary, is non-existent at this time.

The Child Abuse Division is also in dire need of a full time employee to assist the Child Abuse Liaison in collection and compilation of data needed to track child abuse cases disposition statistics. This information is crucial to the tracking of trends in the disposition and handling of local child abuse cases. The information would be useful to establish new and better approaches in prosecuting child abuse cases.

OTHER PRIORITY NEEDS

CURRENT RESOURCES AND COORDINATION

Dallas County is fortunate to have a large number of agencies – governmental, private and nonprofit – to address the issues of child abuse and neglect. While our communities benefit from the myriad of services and expertise available, each agency has its own philosophical approach, planning process, geographic area, target group, funding source, reporting and evaluation system, and priority areas for service. The need continues to exist for county-wide coordination and collaboration to ensure that the services provided to abused and neglected children and their families, and those at risk for abuse and neglect, are as seamless and functionally integrated as possible.

Community resources include, but are not limited to:

1. Domestic Violence Programs/Shelters

Includes emergency shelters from family violence; shelter for single women and women with children; shelter services for gay and lesbians; transitional housing and supportive living programs; individual and group domestic violence counseling for women and children; incest survivor services for women, men and teens; legal advocacy; batterers' intervention and prevention services for abusers.

2. Dallas County District Attorney's Office Specialized Units

Dallas is fortunate to have specialized units and courts to handle child abuse, domestic violence and civil cases that arise from child abuse and neglect.

3. Parent Education/Community Education

Includes family literacy, early childhood skills training, faith based solution, parent education for truancy issues, HIV/AIDS awareness education, parent education classes/workshops, support groups, teen parenting, community services, prenatal classes, domestic violence awareness, pregnancy prevention and parenting resources.

4. Multi-Language Services

These agencies providing parenting classes make appropriate referrals to other agencies based on client need such as location, time, fees, and length of class and curriculum. However, there is a serious lack of bi-lingual services.

5. Counseling

Includes services for families with children who are mentally challenged, physically disabled, and/or health impaired; anger management therapy, mental health, crisis intervention, sexual abuse treatment, psychological assessment, residential treatment, casework services (using volunteers and professionals), individual, marriage and family counseling; play therapy, intensive treatment for perpetrators of child abuse/domestic violence, treatment specific to victims of sexual abuse (incest, rape), physical abuse, neglect and emotional abuse.

These agencies providing counseling make appropriate referrals to other agencies based on diagnostic indicators, location, time and fees. Counselors also consult on both an intra- and inter-agency basis regarding various therapy issues.

6. Child Abuse Prevention Education

Primary prevention programs include the WHO program for school-aged children, Shaken Baby Syndrome education included with parenting programs for teen parents,

child care providers, and the community, divorce education programs for parents with incorporated children's workshops.

7. Police Department in Dallas County

Includes programs to investigate allegations of child abuse and neglect, sexual exploitation, domestic violence, programs for intervention with first offenders, juvenile offenders and victims, and programs for gang and drug prevention. Also includes the newly established Internet Crimes Task Force.

8. Medical Services

REACH Clinic at Children's Medical Center provides evaluation and medical care in cases of child abuse and neglect. Parkland Memorial Hospital provides forensic medical evaluations in cases involving sexual assault of older children.

9. Collaborative Efforts

Centers:

The Dallas Children's Advocacy Center provides services to victims of child abuse. Representatives of the Dallas Police Department and Child Protective Services office at the Dallas Children's Advocacy Center. They work in partnership to minimize the impact on the child of overlapping investigations and repetitive interviews by several agencies for the same crime.

Injury Prevention Center of Greater Dallas works to reduce the incidence and severity of injuries within Dallas County through education, public information, data collection, community advocacy, and research. Since 1994, the IPCGD has participated in, directed, and helped develop several injury prevention initiatives throughout Dallas County ranging from motor vehicle safety to violence prevention.

Exchange Club Centers for the Prevention of Child Abuse of DFW, Inc. provides in-home services free of charge to abusive and at-risk families referred by Child Protective Services, the Dallas Children's Advocacy Center, Family Outreach and Parkland. EXCAP also offers community based divorce education and Shaken Baby Syndrome training.

Task Forces:

CAPCO is a coalition of social service agencies, private corporations, churches and interested citizens working together to prevent child abuse through education, advocacy, awareness, program development and networking of community services. The primary goal of CAPCO is to increase awareness of and responsiveness to the issue of child abuse. Members include representatives from private and public agencies serving the needs of children and families affected by child abuse.

The Dallas County Child Death and Infant Mortality Review Team is a multidisciplinary, multi-agency panel that reviews the deaths of children in Dallas County. Formed in 1992, the Review Team is composed of representative from 16 local agencies who meet monthly to review area child deaths. By sharing information, the Review Team is able to discover the circumstances surrounding each child's death making it possible for each agency member to improve its response to children at risk in our county. The team also produces summative reports specifying how our children are dying with recommendations for the prevention of future deaths.

Family Violence Prevention Council was formed to maximize the effective and efficient use of community resources to reduce and prevent family violence in all its forms (child abuse, domestic violence, and elder abuse). The council will create a shared vision, conduct a needs assessment and strategic planning, disseminate information on available resources, monitor progress on prevention of family violence, work toward consistent public policies, develop relationships and working agreements, centralize data, and increase community awareness of the problem.

Collaborations:

Dallas County Child Protective Service and Family Outreach Centers of Greater Dallas have been working collaboratively since 1973 to provide in home no fee services to low risk and at risk families both self and agency referred. This collaboration has grown to include six communities with Centers and offers a number of on site and educationally based primary prevention programs.

Dallas County Child Protective Service and Domestic Violence Dialogue and Work Group are working collaboratively to integrate domestic violence practice with child protection that includes cross-training, and housing a domestic violence specialist/liaison within CPS. Other needs addressed include enhancing information sharing while maintaining client confidentiality, evaluation of current policies and procedures along with their impact on clients, and strengthening of response to the dual issue of child abuse and domestic violence. This effort also includes a countywide effort of bringing together the domestic violence community and CPS to dialog regarding commonalties and differences in the two systems.

These collaborative efforts address the staggering gap in services for children at risk in confirmed investigations that receive no follow-up services and whose cases otherwise may have been closed by CPS.

Target: Kids in Court is a collaboration of private and public placement agencies working together to analyze and define problems in expediting placement of children who are in the court system; determine the root causes of delays in placement; and develop a strategic implementation plan to eliminate the barriers and thus reduce the time for permanent and successful placement to be accomplished. The mission of the initiative is to make significant systematic changes across jurisdictions and geographic areas that will “reinvent” the process for assessing services and volunteers for children in the court system.

JAIBG tracking system for kids is an integrated database designed to help all governmental agencies and community service agencies charged with the responsibility of handling children and use of the juvenile justice system. Police departments currently contribute to and access JAIBG. This system is designed to track all children who come in contact with the juvenile, family and criminal courts system.

Dallas Healthy Start is a consortium of individuals, programs, and agencies whose overall goal is to reduce infant deaths in under served areas of Dallas County. Dallas Health Start aims to achieve healthy birth outcomes by improving the health and well being of women, adolescents and children through prevention, education, and coordination of agency and community resources.

Healthy Families is currently being offered by Buckner Children's Home.

Additional resources / agencies:

Agape Youth Training Centers of America
Children First, Inc.
Communities in Schools, Dallas
Child Abuse Prevention Coalition (CAPCO)
Child Protective Services (CPS)
Children First Counseling Center
Children's Medical Center
City of Dallas Police Department
City of Dallas Youth Services Office
City of DeSoto Police Department
City of Garland Police Department
City of Grand Prairie Police Department
City of Mesquite Police Department
City of Sachse Police Department
counseling services
Dallas Association for Parent Education
Dallas Children's Advocacy Center
Dallas County District Attorney's Office
Dallas County Commissioner Jim Jackson
Dallas Court Appointed Special Advocates (CASA)
Domestic Violence Programs and Shelters
EXCAP
Family Connection
Family Outreach of Southern Dallas
Family Place (The)
Family Violence Task Force
Fathers for Equal Rights
Greater Dallas Injury Prevention Center
Head Start of Greater Dallas, Inc.
Hope for Children Foundation
I Am That I Am Center
Legal Services of North Texas
medical services
Mental Health Association of Greater Dallas
multi-language services
National Council of Jewish Women
New Beginning Center
North Texas Coalition for Children
Parent Education
police departments
Project Turnaround
REACH Clinic, Children's Medical Center
school districts
Skillful Living Center
UT Southwestern Medical School
Victims Outreach

INCREASED COORDINATION OF RESOURCES

There remains a need for collaboration, cross-training, strategic planning, sharing existing infrastructures and systems, elimination of duplication of services, increased community awareness, and intervention as early as possible in each of these cases. There is a critical need for Dallas county to identify children not yet victims so that early intervention will lead to life-saving and cost-effective measure. Dallas must effectively focus on the needs of children who are victims of the worst kinds of abuse and neglect. Therefore, our county must have a coordinated tracking system which will lead to significant data collection, accountability, evaluation, and ultimately, financial efficiency and the effective use of resource dollars.

PRIORITY GAPS

- There is currently no strategic plan to address child abuse in Dallas County.
- Increase community awareness programs which:
 - heighten community awareness of abuse and neglect;
 - increase community assumption of responsibility to prevent abuse and neglect;
 - community education regarding appropriateness and inappropriateness of reporting;
 - expand community knowledge of procedures for reporting abuse and neglect; and
 - raise community awareness of available resources.
- Since Texas ranks number one in the nation in child fatalities, focus on the prevention of child abuse.
- Parenting and life skills education for adolescent/teen and young adult men, including step fathers, since they have been found to be at even higher risk than mothers for perpetrating some forms of abuse.
- Coordination of child abuse and domestic violence efforts on behalf of children at risk.
- Affordable and accessible mental health and substance abuse care for adults and children, including desperately needed residential maltreatment (40% involve drug and alcohol abuse).
- Enrollment for eligible individuals in CHIP, Medicaid, and NorthStar programs with appropriate referrals.
- Recruitment of appropriate service provider contracts for CHIP.
- Intensive home support, which provides parenting skills, modeling, involvement of family members in childcare, and linkage to community service.
- Adequate and affordable supervision of all children including affordable respite care and daycare to reduce stress, particularly during family crisis situations and for child victims with disabilities.
- Coordination of civil and criminal courts in juvenile, child welfare, and child abuse proceedings.

- Community and school education for both males and females which heightens awareness of the Life-span continuum of abuse and neglect, while teaching information and skills related to positive parenting and the ability to deal with life stresses.
- Prenatal care for all expectant mothers, including post-partum follow-up for high-risk mothers.
- Increase support for CPS workers through reducing caseloads and increasing training, salaries, and community respect.
- Culturally appropriate parenting support groups, which reduce isolation and frequency of physical, sexual and verbal abuse by increasing the ability to deal with stress.
- Sufficient resources for the Child Abuse Unit of the Dallas District Attorney's Office to manage the high case volume.
- Programs that consider the child within the context of his/her family structure.
- Intervention for children who witness violence, including family violence.
- Child-based tracking system for abused and neglected children and juveniles who access services in our community.
- Appropriate evaluation tools and adequate funding to effectively measure outcomes for programs that help to reduce risks to children.
- Systematic review of child abuse/neglect trends by professionals focused on problem solving.
- Coordination of sex offender registration across communities and states.
- Focus on protecting children who have been emotionally abused.
- A well-trained volunteer Guardian ad Litem and/or a court appointed advocate for every child in the juvenile court system.
- Expand JAIBG to include CPS.
- A safe, permanent home as quickly as possible for every abused and neglected child in protective foster care.
- Recruit and train volunteers to assist CPS caseworkers.
- Recruit and train volunteers to serve as significant role models/mentors to children in care.
- Coordinated, targeted recruitment effort to secure Dallas County foster homes.
- Training/education for attorneys and judges who represent/hear child abuse/neglect cases.

- Concerted and coordinated effort to get children in Permanent Managing Conservatorship into adoptive homes as soon as possible.

The most recent, comprehensive analysis of the impact of child abuse in Dallas County, A Step Towards A Business Plan for Dallas Children, also suggests the following as priority recommendations:

- Maintain support for existing child abuse prevention and intervention programs in Dallas County, as well as increase funding for evaluation to better define the short-term and long-term outcomes related to cost.
- Invest additional funds to establish programs in Dallas County which have been proven to be effective in reducing child abuse:
 - In home support services such as AVANCE, EXCAP, Family Outreach, Health Families, and Head Start
 - ²²Parent Support groups such as Parent Anonymous for culturally diverse families, low-income families, low functioning families, and extended families
- Initial studies show that the following programs have promise:
 - Parenting education for adults such as Texas Tots
 - Parenting education for school children such as the Primary Prevention curriculum for K-12.
 - Respite nursery care such as The Crisis Nursery, a 24-hour temporary relief program for caregivers and families of children at risk of abuse and neglect.

¹ Office of the Attorney General, What Can We Do About Child Abuse?

² The Gallup Organization, "Disciplining Children in America," Princeton, N.J.; Dec. 1995.

³ The Dallas Commission on Children and Youth to the Healthy Communities Initiative, Greater Dallas Healthy Community; A Step Towards A Business Plan for Children In Dallas County Technical Report Child Abuse and Neglect, February 1998.

⁴ US Department of Health and Human Services. Administration for Children and Families/Children Bureau.

⁵ The Dallas Commission on Children and Youth to the Healthy Communities Initiative, Greater Dallas Healthy Community; A Step Towards A Business Plan for Children In Dallas County Technical Report

⁶ Texas Department of Protective and Regulatory Services, 1996 Annual Report

⁷ County Budget Office. Memorandum 11/97 as reported in the Dallas Commission on Children and Youth to the Healthy Communities Initiative, Great Dallas Healthy Community: A Step Towards A Business Plan for Children in Dallas County Technical Report: Child Abuse and Neglect February 1998

⁸ The Dallas Commission on Children and Youth to the Healthy Communities Initiative, Great Dallas Healthy Community: A Step Towards A Business Plan for Children in Dallas County Technical Report: Child Abuse and Neglect February 1998, p. 2.

⁹ Dallas County Juvenile Department, 11/97as reported in the Dallas Commission on Children and Youth

¹⁰ The Dallas Commission on Children and Youth to the Healthy Communities Initiative, Great Dallas Healthy Community: A Step Towards A Business Plan for Children in Dallas County Technical Report: Child Abuse and Neglect, February 1998

¹¹ Statistics/Reports on crime, Prisons and Law Enforcement in the U.S. Survey of State Prison Inmates, 1991

¹² Rochester Youth Development Study results reported in “In the wake of Childhood Maltreatment” by Kelley, Thornberry and Smith, a Juvenile Justice Bulletin published by the U.S. Department of Justice, August 1997.

¹³ Ibid., p. 43.

¹⁴ Children’s Medical Center and the North Texas Coalition for Children, Beyond ABC: Growing up in Dallas County, 2000

¹⁵ Ibid., p. 6.

¹⁶ Ibid., p. 6

¹⁷ Ibid., p. 44.

¹⁸ A Coordinated Response to Child Abuse and Neglect – A Basic User Manual

¹⁹ U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect Third National Incidence Study of Child Abuse and Neglect: Final Report, 1996.

²⁰ Ibid., p. 43.

²¹ U.S. Department of Health and Human Services, Child Maltreatment 1996: Reports from States to the National Child Abuse and Neglect Data System.

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B. CHILDREN LIVING IN MULTIPLE RISK ENVIRONMENTS

STATEMENT OF NEED

Too many Dallas County children live in multiple-risk environments, including violence, poverty, substance abuse and inadequate shelter, health care and nutrition. Many live in unstable or dysfunctional families, are abused or neglected, and have mental and emotional problems that are not recognized or treated.

A recent national longitudinal study of adolescent health found that strong relationship to healthy homes, families and schools are crucial in shielding these children and adolescents from violence, substance abuse and other risky behaviors. The study further finds that youth that report a "connectedness" to parents are least likely to engage in risky behaviors. Children living in homes who have easy access to cigarettes, alcohol and weapons are more apt to use those items, engage in violent behaviors or even attempt suicide.

While most adolescents in Dallas County may be doing well, many youth are turning to unhealthy, dangerous, and often violent behaviors. As easy access to drugs and weapons increases in our community, parents and their families, with the help of volunteers and professionals, play an increasingly important role in protecting them and the community from harm.

PRIORITY PROBLEMS

IDENTIFIED PROTECTION AND PREVENTION RISKS TO CHILDREN AND YOUTH IN DALLAS COUNTY

POVERTY

Dallas County is now ranked as one of the ten fastest growing counties in the United States. Youth ages six to seventeen make up approximately 20% of the general populations in the county and according to the State of Texas Children publication, 23% of children in Dallas County live in poverty. More than half (54.8 %) of children under age 6 living with single mothers are living in poverty. The number of children living in poverty in Texas has risen sharply, 24% since 1989. The consequences of poverty for children are numerous and damaging to a child's emotional, physical, and intellectual well being. Research shows that children growing up in poverty are most likely to have health problems, to go to school hungry and unprepared to learn, to go the worst schools, to grow up in unsafe neighborhoods, to experience behavioral and emotional problems and to be at higher risk for later substance abuse. Nearly one in four children In Dallas County is living in poverty. 198,157 children were eligible in 1998, for free and reduced lunch. Poverty can be associated with poor academic and health outcomes, increased teen pregnancy and significantly affects future earning potential.

HEALTH

There are an estimated 144,000 uninsured children in Dallas County including 61,000 who are eligible for Medicaid but not enrolled. Uninsured children visit a doctor only half as often as insured children and are twice as likely to get health care in an emergency room. In May 2000

Texas activated the Children's Health Insurance Program (CHIP) to cover children with family incomes up to 200% of the Federal Poverty Level. It is critical that Texas aggressively markets CHIP to families and potential providers in the communities where they live. It is estimated that CHIP can cover about 40,000 to 50,000 Dallas County children. It is necessary that all segments of our community - schools, faith groups, health-care providers, social service providers, the media and businesses - fully engage in a comprehensive enrollment strategy to inform families about CHIP. The health of Texas children will be impacted significantly by the strength of the CHIP enrollment efforts.

Only 55% of eligible Texas children are enrolled in Medicaid, one of the worst rates of any state in the nation. Barriers to Medicaid for families include minimal outreach efforts by the state, a difficult application process which requires a face to face interview at the Texas Department of Human Services (TDHS), inadequate staff levels at TDHS, the stigma of welfare and immigration concerns.

Children living in low-income families in Dallas County are significantly underserved for preventive or restorative dental care. Although it is estimated that more than 70,000 Dallas County children have a diagnosable mental illness, it is very difficult for children living in low-income families to receive needed mental health treatment. There is a severe shortage in the screening and treatment for substance abusing pregnant women.

The health care system for children enrolled in Medicaid is rapidly changing through the implementation of Medicaid Managed Care in the Dallas region. On July 1, 1999 the state of Texas rolled out the STAR program for Medicaid physical health and the NorthSTAR program for behavioral health. These programs potentially offer Medicaid families greater choice and increased access to primary and preventive care while producing cost savings for the state of Texas. It is essential that the community closely monitors the effectiveness of these programs and provides constructive feedback to improve health outcomes for Dallas County children in a managed care environment. According to the majority of service providers, NorthSTAR is cumbersome process and not beneficial to clients.

MENTAL HEALTH

The Texas Department of Mental Health and Mental Retardation estimates that 12% of all children have a diagnosable mental illness. In 1998, 70,951 Dallas County children were estimated to have a diagnosable mental illness. According to the Mental Health Association of Greater Dallas, Dallas County children and youth with mental illness often go without treatment due to the stigma associated with mental illness, the limited availability of care and the family's inability to pay for services (one out of four children has no healthcare coverage). In addition, many private healthcare insurance policies offer minimal coverage for mental illness treatment. The Texas Department of Mental Health and Mental Retardation is charged with addressing the needs of children and youth in families that cannot afford mental health services. Due to limited resource, the agency must prioritize the services to those who are most severely disturbed. This problem has escalated with the restructuring of MHMR.

CHILD ABUSE AND NEGLECT

In 1998, there were 4,709 confirmed victims of child abuse and neglect in Dallas County and there were 14,429 reports from the community to Child Protective Services concerning alleged child abuse or neglect. It is estimated that 16% of Dallas County children are at risk of child abuse or neglect. In 1998, 2,198 children could not return to their violent families because the risk was so great that they would once again be victims of abuse. These children were placed in "temporary" protective care, waiting for healthy families and safe homes. Most authorities believe

that only 113 of the incidences of abuse and neglect are ever reported. One-fourth of confirmed cases of child abuse and neglect receive no services from Child Protective Services.

“A Petition on Behalf of the Forsaken Children of Texas” by Judge F. Scott McCown asserts that a lack of resources seriously limits the ability of the Texas Child Protective Services to protect Texas children from child abuse and neglect. Texas CPS receives 360,000 calls per year but consistently falls below the national rate in classifying the reports as child abuse or neglect. CPS assigns too few cases for investigation, confirms too few victims and removes too few victims from their abusing families. Since 1985 the state’s investigations of child abuse and neglect have deteriorated in both quantity and quality. In addition, abused teens fall through the cracks due to a lack of services for this age group.

UNSUPERVISED CHILDREN

Too many Dallas County children have no safe place to be when school is out (summer, holidays, before/after school hours). An estimated 136,000 children ages 5-11 have both or single parents in the workforce. However program slots for after-school programs only have a capacity of less than 30,000. The estimated percentage of children ages 5 to 11 with working parents for whom after-school slots are available is 21%. There needs to be greater collaboration between school districts, park and recreation departments and service providers to not only provide more programs, but also educate and promote the importance of such programs to parents. Teenagers in Dallas seem to have less supervision and fewer activities to occupy them than earlier generations because many after-school recreation programs have had to face cutbacks. In addition, there have been fewer jobs available for teens during the summer. Dallas youth seem to have too much time on their hands. According to a recent national study, the prime time for juvenile crime begins when the afternoon school bell rings, in the hours after kids leave school and before parents return home.

ADOLESCENT PARENTS

Dallas County continues to lead the state in the number of births to teens, although the Texas teen birth rate has fallen 3.9% since 1991. Live births to teen moms 17 and under in Dallas County in 1998 totaled 2,400. Approximately 83% of teen births in Dallas County are to mothers in poverty. The fastest growing homeless adult population living in poverty in Texas is single women with small children. In fact, the single greater factor in determining later poverty and homelessness for women and children is teen pregnancy. Teen mothers face increased health risk, diminished educational and employment opportunities. Children of teen mothers are less likely to have received adequate prenatal care and more likely to suffer from low birthweight and future health problems. Teen fathers also face difficulties with only 42% of teen fathers have steady employment and they earn 40% less than men over age 24.

INADEQUATE EDUCATION

Many Dallas County students face educational difficulties. Seventy-two percent of the Dallas Independent School District’s 160,000 students come from economically disadvantaged homes and an increasing number do not speak English as their primary languages. Undiagnosed learning deficits continue to be a problem for many children. In 1998, seventy-two percent of the students in the 14 Dallas County public schools passed the Texas Assessment of Academic Skills (TAAS). While student scores on the TAAS have improved steadily over the past four years in Dallas, these scores still lag behind state and national averages. The school completion rate continues to disappoint. Fewer than 50% of students who enter 9th grade in Dallas Public School are graduating 4 years later. More than 40% of Dallas County public school students are classified as

at-risk of educational failure. Half of public school third graders have not mastered reading objectives for their grade level as measured by TAAS reading tests. One result is that approximately 1 in 5 youth aged 16-19 are unemployed and not in school. Other youth are out of school and employed, helping to support their families. According to the Texas Youth Commission, "dropouts are six times more likely to be unwed parents, seven and a half times more likely to be dependent on welfare, twice as likely to be unemployed, and three and a half times more likely to be arrested". The overall problem of truancy is a critical issue and there is an increased need for education of parents on this issue as well as more truancy prevention programs.

It is well documented that a child's earliest life experiences have a profound impact on determining later success in school. Goals 2000 states that "all children in America will start school ready to learn". This means access to quality child care and early education programs that stimulate development. Unfortunately access to these programs is not available for many low-income children. During the '98-'99 school year, approximately 1500 children in the Dallas Independent School District were on the waiting list for Pre-Kindergarten, although the actual need is estimated to be much larger. Many families do not put their child on the list out of frustration or for fear that their names and addresses will be utilized for other purposes. Education reform will require increased resources directed towards early childhood education and services that will ensure that a child is able to begin school prepared to learn and to succeed.

SUBSTANCE ABUSE

In a 1998 survey of DISD 7th, 9th, and 11th graders, 21% reported using alcohol once or more in the past 30 days, 15% smoked cigarettes, 14% used inhalants, 16% used marijuana and 45% rode in a car with a driver who had been drinking. According to the report of the Texas Commission on Children and Youth, substance abuse treatment is only available to 14% of low-income Texas youth in need of treatment. Experts agree that parental substance abuse is a significant factor in child maltreatment. Half of adolescents who enter as juvenile offenders are actively involved with substance abuse.

RESIDENTIAL INSTABILITY

Dallas County, just like many other communities in the country, searches for ways to respond to the dilemma of families and children with no permanent place to live. The transient family and/or the homeless child(ren) are usually negatively affected by the lack of residential stability. The stability of home life is essential to increased esteem, self-reliance and determination. Children who know who they are and feel good about themselves are more able to adapt to acceptable norms. The reverse is also the case. So efforts designed to address the issues of residential stability for families and children could include but not be limited to mobility, violence/abuse, poverty, social isolation, and/or lack of English proficiency. Dallas has one of the higher rates of unmet housing needs in terms of the numbers living in unacceptable housing. Dallas County has 58,000 families living in poverty who receive no government assistance. They are paying more than half of their income to live in substandard housing. There has been an increase in the number teen's ages 15 to 17 living on their own, frequently on the street and there is a need for more independent living programs. A large number of teens living on the streets are gay and lesbian youth. In addition, the suicide rate among gay and lesbian youth is staggering with gay and lesbian youth 2 to 3 more times likely to commit suicide than other young people.

RISKY BEHAVIORS

Children and adolescents today are wooed by the thrills of risky behavior. According to the Director of the Juvenile Department, once offenders reach a threshold in which they can tolerate committing a violent act, then it becomes second nature for them and can easily lead to an addiction to risky behaviors. Children who do not have healthy families to serve as role models often gravitate to gangs and illicit behavior. A study conducted by researchers at Texas A&M University in 1998 was designed to determine the extent to which students in Texas put themselves and others at risk through behaviors such as fighting and carrying a weapon. The results of this survey indicate that 22.3% of the Texas students surveyed carried a weapon with them to school in the 30 days prior. 5% were threatened with a weapon on school property; 3.5% said they were members of a gang and 10% were former gang members. 30% of the students had been in a physical fight in the past year. Even though youth crime appears to be declining, the violent acts committed by youth are more serious and younger children are committing these violent acts.

In addition to the risky criminal behavior of youth, children and adolescents engage in risky sexual behavior that is detrimental to their minds and bodies. When engaging in sexual activity, teenagers are more likely than adults are to practice contraception sporadically or not to use contraceptives at all. Due to early sexual behavior without the use of an effective contraceptive, 3 million teens acquire sexually transmitted infections every year (about 1 out of 4 sexually experienced teens). In the U.S. 1997, the human immunodeficiency virus infection (HIV) was the 7th leading cause of death in individuals ages 15 to 24. Youth often do not or cannot recognize the symptoms of these infections nor seek medical assistance, and without such health care some STIs result in sterility or an increased risk of certain types of cancer. The chances of acquiring an STI and HIV increase dramatically when teenagers engage in sexual activity with multiple partners. In addition, a sexually active teenager who does not use contraceptives has a 90% chance of becoming pregnant within one year, resulting in a high teen pregnancy rate and severely changing the life plans of teen parents. Despite the trend for education about early sexual activity and its consequences, many teens behave in a risky manner, having unprotected sex with multiple partners.

PARENTAL SUPPORT / PARENTAL INVOLVEMENT

It is critical to recognize children's need for both parents. Children growing up in single parent homes are more likely to fail at school or to drop out, engage in early sexual activity, develop drug and alcohol problems, and experience or perpetrate violence. Significant differences favor the academic achievement of both boys and girls from father-present homes. Research suggests factors that play a role in parental absence are the inability to establish a workable child rearing arrangement and inadequate financial resources.

Twenty-one percent of children are living in single-parent families and non-custodial parents are complying with only 46% of court ordered child support. At a minimum, family court judges should order parenting classes for divorcing parents and to make it possible, if it is in the best interest of the child, to be involved.

The 1997 Census Bureau study tells us that 5.5 million children are being raised in families headed by a grandparent, that is 7.7% of all American children. Seventy-five percent of these homes do not include the children's parents. Many grandparents entering retirement considered themselves finished with child rearing and the costs of housing feeding and clothing their grandchildren can cause an overwhelming burden and plunge them into financial and emotional distress. Single grandmothers in particular, who head households, are at risk of impoverishment.

The Census Bureau study also states that 60% of these single grandmothers are poor.

Analysts say that the increase in the number of children living only with grandparents can be attributed to a range of factors, from drug use, divorce, death, incarceration and aids related deaths. Grandparents can be the last bond holding the family together. There are also many cases of children living with other relatives and/or friends on a rotating basis, creating a lack of stability for the child.

There are also a growing number of gay and lesbian parents. These families may encounter verbal harassment and physical violence. Very few social service professionals are trained to deal with the specific problems of these families and the services available to them are limited.

VIOLENCE IN THE HOME

Research has shown that over 50% of men who batter their partners also batter their children, making the presence of spouse abuse the single most identifiable risk factor for predicting child abuse. Additionally, the March of Dimes has concluded that the battering of pregnant women causes more birth defects than all of the diseases for which children are usually immunized. Children who grow up in violent homes are more likely to commit criminal offenses as juveniles and adults, to commit suicide and to abuse drugs and alcohol. In fact, 85% of offenders currently incarcerated in the Texas Department of Corrections grew up witnessing violence in their homes. Finally, witnessing violence in the home passes the cycle of violence on to the next generation as 70% of all batterers grew up in a violent home.

CURRENT RESOURCES AND COORDINATION

PROGRAMS AND SERVICES FOR CHILDREN IN MULTIPLE RISK ENVIRONMENTS IN DALLAS COUNTY

A. PREVENTION

A. CHILD PROTECTIVE SERVICES (CPS) PREVENTION ACTIVITIES:

Includes funding for programs that provide in-home casework services to families identified as at risk for child abuse and neglect and/or juvenile delinquency. CPS also provides professional casework supervision to six community-based Family Outreach Centers that provide information and referral services, in-home casework, parenting classes, and community education programs.

B. HEALTH CLINICS AND PROGRAMS FOR HIGH RISK MOTHERS AND INFANTS

Includes programs offering medical, dental and social services to children and adults, health maintenance, counseling, obstetrical care, services to medically indigent, food supplements, transportation and nutritional education.

C. HOTLINES

Includes 24 hour telephone counseling and suicidal crisis intervention

- D. **ABUSE PREVENTION/PARENTING EDUCATION FOR ADULTS**
 Includes parent education, casework services (using volunteers and professionals) to families at risk; community education, counseling, in-home therapy, mental health services, pre-natal classes, family literacy, teen parenting, domestic violence awareness programs, parenting resources, early childhood intervention skills training, crisis intervention, sexual abuse treatment, pregnancy prevention, faith-based solutions, psychological assessment, parent support groups, residential treatment, AIDS out-reach programs, outreach services for families with children who are mentally challenged, and programs to deter truants and status offenders from court action
- E. **FAMILY/CHILD COUNSELING**
 Includes individual, marriage and family counseling; assessment; crisis intervention; services for violent families and victims of incest, rape and sexual abuse; parenting instruction, intensive treatment for status offenders, in-home, family center service to assist families in providing care for mentally challenged children healthy child development
- F. **PREVENTION EDUCATION FOR CHILDREN/ADOLESCENTS**
 Includes primary prevention programs designed to teach children how to protect themselves and avoid negative behavior
- G. **PREVENTION COALITIONS/COLLABORATION S/INITIATIVES/ADVOCACY**
 Includes raising awareness regarding child abuse and neglect, domestic violence and risks to children in our community; professional and community education; cross-agency training; effective advocacy regarding public policy decisions that impact children; coalescing community groups and individuals; community strategies focussing on a specific neighborhood or underserved area.
- H. **SUPPORT GROUPS**
 Includes groups to support families with substance abuse problems; parent support groups, parents for children with behavior problems; single parents; parents of newly-born, high risk children; curriculum-based support groups and groups for offenders
- I. **SHELTERS/HOUSING**
 Includes shelters for families, battered women and children; low-income families, transitional housing, faith-based adoption programs, and emergency residential care

- J. **GANG INTERVENTION**
Includes programs which deter youth from joining or staying in gangs
- K. **CITY/SCHOOL PROGRAMS**
Including health-risk reduction services, enrichment programs, school dropout prevention services, visiting teacher programs, programs to protect children involved in custody disputes, co-located health and human services with prevention and intervention programs, truancy programs
- L. **SUBSTANCE ABUSE PREVENTION/TREATMENT**
Includes programs to enhance self-esteem, improve negotiating skills, resist peer pressure, develop refusal skills and enhance vocational skills; outpatient and inpatient drug counseling and treatment; education, information and referral services; in-school programs including DARE; and support services
- M. **DOMESTIC DISPUTES**
Includes very limited supervised visitation and exchange services, recovery groups, peer mediation, and adult mediation
- N. **YOUTH DEVELOPMENT**
Includes leadership development; education, physical and vocational guidance; arts and cultural programs; values and character training; lunch programs; parenting, therapeutic horse-back riding; programs for physically and medically challenged youth, services for "latchkey" children, recreational and camping programs, programs to help child victims overcome trauma, build academic and career skills, peer mediation and conflict resolution skills
- O. **CHILDCARE**
Includes day care and child care, services to homeless children; preschool and medically-managed care
- P. **COMMUNITY PROGRAMS AND RESOURCES**
Includes reproductive and health care information, character education, programs to deal with coping with divorce, risk prevention; shaken baby awareness, programs for runaways, teen court, ropes courses, police department safety and education programs, and mental-health oriented programs for runaways

B. PROTECTION

A. CHILD PROTECTIVE SERVICES

Includes protective services to dependent, neglected, abused or abandoned or exploited child in Dallas County

B. POLICE DEPARTMENT IN DALLAS COUNTY

Includes programs to protect children and to help and/or apprehend juvenile offenders; programs for intervention with youth and families who come in contact with the police or who may require protection from harm.

C. DALLAS CASA (COURT APPOINTED SPECIAL ADVOCATES)

Includes program to train and supervise community volunteers to advocate in court for abused children

D. MEDICAL SERVICES: CHIP and REACH CLINIC

Includes comprehensive care of abused children and Children's Health Insurance Program

E. DALLAS COUNTY JUVENILE DEPARTMENT

Includes services for and processing of cases of children ages 10-16 taken into custody for status offenses or charges of delinquent behaviors

F. CHILD FATALITY REVIEW TEAM

Multi-agency team that reviews all child deaths

G. OTHER PROGRAMS/SERVICES

Includes treatment/counseling to child victims and youth offenders; group treatment programs; child-centered sites for coordinated investigation of abuse cases; case management services; transitional living programs; adoption and post-adoption services; rape crisis counseling; intensive in-home support services; professional training and seminars; victims outreach; child and family counseling; legal representation

H. PROTECTIVE PLACEMENT RESOURCES

Includes group care; limited residential treatment; foster care to pregnant teens; therapeutic group foster care; intake

I. DOMESTIC VIOLENCE PROGRAMS/SHELTERS

Includes transitional housing; shelters from family violence; domestic violence counseling; shelter for single women and mothers; and emergency shelter

ADDITIONAL RESOURCES / AGENCIES

African American Men of Peace	Just Another Means of Success (JAMS)
Avance	Just For Us Youth Community Center
Be Free	Legal Services of North Texas
Boys & Girls Clubs	Letot Center
Calumet Community Center	Lone Star Council of Camp Fire
Child Abuse Prevention Coalition (CAPCO)	medical services
child care facilities	Mental Health Association of Greater Dallas
Child Protective Services (CPS)	Mothers Against Teen Violence
Children First, Inc.	Multi Cultural Counseling Center
Children First Counseling Center	New Beginning Center
Children's Medical Center	North Texas Coalition for Children
churches	Obadiah Gang & Drug Program
City of Dallas Environmental & Health Services	Our Brother's Keeper
City of Dallas Project Climb	parenting education programs
City of Mesquite Parks & Rec.	Parkland Health & Hospital System
City of Mesquite Police Department	parks and recreation programs
Coalition for North Texas Children	Pegasus Youth and Family Center
Communities in Schools, Dallas	police departments
Dallas Challenge	Project 75216
Dallas Child Guidance Clinic	Rainbow Days
Dallas County Juvenile Department	Runaway Resources
Dallas Court Appointed Special Advocates (CASA)	school districts
Dispute Mediation Services	shelters
Drug Prevention Resources, Inc.	Skillful Living Center
drug treatment programs	Skyline Ranch
Enterprise Foundation	sports organizations (Little League, Police Athletic League, Soccer Associations)
Family Connection (The)	St. Joseph's Adolescent and Family Services
Family Outreach	Texas Family Institute
Family Place (The)	Trinity River Mission
Girls, Inc.	UT Southwestern Medical Center
Greater Dallas Council on Alcohol and Drug Abuse	Victims Outreach
Head Start of Greater Dallas, Inc.	West Dallas Community Center
health clinics	YMCA Casa Shelter
Hope for Children Foundation	YMCA Community Services
hotlines	YMCA Oak Cliff
I Am That I Am Training Center	Youth and Family Impact Centers
Junior Players	youth service organizations (Boy Scouts, Tejas Girl Scout Council, Camp Fire, YMCA)
	Youth Services Council

INCREASED COORDINATION OF RESOURCES

Dallas County needs a collaborative continuum integration of services to aid families in solving their multiple high-risk problems. Most families in Dallas County who are in need of services present with manifold problems (e.g., school dropouts, teen pregnancy, divorce, and substance abuse). Therefore, the most effective intervention for aiding families in solving their problems is through integrated agency approaches. These approaches also known as wrap-around services must support the whole family or entire household, rather than the individual child or adult. Services to families must include, but are not exclusive to: comprehensive case management, multifamily and multi-generational services, parenting skills, counseling, substance and alcohol programs, domestic violence child abuse and anger control programs, as well as a multiplicity of services to support healthy child development, parents and the family structure.

Dallas County must become child-centered, rather than agency centered. We must identify children in the same, common language, and we must share information about these children. We

must come together to provide consistent and related services children, so that our children will no longer seem like children in a relay race in which their baton continues to be dropped.

Dallas County needs a "blueprint" for children, which includes short and long-range collaborative strategies. We need to develop common, cross-agency outcome measures for children. We need to develop a system for tracking children, so that professionals will know what services have already been provided and those children still need.

Every child needs and deserves:

- A personal, one-on-one relationship with a caring adult;
- A safe place to learn and grow;
- A marketable skill to use upon graduation;
- A chance to give back to peers and community;
- A chance for a healthy start.

Research by the Search Institute, a Minneapolis-based nonprofit research and education organization specializing in children and youth issues, has identified 40 concrete, positive experiences and qualities - "developmental assets" - that have a tremendous influence on young people's lives. The developmental assets help youth make wise decisions, choose positive paths, and grow up competent, caring and responsible. The assets are grouped into eight categories: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity. The asset framework includes everyone who touches the lives of young people - families, schools, neighborhoods, youth agencies, religious institutions and businesses. Everyone in Dallas County can play a role in building assets for youth.

Sponsored by the Greater Dallas Collaboration for Youth, in November 1998, Dallas Public Schools administered the Search Institute's survey to a sample of 7th, 9th, and 11th grade students. The average number of assets was 18.9. One way to increase coordination and resources in Dallas County is to educate communities on the asset approach and the roles, which everyone can play in increasing assets.

As committed community citizens, we need to come together to develop a clear vision of a safe, supportive and healthy community in which our children may grow. We need to work together in collaborative partnerships to focus the communities' attention to the critical needs of children at risk in Dallas County.

PRIORITY GAPS

PREVENTION AND PROTECTION OF CHILDREN LIVING IN MULTI-RISK ENVIRONMENTS

A. PREVENTION:

PRIORITY GAPS OR NEED FOR EXPANDED CAPACITY

1. A variety of broad based, developmentally appropriate programs that are

(a) affordable (b) culturally sensitive (c) during non-school hours (d) neighborhood based (perhaps in existing school buildings which are not in use) (e) offer children/adolescents alternative outlets and sources for "thrills" which are positive, healthy and promote abstinence both from promiscuity and from drugs and (f) provide educational enrichment, including literacy skills.

2. Healthy and productive relationships between neighborhood citizens, schools and community-based programs
3. Agencies and professionals attuned to the grassroots needs of the children and the communities in which they serve, rather than serve the needs of funding opportunities; more case workers and support staff and higher salaries for Child Protective Services; more professional development for case workers; increased technology to increase access to CPS; more direct care givers.
4. A continuum of affordable mental health and substance abuse care in accessible locations, including desperately needed residential / inpatient treatment facilities
5. Child-based, rather than agency-based, tracking system for children who access services in our community
6. Appropriate evaluation tools and adequate funding to effectively measure outcomes for programs that help to reduce risks to children
7. Programs that consider the whole context of the child and his/her family of origin, rather than programs which have a single focus
8. Decentralization into the community of traditional social service agencies, so that services are provided in the neighborhoods and schools where they are needed.
9. New vehicles for enhancing culturally-based conflict resolution for children and their families
10. Intensive home visitation programs for new parents
11. Adequate support groups and culturally-appropriate parenting classes, including home visitation, particularly for abusive and addicted parents, new parents, teen parents, and parents of high-risk children and youth and blended families.
12. Safe, permanent homes for all at-risk children
13. School-based and or community-based vocational training and real job opportunities for non-graduating and/or non-college bound students
14. Increased recruitment and training of volunteers to work as tutors and/or mentors

with children and adolescents who need positive healthy role models.

15. Enhanced priority given to the implementation of existing wellness programs in the schools
16. School and community programs to prepare both students and parents for college.
17. Agencies and professionals attuned to the needs of non-custodial parents.
18. Increased attention to education, policy formulation and opportunities for parental involvement in children's lives, to include non-custodial parents and guardians.
19. A continuum of respite care available for families and foster families with children with severe physical, emotional and behavioral challenges.
20. Access to affordable housing.

B. PROTECTION:

PRIORITY GAPS OR NEED FOR EXPANDED CAPACITY

1. A continuum of affordable health, mental health, and substance abuse care in accessible locations within Dallas County, particularly residential treatment facilities for (1) severely traumatized victims of abuse (2) pregnant teens, (3) multi-agency and/or dual diagnosis children, and (4) sexually-abusing juvenile offenders
2. Safe, permanent homes as quickly as possible for every abused, abandoned or neglected child in protective foster care
3. Comprehensive and immediate assessment services for children who come into the system as child victims or as juvenile offenders
4. Appropriate and cost-effective representation of all juveniles in the court system whether the child comes into the system as a child victim or a juvenile offender, including separate advocates for youth in the court system.
5. A comprehensive tracking system (integrated data base system) for children, so that agencies professionals and the courts serving those children can access and share critical information as soon as the children come into the system; more technology access for Child Protective Services.
6. Effective enforcement of curfew and truancy laws for juveniles
7. Appropriate evaluation tools and adequate funding to effectively measure outcomes for programs that help to protect children

8. More dual licensed foster/adoptive caregivers for child victims without homes or families
9. Comprehensive services for relatives, extended families or interested parties who take children to raise
10. More expedient, sensitive and child-centered handling of divorce cases, so as to minimize the risk of emotionally abusing the child, including mandated parenting courses, counseling, supervised visitations and exchange services, child-sensitive and cost-effective representation of children.
11. Changes in laws regarding confidentiality of records, so that these laws will protect high-risk children but no longer inhibit coordination of services to these children
12. Better preparation and training in independent living skills for adolescents so that high-risk youth will have a better chance of becoming productive and responsible adults
13. Increased community awareness of the risk of unsupervised use, handling or possession of firearms by minors and adults
14. Increased recruitment and training of volunteers to work with children and adolescents at-risk
15. Effective "hotlines" for children in trouble, in need or in crisis
16. More support groups and/or treatment for dysfunctional and violent families including court-mandated programs
17. Adequate screening and treatment for pregnant substance abusers to ensure healthy birth outcomes
18. Need for evaluation of the impact of Medicaid Managed Care , CHIPS, Project PACE, NorthStar Behavioral Health on the well-being of children and youth
19. The dissemination of adequate information to treatment and prevention service providers regarding legislative initiatives which impact service provision and quality of care and appropriate notice of funding opportunities.

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C. DOMESTIC VIOLENCE

STATEMENT OF NEED

12,092 domestic violence offenses have been reported to the Dallas Police Department, the largest municipal police force in Dallas County, for the first seven months of calendar year 2000 (January – July). The total number of arrests for family violence calls has been 3,490, and 903 protective orders have been issued. In 1999 there were 21,037 offenses

where they witnessed or were subjected to some form of abuse.¹² Studies show that child abuse occurs in 30-60% of family violence cases that involve families with children.¹³

Currently, there are few—if any—services in Dallas County for children who witness domestic violence or specifically developed to address the patterns of coercive and violent behavior in middle school and high school dating relationships. These behavior patterns parallel adult domestic violence and lead to crimes such as assault, stalking and rape where both the victim and the perpetrator are minors.

In a report on “Intimate Partner Violence” in August, 2000 the Justice Department reported a decline in crimes of women killing husbands: as more shelters, hot lines and restraining orders have been provided to protect battered spouses, women have had choices other than violence. Women remain, however, five times more likely than men to be attacked by intimate partners.¹⁴

1999 Family Violence Offenses¹⁵

Dallas County

Addison	94	Lancaster	306
Balch Springs	144	Mesquite	947
Carrollton	373	Richardson	395
Cedar Hill	235	Rowlett	300
Cockrell Hill	11	Sachse	44
Coppell	85	Seagoville	106
Dallas	19,476	University Park	15
DeSoto	302	Wilmer	36
Duncanville	255	UT Med. School Dallas	1
Farmers Branch	169	UT Dallas	4
Garland	1,986	Richland College	0
Glenn Heights	139	Dallas County Hospital Dist.	19
Grand Prairie	1,145	Baylor Health Care System	5
Highland Park	11	St. Paul Med. Center	0
Hutchins	19		
Irving	1,892	Total	28,511

PRIORITY PROBLEMS

Need for More Prevention Services

Educating the community at large, and various professional disciplines in the community, continues to be the bedrock of prevention efforts. Increased primary prevention includes: Providing educational workshops, increasing collaborative efforts between service providers,

¹² Action Notes, 1989, Texas Council on Family Violence

¹³ *The overlap between child maltreatment and woman battering.* J.L. Edison, *Violence Against Women*, February, 1999

¹⁴ U.S. Department of Justice

¹⁵ Texas Department of Public Safety

criminal justice and medical community, including the issue of domestic violence in schools curriculum, providing more parenting classes, and a public media campaign to increase community awareness about services available. Many victims of domestic violence remain unaware of the services they could access.

Outreach efforts are crucial to reducing the occurrence of domestic violence. Often, language and cultural barriers exist which make effective communication difficult. As the non-English speaking population in Dallas County increases, so will the need for culturally sensitive and linguistically trained outreach staff. The latest census data shows that the Hispanic population is increasing more rapidly than any other group.¹⁶

Outreach to children and adolescents is needed because domestic violence is a behavior that is learned in the home and passes from generation to generation. Eight percent of teenage girls age 14 to 17 report knowing someone their age who has been hit or beaten by a boyfriend.¹⁷ More than 1 in 4 high school and college students have been hit or sexually assaulted by someone they were dating.¹⁸ Abusive behavior is acquired over time, from multiple observations and

Because quick response is essential to insure the safety of the victim and the prosecution of the perpetrator, designated domestic violence courts and staff are essential to handle the cases in a timely manner.

The number of victims needing shelter and counseling far exceeds the number of service slots available through the service providers in Dallas County, Grand Prairie and Plano (approximately 218 beds for domestic violence victims). More shelter space and counseling services are needed, as well as non-residential services, including services provided to children of victims of domestic violence. Based on the City of Dallas Single Night Homeless Count, 298 families with 600 children were on the streets in Dallas on January 17, 1999. If 32 percent of these people are homeless due to domestic violence²², then there was a need that night for 270 beds from this group alone. That does not include 704 single women on the street or thousands of people still living with abusers.

The language and cultural barriers mentioned previously are exacerbated in this stage, making it difficult for law enforcement and the victim to effectively communicate. The victim is already in a traumatized state that is further intensified by the inability to relate the circumstances of the violence, to express fear, and to seek reassurance that protection will be provided.

Battered women who have a problem with substance abuse constitute an ongoing problem, as many programs do not serve this large group. The availability of services for these women is an ongoing need. Those victims of domestic violence with mental health problems have a great need for services, and few resources.

Batterers who attend mandatory Battering Intervention and Prevention (BIPP) programs have a lower recidivism rate than do those who do not attend such psycho-educational classes. The capacity of such programs needs to be expanded and perpetrators' accountability in the community must be addressed to ensure such attendance. BIPP programs for batterers whose native language is not English are essential, as is ongoing research to provide evaluation of BIPP programs. Offenders with psychiatric problems require specialized treatment.

Need for More Support Services

According to the Dallas County Workforce, the number one reason for former welfare clients' inability to keep a job is absenteeism. The number one reason for the absenteeism is domestic violence.

The pressing need to rehabilitate the victim and to avoid further victimization presents many demands on the system. Financial support and education about the availability of economic resources during the transition to independent living is crucial. Most women who come to shelters are at an economic disadvantage with limited resources; at one shelter, over 50% make less than \$10,000 a year.²³

More access to low or no-cost civil legal services to help the victims obtain divorces, child custody and property settlement is needed. Advocates to help coordinate victim services and to assist the victim through the lengthy quagmire of legal procedures are essential to support and encourage the victim to see the process through to completion.

Training of Service Professionals

Training is a pre-eminent need for those who work with victims of domestic violence at all levels: Prevention, Intervention and Support. All of those who work with victims of domestic violence

²² *Ten Cities: A Snapshot of Family Homelessness Across America 1997-1998*, Institute for Children and Poverty, 1998

²³ The Family Place

become aware at some point of the unique problems posed by these crimes. A great deal of training is needed in these fields to educate about the special nature of domestic violence cases.

Domestic violence is unlike other crimes; the victim is likely to have repeated contact with the perpetrator because of economic dependence, religious and cultural pressures, and children from the union. This leads to repeat offenses and ongoing victimization, and is often misunderstood.

CURRENT RESOURCES AND COORDINATION

In Dallas County there are 6 shelters, 4 transitional housing programs, one child advocacy center, the District Attorney's office, 30 police agencies, a VIP Clinic at Parkland Hospital, injury prevention centers, 3 batterers' programs and a wide variety of other agencies working together to serve victims of domestic violence and to seek solutions to this problem. The resources in Dallas County address community, family, individual and school age risk factors.

The Family Violence Prevention Council brings together Domestic Violence agencies, Child Protective Services, the Dallas Area Agency on Aging, the District Attorney's office, the Dallas Independent School District, the Dallas Police Department, the Mental Health Association, major hospitals, the Greater Dallas Community of Churches and community volunteers. For the last three years the various domestic violence service providers, the District Attorney's Office and several police departments have worked together in a Dallas County Domestic Violence Task Force. This task force meets on a monthly basis in an ongoing effort to identify gaps in resources and seek solutions.

Protective order applications are available at five off-site locations. Brighter Tomorrows provides a weekly support group held in the substance abuse tank at Lew Sterrett Justice Center for victims of domestic violence. Legal Services of North Texas, through its Lawyers Against Domestic Violence program, provides full civil legal assistance to qualified victims of domestic violence.

The regional coalition of the Texas Council on Family Violence, representing all the shelters and other social service providers, meets bimonthly to coordinate resources and address areas of concern. A Domestic Violence Outreach group, consisting of the area shelters and other agencies doing outreach, meets monthly to coordinate their efforts and find ways of improving their contacts in the community. Irving Police Department has a domestic violence task force coordinated with the Department of Health and the Garland Police Department has a new domestic violence unit. The Domestic Violence Awareness Coalition meets monthly to raise awareness among the public and professionals about domestic violence. There is a newly formed CPS/DV (Child Protective Services/ Domestic Violence providers) group meeting monthly to attempt to encourage understanding and better cooperation between the two groups of providers.

Additional resources:

African American Men of Peace
Brighter Tomorrows
Challenges of Tomorrow
Child Protective Services (CPS)
Children's Medical Center
City of Dallas Police Department
City of Dallas Social Services
City of DeSoto Police Department

City of Garland Police Department
City of Grand Prairie Police Department
City of Mesquite Police Department
churches
Communities in Schools, Dallas
court system
Dallas County Community Supervision and
Corrections

Dallas County Domestic Violence Task Force
 Dallas County District Attorney's Office
 Dallas County Sheriff's Department
 Dallas Court Appointed Special Advocates (CASA)
 Dallas Life Institute
 Dispute Mediation Services
 East Dallas Counseling Center
 Family Connection
 Family Outreach
 Family Place (The)
 Fathers for Equal Rights
 Genesis Women's Shelter
 Head Start of Greater Dallas
 Hope for Children Foundation
 I Am That I Am Training Center
 Immigrant Domestic Violence Relief Network

Injury Prevention Center
 Just Another Means of Success (JAMS)
 Lawyers Against Domestic Violence
 Legal Services of North Texas
 medical services
 Multi Cultural Counseling and Training Institute
 New Beginning Center, Inc.
 Obadiah Gang & Drug Program
 Parkland Health and Hospital System
 police departments
 Rainbow Days
 Salvation Army
 Skillful Living Center
 Texas Council on Family Violence
 UT Southwestern Medical Center
 Victims Outreach

INCREASED COORDINATION OF RESOURCES

Representatives of the above-mentioned coalitions have met with each other to organize training efforts directed at educating important groups about domestic violence. Maximum utilization of technology funded through VAWA Grants to Encourage Arrests at the District Attorney's office will increase coordination.

PRIORITY GAPS

Research suggests that the crime of domestic violence has been an extremely underreported crime (see **need** on page 1); as public awareness increases, the needs in all areas will exceed existing resources even more. Following are the obvious gaps (including needs for expanded service), categorized according to the grouping given under "Priority Problems":

Prevention

- Educational outreach efforts to increase awareness about domestic violence among the general population.
- Workshops targeting different groups; i.e. underserved linguistic, ethnic, and cultural minority populations. Culturally and linguistically sensitive caseworkers are crucial. Availability of no-cost translators in legal proceedings and to service providers would help those with language barriers.
- Increase the already existing collaborative efforts between agencies currently serving victims, heightening the effectiveness.
- Coordination with health care professionals.
- Coordination with mental health professionals, including substance abuse counselors.

- Effective introduction of school curricula to educate future generations. All school districts must adopt relationship education.
- A comprehensive public media campaign will help reach those who need help as well as those who can help.
- Encourage faith-based community to educate their audience.
- Increase efforts to address safety in the workplace necessitated by partner and spousal abuse.
- Relationship counseling for adolescent boys and girls in the juvenile justice system.
- Increased services for incest survivors.
- Increased education and awareness for children.

Intervention

- At least one designated, misdemeanor level, 100% domestic violence court is essential to ensure that cases can be brought to trial swiftly, so victims can be made safe and batterers can get into treatment programs. System should evaluate the need for a felony level, domestic violence court if new laws create a strain on the courts.
- Additional prosecutors and investigators are a crucial need to handle the overload of domestic violence cases.
- Specialized domestic violence units as a part all area police departments are needed to insure the proper awareness of the special nature of these cases.
- Increased availability of shelter bed space for victims and their children is an ongoing priority need.
- Additional victim liaisons are needed to assist local law enforcement, and in the judicial system. These liaisons, working within the District Attorney's office, can help guide the survivor through the criminal justice process.
- More outreach services are needed for more immediate contact with victims. For underserved populations, culturally and linguistically sensitive caseworkers are needed.
- Effective emergency room intervention at all hospitals is needed to provide assistance to victims of domestic violence.
- More legal advocates are needed to assist in shepherding the victim through the legal system; free legal assistance is needed in many cases.
- Better access to transportation services for victims is an ongoing need.
- Expanded capacity of accredited batterers' intervention programs is needed.
 - Perpetrators need to be held accountable in the community and by enforcing attendance at BIPP programs.
 - BIPP programs for batterers speaking other languages are essential.
 - Ongoing research to provide evaluation of BIPP programs is needed.
- An approved batterer intervention program for adolescent abusers in an accessible location is needed to address and intervene in the coercive and violent behavior exhibited in teen dating relationships.
- Specialized adolescent advocates are necessary to help obtain rights for adolescent victims, especially in the criminal justice system.

- Expanded services and access for survivors of childhood sexual abuse and incest is needed.
- The availability of services for battered women who have substance abuse issues is an ongoing need.
- Increased education and awareness for children.

Support

- Additional transitional housing, working toward the goal of the victims' independent living arrangements, are an overwhelming need.
- Affordable housing, once the client has made the transition from the shelter, is a key component of stabilization; resources are extremely limited.
- Lack of dependable childcare is a major barrier to economic self-sufficiency.
- Affordable healthcare and easy access to receive services will help victims through the healing process.
- Increased coordination between Child Protective Services and domestic violence shelters will help identify families with domestic violence issues prior to removing the child.
- Various aspects of divorce proceedings in which the victim may be engaged require extended legal assistance.
- The basic economic resources required to support an individual, such as assistance finding employment, are acutely lacking.
- Parenting classes for many of those coming from a background of domestic violence are an important need.
- Help from the medical community in specialized areas is often needed, but is currently unavailable to victims because of cost. Examples of this are: Physicians specializing in sleep disorders, chronic pain, women's health issues, and reconstructive surgery.
- The availability of child and adolescent counseling will help these witnessing victims and will help break the cycle of violence, preventing children and adolescents from becoming perpetrators.
- Legal advocacy to help victims in criminal and civil court system.
- Adolescent victim support groups held in locations easily accessible are necessary to meet the needs of this underserved population.
- Safe, affordable, supervised visitation centers for exchange of children would help reduce trauma and anxiety for all parties.

Training for the following professionals:

- Judges and associate judges in civil courts who come into contact with victims and perpetrators of family violence require family violence training.
- Law enforcement officials in a position to intervene.
- The legal community representing the needs of the victim.
- The religious community, often the first to hear about the abuse.
- Educators receiving indications about domestic violence, in a position to influence the future.
- The Immigration and Naturalization Service, dealing with cases involving new members of society.

- Social workers and mental health professionals encountering cases of domestic violence in their work. This especially includes those working with abused and/or neglected children.
- Various government entities (such as TDHS, Housing Authority, TWC, Health Department, etc.), often dealing with victims.
- Substance abuse professionals, whose clients are statistically more likely to be involved in domestic violence.
- Specialized training to understand the needs of abused men.
- Physicians and other medical personnel who see the abuse during treatment.
- Protocol development, staff training and protocol implementation for medical and mental health workers, law enforcement, prosecutors, judges, community supervision (probation) personnel, school staff, etc. is needed specifically in the area of adolescent relationship violence.
- Cross-training of child Protective Services and domestic violence workers to increase understanding of the dynamics of child abuse and domestic violence and to encourage cooperation between the two systems.

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D. JUVENILE CRIME

STATEMENT OF NEED

Like all major urban areas in the nation, Dallas County experienced a spiraling increase in juvenile crime in the early 1990's. The extent of juvenile crime in Dallas County can be quantified by examining referrals to the Dallas County Juvenile Department in three main categories: felony offenses, misdemeanor offenses and conduct indicating a need for supervision (CINS). Between 1990 and 1994, there was an enormous 66% increase in these types of referrals. Then in 1995, 1996 and 1997, referrals leveled off at the new volume and have remained relatively constant. There were 7,725 referrals in 1990, compared with 11,287 for 1995; 11,605 for 1996; and 11,206 for 1997. Overall referrals in 1998 decreased to 10,495. For 1999, there was a 2.54% increase over 1998, to 10,762 total referrals.

Current population estimates project a 15% increase in the number of adolescents (ages 10-17) by the year 2010. We can expect this increase in population to result in a corresponding increase in the number of crimes committed by juveniles and, therefore, an increased number of referrals.

The juvenile justice system, the courts, and treatment providers are still struggling with the impact of this dramatic increase in juvenile crime on service capacity. The juvenile justice system is faced with the often competing expectations of protecting the community, holding youth accountable for their actions, providing rehabilitative services to juvenile offenders, and providing services to the victims of juvenile crime. There is a need for increased service capacity in Dallas County. The service system is also experiencing an increase in the number of juveniles with complex behavioral, emotional, and/or mental health problems and unstable family situations. The increasing numbers of youth with these complex problems further strain the service system.

Increased service capacity is also needed in the area of early intervention/prevention services. There is a consensus among juvenile justice professionals that increased early intervention and prevention services have the best long-term impact in reducing juvenile crime. The impact on the local service system of increased early intervention and prevention efforts must be considered in a comprehensive planning effort. Increased early intervention/prevention services will result in, at least initially, increasing the number of youth and families needing formal treatment services. For example, if providers are successful in making substance abuse education and screening available, more youth and families will be identified as needing treatment services. The already strained capacity of current provider systems will not be able to respond to increased demand.

PRIORITY PROBLEMS

FAMILY EMPOWERMENT/ACCOUNTABILITY

The juvenile justice system and community-based treatment providers report that unstable family situations impact the level of intervention needed for juvenile offenders and must be considered in developing and implementing effective treatment strategies. This plan identifies two divergent aspects of including families in treatment strategies: the need for family empowerment and the need for family accountability. Family empowerment includes providing financial support,

training, mentoring and other home and community-based services designed to help stabilize and improve family functioning even after formal services end. Family accountability recognizes that an increasing number of families are unwilling to become involved in their juvenile offender's treatment plan. The following issues contribute to the overall problem of increasing empowerment and accountability for families of juvenile offenders:

- Parents/Guardians often do not meet the basic material needs of their children.
- Parents/Guardians often do not provide adequate supervision, leaving youth with too much free time with minimal or no supervision.
- Parents/Guardians often refuse to participate in treatment programs and/or refuse to enforce Conditions of Probation imposed by the Juvenile Courts.
- Family members, including parents and siblings, of juvenile offenders have behavioral, emotional, and/or mental health problems which need intervention.
- Without effective family interventions, juvenile offenders who successfully complete their treatment plan, including long-term, expensive residential services, are returned to the environment that caused and/or contributed to their delinquent behavior.
- Decreasing resources available to Child Protective Services has caused that system to primarily focus on situations involving younger children in immediate danger, with almost no services provided to lower priority referrals, which tend to be older children viewed as being capable of removing themselves from danger.

OVERLOAD OF JUVENILE OFFENDERS ON THE JUVENILE COURT SYSTEM

The dramatic increase in juvenile offense referrals during the first half of the 1990's has strained the capacity of the juvenile justice system, including the juvenile courts, to provide effective intervention services. Court action and associated interventions are generally reserved for more serious and repeat offenses. Few juveniles committing misdemeanor offenses ever appear in juvenile court unless they commit a more serious offense. There is a better chance to have a positive impact on a juvenile offender with intervention at the point of first offense. Waiting until a more serious offense is committed to intervene in a juvenile offender's life can actually encourage negative behavior and actions.

Better utilization of Municipal and Justice of the Peace Courts is needed to assist the Juvenile Courts in providing effective early intervention for juveniles. Municipal and Justice of the Peace Courts operate at the local community level, allowing juvenile offenders to be held accountable to the community in which the crime was committed. Intervention strategies are more accessible and effective when conducted at the local community level. However, many communities consider Municipal Courts to be merely traffic courts, with most resources devoted to collecting fines. These communities need to look beyond revenue production and recognize the role Municipal Courts can play in reducing juvenile crime in their communities. Instead of simply assessing monetary fines, these courts should be actively involved in early intervention and prevention by ordering community service, education programs, counseling and other community-based services.

TRUANCY

Recent crime reports indicate that daytime crime rates are rising. There are studies that indicate a correlation between high truancy rates and daytime crime. When police in Van Nuys, California, conducted a three week truancy sweep, shoplifting fell by 60 percent. Truancy is a clear

precursor of delinquent behavior and serves as an increasing focus for early intervention services. However, the juvenile justice system is not equipped to respond to the volume of truant youth. School districts in Dallas County file approximately 20,000 truancy cases per year. Dallas Public Schools, the largest district in the County, filed over half of those cases and is implementing a new local campus accountability system that is expected to double the number of truancy filings. Right now only four percent of those cases reach the contempt level, which involves more formal consequences. As the volume of truancy cases filed increases, the number of cases reaching the contempt level will also increase as well as the number of cases ultimately filed with the Juvenile Courts. Currently, 30% of truancy contempt cases are filed with the Juvenile Courts. Increases in the number of truancy cases will place additional strain on the capacity of the entire juvenile justice system.

Truancy is often only one component of a complex set of problems. Case managers working with truancy referrals report that truant youth also present with neglect, physical and sexual abuse issues, substance abuse (by the youth and/or parents), reading problems, learning difficulties, gang and criminal activity, teen pregnancies, and often complex mental health issues. Services to truant youth must collaborate with other providers to address the complex needs of the youth and family. As formal intervention with truant youth increases, the gap in available services can also be expected to grow.

OVER-REPRESENTATION OF YOUTH OF COLOR IN THE JUVENILE JUSTICE SYSTEM

The issue of over-representation of youth of color in the juvenile justice system compared to the mental health system, based on referral information, is a significant concern to this committee. Recent statistics show that African-American and Hispanic youth in Dallas County make up approximately 52% of the population of youth 10-17 years of age, yet they represent 72% of the youth referred to the Dallas County Juvenile Department. Conversely, Anglo youth ages 10-17 make up approximately 44% of the juvenile population, but only represent 25% of the referrals to the Juvenile Department. Clearly, there is a consistent over-representation of youth of color in the juvenile justice system.

A thorough discussion of over-representation of youth of color in the juvenile justice system requires a discussion of the larger issue of systemic racism in America. It is this committee's very strong position that every governmental entity, social service provider, or other organization involved in the juvenile justice system must be attentive to the over-representation issue and must actively address the issue at all levels of their organization. Additionally, all persons involved in reviewing CJD funding requests must ensure that this issue is adequately addressed by organizations seeking funding. However, for the purposes of this plan, this committee has focused on three concrete elements within the broader issue of over-representation. The first element is *prevention*, that seeks to educate and inform to deter youth from the juvenile justice system. The second element is *assessment and diagnosis*, aimed at appropriately determining the nature and extent of the juvenile's mental health status, including mental illness that requires treatment. The third element is *research*, to provide solutions to the apparently systemic problems of perception and assignment that disproportionately direct youth of color to the juvenile justice system.

Prevention as a first tier of community action would engage parents, youth, and the community at large in the primary goal of preventing youth of color from ever entering the juvenile justice system. A variety of interventions are necessary to facilitate this goal and any prevention projects must include measurable outcomes to evaluate effectiveness in prevention. Ideally, preventing

youth of color from ever entering the juvenile justice system should be a primary goal of any community.

Assessment and Diagnosis activities would seek to improve the identification of mental health problems and illnesses among youth that are referred to the juvenile justice system or are otherwise at-risk of entering the justice system. Adequate assessment and diagnosis would facilitate the development of an individual treatment plan that would assure mental health needs are met. Providers working with youth and families report that many of the youth who eventually enter the juvenile justice system have a diagnosable mental illness that had not been previously identified. Behavior that may have been indicative of mental illness at a younger age may have been dismissed or misconstrued by school personnel through racially biased reasoning, or by parents who weren't provided the right information to properly identify red flags, or adequately access appropriate services. The fact that mental illness carries a stigma throughout our society negatively impacts the motivation to seek mental health services. The stigma is even more prevalent in communities of color, who are rightfully less trusting of institutionalized systems and are schooled in a philosophy which says we take care of our own.

Research is necessary to more concretely identify the factors that bring disproportionate numbers of youth of color into the juvenile justice system. Research can be expected to provide facts that can guide policy/decision makers in addressing this priority problem. Key questions to be answered by researchers are: 1.) What are the apparent perceptions/beliefs held about juveniles from different ethnic backgrounds that result in disparate treatment from juvenile justice personnel, including public safety officers, juvenile probation staff and court personnel? 2.) At what points within the juvenile justice systems do youth of color experience differential treatment? and 3.) Does the current system of assessing the needs of youth of color who are referred to the juvenile justice system adequately determine the nature and extent of mental health issues and ultimately result in the development of appropriate treatment plans?

SERIOUS AND VIOLENT JUVENILE CRIME

There were a total of 2,818 referrals for felony offenses in Dallas County in 1999. The 1999 totals represent a slight increase from 1998 (2776) and continued a general downtrend in felony referrals that began in 1994. There were significant increases in the number of referrals for theft (a 13.8% increase), weapons violations (12.84%). At least part of the decrease in felony referrals over the past five years can be attributed to changes in the law calling for determinate sentencing for a wider range of violent felony offenses and a policy of mandatory detention until final disposition of juveniles in Dallas County charged with weapons offenses. While violent felony offenses do not represent the majority of felony offenses committed by youth, the numbers are still alarming.

In the early and mid-1990's, there was a general focus on gang activity being a primary contributor to most of the violent crime in Dallas County. In the past few years, there has been less emphasis on the involvement of organized gangs in violent crime. While gang activity may not be the primary factor behind violent crime, juvenile justice personnel must still be aware of the existence of gangs, the need to identify gang activity, and have intervention options for youth who are involved in gangs. A key problem in using the "gang" label in Dallas County is the lack of a consistent definition among some 28 Police agencies in the County. The Juvenile District Court Judges in Dallas County have created an informal policy that no juvenile charged with a weapons offense would be released from detention until final disposition. All weapons cases are put on a "fast track" and there is no distinction made for violent crimes that are deemed to be gang related.

Generally speaking, many serious and violent juvenile offenders begin showing signs of problems prior to any felony arrest. Critical to any effort to address violent crime is an early intervention/prevention program effectively targeting at-risk youth. According to a study conducted by Loeber and Farrington in 1998, the most serious violent offenders begin to exhibit serious behavioral problems at age 7. These youth typically have their first juvenile court appearance for a criminal offense at age 14.5, which is over 7 years after serious behavioral problems begin. Often these first time offenders are released home on probation with no significant change in the risk factors which contributed to their violent criminal behavior. Early intervention with youth exhibiting serious behavior problems presents a humane and cost effective means of addressing the problem of violent crime. However, there is no coordination among the different municipalities in Dallas County to track troubled youth and provide early intervention services.

In a discussion of serious and violent juvenile crime, it is important to remember that there are often juvenile victims of juvenile crime who need a full range of services. The 1999 Dallas Independent School District Health Survey of High School Students highlight the extent of serious harassment that is often unreported: 9.9% report being hit, slapped, or deliberately injured by a boyfriend or girlfriend within the last 12 months; and, a staggering 38.8% report having ever been forced to have sexual intercourse when they did not want to. The lack of victim services is a serious concern. As just one example, teen girls who are the victims of harassment, stalking and battering by a dating partner do not currently have access to support groups for teen victims of dating violence, find it almost impossible to obtain restraining orders against a juvenile boyfriend, and often do not receive the advocacy assistance they need to make and implement safety plans at school or home. Law enforcement often does not treat dating violence and stalking as seriously when reported by a teen girl as when reported by an adult woman.

LACK OF A COORDINATED COMMUNITY EFFORT TO PROVIDE A CONTINUUM OF CARE FOR YOUTH

Government's responsibility to intervene in the lives of youth who commit crimes is fairly well defined. Less clear is the responsibility and authority to direct a coordinated community effort to ensure a continuum of care that promotes healthy and well functioning youth. No one entity (governmental, community-based, or other) has assumed responsibility for assessment, planning and implementing a continuum of care that includes the following:

- Education about the services available to youth and families and how to access those services;
- Prevention efforts that create healthy and well functioning youth and prevent juvenile crime;
- Early intervention activities targeting children and their families;
- Education activities that assure every youth is developing the knowledge, skills and abilities needed to become functioning adults;
- Effective treatment programs for mental and physical health problems;
- Corrections efforts for youth in the juvenile justice system that are effective in prevention recidivism; and
- Coordinated evaluation of existing services and programs to determine what does and does not work.

CURRENT RESOURCES AND COORDINATION

While more work is needed to develop a comprehensive and coordinate continuum of services for youth, there are resources in Dallas County that are working together to address juvenile crime. There are both formal and informal collaborations among community-based providers, law enforcement agencies, governmental agencies (include the court system) and other organizations that have developed effective intervention strategies. Some examples of effective resources and collaborations are provided below.

- The City of Carrollton operates the Alternative Sentencing Program, in which juveniles are held accountable for their actions by performing community service, attending classes, and performing other duties designed to be remedial, such as participating in counseling, improving school attendance, improving school grades, etc.
- Dallas Challenge operates the Adolescent Class C and Truancy Intervention Project, which provides an intervention for youth who fail to comply with Justice of the Peace and Municipal Court orders. Youth and families receive a comprehensive assessment, and a service plan is developed to address the truancy or other behavior issues. Youth are assigned a case manager. Youth who successfully complete the program have their cases closed.
- Dallas County Juvenile Department provides Probation Officers at Madison High and South Oak Cliff High in Dallas and at Wilmer-Hutchins High School to assist with truancy intervention efforts.
- African American Men of Peace is funded by CJD for a mentoring program and an after school/training program that targets primarily the South Oak Cliff area of Dallas, ZIP codes 75216 and 75241. African American Men of Peace works very closely with the schools located within its service area.
- Several Dallas County police departments share gang-related intelligence information using a computer system designed and donated by the parent of a crime victim. Participating jurisdictions include Dallas, Plano, Richardson, Irving, Grand Prairie, Mesquite, Carrollton, and Lewisville.
- The City of Mesquite provides a School Resource Officer program for middle schools in the Mesquite ISD. The program collaborates with the Juvenile Department's Letot Center.
- Victims Outreach, funded by the Office of Attorney General, is collaborating with local school districts in Dallas County such as Dallas, Irving and DeSoto in providing prevention education presentations to youth in grades 6 to 12 on topics related to sexual harassment, child sexual abuse, sexual assault, dating violence, and related topics. These presentations target victims, potential victims, perpetrators and potential perpetrators as well as friends of perpetrators and victims.
- Eighteen jurisdictions in Dallas County have entered into a collaborative agreement to pool funding from the federal Juvenile Accountability Incentive Block Grant (JAIBG) to develop and implement a Dallas County Juvenile

Information System that will allow jurisdictions to share information about juvenile offenders and that will automate many steps of the juvenile crime referral, prosecution and court disposition processes.

- The Mental Health Association of Greater Dallas provides a number of collaborative programs and services to address issues related directly and indirectly to the prevention of juvenile crime. *The Child and Adolescent staffing Team (CAST)* works with over 20 youth-serving agencies in the Greater Dallas area to develop individualized, family-based treatment recommendations for youth with severe emotional and behavioral problems and multi-service needs. The *Family and Community Advocate* is a position dedicated to individual and systemic advocacy, as well as technical assistance and consultation for parents or guardians of children and adolescents with severe emotional and behavioral disorders. The *Dallas Area Outreach Specialist* is a position dedicated to working with community-based organizations to train, educate and provide technical assistance regarding STAR and NorthSTAR, the Dallas area Medicaid managed care pilot. The *Parenting Resource Center* provides a clearinghouse of information and education on a variety of parenting issues as well as a database of all the parent education classes in the Dallas area. The *Mental Health Resource Connection* helps link individuals and families with appropriate mental health services, including the *Self-Help Clearinghouse*, a list of over 200 support groups in the Dallas area.
- The Dallas County Juvenile Board operates the Dallas County Juvenile Justice Alternative Education Program (JJAEP) in collaboration with all fifteen independent school districts located within Dallas County. The JJAEP accepts students expelled for certain offenses committed on campus (generally felony-level) and for serious and/or persistent misbehavior. The JJAEP provides an accelerated academic program designed to improve academic functioning while also addressing behavior. The JJAEP also receives CJD funding for a truancy reduction program that is operated in collaboration with the Precinct 7 Constable and Dallas Challenge, Inc.
- Project Unity is a non-profit organization with the mission of empowering at-risk youth and their families by providing the educational and vocational skills necessary to prepare the youth to become self-supporting and productive citizens. Project Unity provides literacy, math, science, and technology programs targeting primarily the South Dallas/Fair Park area of Dallas (ZIP Codes 75210 and 75215).
- Drug Prevention Resources, Inc. operates in collaboration with Dallas Challenge and the Phoenix Project in facilitating Project C.O.A.L., a program funded by the Dallas County Juror's Fund to reduce truancy in the South Oak Cliff area of Dallas. Referrals are received from the Justice of the Peace, and youth are immediately assigned a case manager. After a thorough assessment, youth and families are enrolled in a broad range of services including: tutoring, family education, outpatient drug counseling, experiential education, life skills classes, adventure-based leadership, mentoring, and other community-based programs.
- Obadiah Gang and Drug Prevention Program is a volunteer organization that provides services to individuals and families with a history of gang involvement

and substance abuse. Obadiah works with both adult and juvenile offenders and has developed a particularly strong presence in the South Dallas and Pleasant Grove areas.

- G/S King Consultants operate the community collaboration component of the Project Spotlight Initiative in the 75217 ZIP Code area of Dallas. Project Spotlight is funded by the Office of the Governor, Criminal Justice Division. Juvenile probation, adult probation and the Dallas Police Department are collaborating in Project Spotlight to reduce violent crime through providing intensive supervision and related services to high-risk juvenile and adult probationers. G/S King Consultants also provide after school and employment assistance programming through Project Spotlight under an affiliate organization, Southwest Behavioral Systems, a TCADA licensed substance abuse treatment program.
- The YMCA operates several programs targeting at-risk juveniles and their families. Healthy Choices, a prevention and intervention program targeting high risk females, ages 10 to 17, and their families. Health Choices targets young women with school problems, behavioral issues, truancy and other life issues. Dallas Fragile Families provide a wide range of support services to families, including employment assistance, crises intervention, support groups and legal assistance. Dad’s Night Out meets weekly and targets young fathers, ages 13 to 25. The program provides a variety of support services designed to improve parenting skills.

Additional resources:

African American Men of Peace	Dallas County Constables
Alameda Heights Community Outreach Center	Dallas County District Attorney’s Office
Camp Fire Boys and Girls	Dallas County District Courts
Child and Family Guidance Clinic	Dallas County Juvenile Department
Child Protective Services (CPS)	Dallas County Health and Human Services
Children First, Inc.	Dallas County Public Defender’s Office
Children’s Service Provider Network	Dallas County Sheriff’s Department
City of Carrollton Municipal Courts	Dallas Court Appointed Special Advocates (CASA)
City of Dallas Police Department	Dallas Helps
City of Dallas Youth Services Office	Dallas MetroCare Services
City of Grand Prairie Municipal Court	Dallas Public Schools
churches	Dispute Mediation Services
Community Council of Greater Dallas	drug treatment programs
Communities in Schools, Dallas	East Dallas Counseling Center
Concerned Citizens of Dallas	Enterprise Foundation
Dallas Area North STAR Authority	Family Place (The)
Dallas Behavior Network	G/S King Consultants
Dallas CAN Academy	Greater Dallas Crime Commission
Dallas Challenge	Healthy Communities
	Holmes Street Foundation

I Am That I Am Training Center
 Institute of Forensic Sciences
 Junior Players
 Just Another Means of Success
 (JAMS)
 Just For Us
 Kick Drugs Out of America
 Letot Center
 Mental Health Association of
 Greater Dallas
 Multi Cultural Counseling and
 Training Institute
 Mothers Against Drunk Driving
 Mothers Against Teen Violence
 municipal courts
 Our Brother's Keeper NDUGU
 Parents Against Crime and Drugs
 parks and recreation departments
 Pearl Guard
 Phoenix House
 police departments

Positive Directions of North Oak
 Cliff
 Positive Visions for Youth
 Project Climb
 Project C.O.A.L.
 Rainbow Connection
 Rainbow Days
 Salvation Army
 school districts
 service clubs
 Shepherd Seeks the Sheep
 Skillful Living Center
 Skyline Ranch
 STEP Foundation
 St. Joseph's Adolescent and Family
 Services
 Texas Family Institute
 Victim's Outreach
 West Dallas Community Centers
 YMCA

INCREASED COORDINATION OF RESOURCES

- Service providers must change their focus to serving families, not just the juvenile offender specifically referred for services.
- There must be increased collaboration among providers so that available funding is maximized and focused on direct services instead of being used to pay for overhead and administrative costs. Specific collaborations are needed with culturally competent providers for communities of color, including services for Spanish speaking Hispanic families. All services providers must understand that most youth and families who need services have complex presenting problems that require a coordinated treatment plan.
- Governmental agencies in particular must do a better job of sharing information and collaborating on projects to maximize available funds and resources.
- Build upon this community planning process by having regular meetings and working to increase participation.
- Support the Central Intake Unit for substance abuse screening, assessments and referrals that has been established through the Targeted Cities grant program.
- Juvenile services providers should collaborate to hold a Juvenile Services Fair in which staff from provider organizations could share information about available services and network to build better linkages among providers.

- Jurisdictions participating in the Dallas County JAIBG Collaboration to develop and implement a Dallas County Juvenile Information System must contribute continuation funding so that the project may be expanded to include all juvenile justice agencies, including schools and social service providers.
- Schools should take a more active role in the coordination of resources and services, especially in the areas of truancy and general prevention efforts.

PRIORITY GAPS

FAMILY EMPOWERMENT/ACCOUNTABILITY

- After-school programs with extended hours and fees based on a sliding-scale.
- Transitional living programs for displaced youth and juvenile offenders successfully completing treatment programs but who are unable to return to unstable or non-existent homes.
- Intervention services that include meaningful consequences for families who do not participate.
- Prevention and intervention services that are community-based and easily accessible to juveniles and their families, with a particular need for services in areas of Dallas County with a high incidence of juvenile crime and for services for victims and perpetrators of sexual abuse, females and mentally ill youth who commit juvenile offenses.
- Broad access to community-based values and character training programs.
- Programs that focus and build on positive aspects of communities.
- Programs that promote more business involvement in communities through internships and other interactions. More social service agencies need volunteer coordinators who can actively recruit and coordinate business efforts.
- Advocacy services to assist families in accessing mental health and substance abuse services through the NorthSTAR managed care system.

OVERLOAD OF JUVENILE OFFENDERS ON THE COURT SYSTEM

- City Marshals available to transport juveniles to Municipal Court when they fail to appear voluntarily.
- Formal access by Municipal and Justice of the Peace Courts to community-based services such as community service providers, counseling services, anger management programs, theft intervention and drug prevention/intervention.
- Support personnel within the Municipal and Justice of the Peace Courts to conduct assessments, make referrals to services, monitor compliance with Court Orders, and provide general case management services.

- A system for sharing information on juvenile offenders that provides easy access for law enforcement, schools, Municipal Courts, Justice of the Peace Courts, and the Juvenile Department (which holds information for the Juvenile Courts).
- Access to effective residential treatment programs for juveniles with complex problems such as mental illness and substance abuse.

TRUANCY

- Increased capacity for processing truancy cases that reach the contempt level.
- Non-residential substance abuse treatment services that can be easily accessed by community-based providers.
- Access to effective residential treatment programs for juveniles with complex problems who are not filed with the Juvenile Courts.
- Culturally competent services for Hispanic youth and families.
- Services to address issues of female youth, especially teen pregnancies.
- Literacy services for youth and their families.
- Increased resources in public schools to intervene with truant youth before filing truancy cases.
- Increased resources in public schools targeted towards ninth graders who are having difficulty adjusting to high school.
- Increased access to alternative school programs for truant and drop-out students that are significantly behind grade level (such as the Dallas Public Schools' Reconnection Program).

OVER-REPRESENTATION OF YOUTH OF COLOR IN THE JUVENILE JUSTICE SYSTEM

- Education about mental health and mental illness that is targeted to communities of color in a manner that is culturally competent and respectful of beliefs and practices. Education programs can be facilitated by schools, churches, recreation centers and other community-based groups, with the actual education provided by mental health professionals who are credible to the community. The goal of this community-based education should be to empower families to voluntarily access the system of mental health care available to them without having to rely on outside sources to properly and adequately identify their child's behavior.
- Culturally competent training for school personnel, child care workers and social services providers should be conducted for the dual purposes of eradicating racial bias and improving identification of mental health needs for youth of color.
- All services and all levels of programming must be accountable to persons of color to begin dismantling systemic racism.

- Specific funding is needed for policy development, followed by program development and evaluation, to seek out and support models for crime prevention and intervention that may be more indigenous to particular communities and that support more diverse approaches. These models are in contrast to the current reliance on either a mental health/mental illness model or a law enforcement/court/criminal supervision model to address social problems.

SERIOUS AND VIOLENT JUVENILE CRIME

- Formal training programs on how to identify potential indicators of violent behavior in young children.
- Preventative programs that provide: effective screening to identify children at high risk; access to early intervention services such as parent training, interpersonal skills training, anger management, and medication; community-based training programs on how to prevent weapons-related violence and, public health approaches that target risk factors in disadvantaged neighborhoods.
- Coordinated service intervention by public and community providers to counter major risk factors.
- Immediate and graduated accountability for violent offenses.
- Treatment services, both residential and non-residential, that are effective with serious and violent juvenile offenders.
- Peer mediation programs that will teach youth to resolve differences without resorting to violence and without adult intervention.
- Victim services for juvenile victims of juvenile crime, with particular emphasis on sexual abuse and dating violence.
- Batterer Intervention and Prevention Programs (BIPP) specifically for adolescent dating violence offenders.

LACK OF A COORDINATED COMMUNITY EFFORT TO PROVIDE A CONTINUUM OF CARE FOR YOUTH

- There is no centralized assessment system to identify the needs of youth and families at risk of entering the juvenile justice system and directing the family to appropriate services.
- There is a lack of case management services to help families with multiple problems to appropriately sequence and obtain needed services, including assistance in accessing services (transportation, reminders about future appointments, etc.)
- Community outreach to service providers and families about services that are available. A particular need is education about the behavioral health care

services available through NorthSTAR.

- Some services need to be focused on “shadow youth”, who have problems functioning in the traditional education system, yet whose problems are not severe enough to receive formal special education services.

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E. LAW ENFORCEMENT

STATEMENT OF NEED

The law enforcement team within Dallas County is comprised of agencies and organizations on the federal, state, county, and local levels. These agencies and organizations work together to provide enforcement and prosecution of criminal laws. In addition, these agencies and organizations are often involved in the development of laws, crime prevention, victim services, rehabilitation of offenders, mental health care, legal services, public relations, etc. This law enforcement team exists to prevent physical, economic, and emotional harm to our community of citizens because of unlawful or negligent conduct on the part of anyone. The law enforcement team also strives to enhance the quality of life and sense of safety to enable all members of our community to feel comfortable living here.

The law enforcement committee has identified several priority problems that specifically impact law enforcement and its pursuit of the mission.

PRIORITY PROBLEMS

- Need to enforce existing laws as well as conduct activities to prevent crimes in identified crime areas, unsafe neighborhoods and schools
- Lack of a Community court system
- Hate crimes training for all law enforcement
- Need to improve supervision and treatment capabilities of probation and parole program
- Need for a region-wide information system to identify, track, and enhance information sharing and prosecution of offenders
- Need for multi-agency cooperation, coordination, prosecution and tracking capabilities for both adult and juvenile offenders
- Need to establish a database system to identify, track and prosecute multiple offenders
- Need to increase multi-jurisdictional capabilities
- Lack of available new technologies to combat crime

CURRENT RESOURCES AND COORDINATION

Problem Area: Need to enforce existing laws as well as conduct activities to prevent crimes in identified crime areas, unsafe neighborhoods and schools and the development of Weed and Seed sites.

The subcommittee was able to determine the following present day resources that are dedicated to address this area of concern:

This need is best served by the combined efforts of multiple entities having jurisdiction in Dallas County. A list of these must include:

1. ICP officer program of the Dallas Police Department;
2. Department of Justice funded family violence identification and treatment program;
3. Drug enforcement efforts of multiple Dallas County based law enforcement agencies;
4. Gang violence intervention teams, both governmental and private based;
5. Government and private efforts directed at school safety programs;
6. Vice officers based in the various jurisdictional departments and agencies;
7. Bike and mounted patrol by the various Dallas County law enforcement agencies;
8. Private security companies;
9. Citizen participation in crime watch groups;
10. Citizens on patrol;
11. Law Enforcement and School Partnerships
12. Numerous community oriented Programs;
13. Stopping School Violence Programs; and,
14. Crime stoppers;

There are numerous sites on the Internet that address many of these issues. These can be used as a substantial source of information in developing ideas and plans with which to deal with this Problem Area. Several sources that need to be mentioned here are the Law Enforcement Online web site, US Department of Justice, International Association of Chiefs of Police, National Crime Prevention Council, National Criminal Justice Reference Center and National Institute of Justice. An application must be made to gain access to the Law Enforcement Online web site, but the wealth of information is well worth it. The FBI Law Enforcement Bulletins are also very helpful. It takes time to research all the resources available and then to make effective application of the information obtained. This requires manpower and equipment that many police agencies do not have and cannot afford.

The various apartment associations in Dallas County have active programs to identify criminals living in apartment communities and screening of potential tenants to reduce the contamination of these multi-family living environments by known criminals. Additional public programs and citizen involvement are necessary to effectively defeat the crime explosion we have experienced over the last number of years.

An additional program is the federally funded Weed and Seed Program. This is an ongoing effort to coordinate the efforts of federal, state, county and city governments in the utilization of community based organizations in fighting gangs and reduction of drug use. Weed and Seed is a multi-agency strategy that “weeds out” violent crime, gang activity, drug use, and drug trafficking in targeted neighborhoods and then “seeds” the target area by restoring these neighborhoods through social and economic revitalization. The Weed and Seed strategy recognized the importance of linking and integrating federal, state, and local law enforcement and criminal justice efforts with federal, state, and local social services, and private sector and community efforts to maximize the impact of existing programs and resources. Weed and Seed also recognizes the paramount importance of community involvement. Community residents must be empowered to assist in solving problems in their neighborhoods. Additionally, the private sector is a determining factor in the Weed and Seed strategy.

Four elements make up Weed and Seed: law enforcement; community policing; prevention, intervention, and treatment; and neighborhood restoration. Law enforcement activities constitute the “weed” portion of the program. Revitalization, which includes prevention, intervention, and treatment services, and then neighborhood revitalization constitute the “seed” element. Community policing is the “bridge” that links the Weed and Seed elements.

Problem area: Creation of a Community Court System

The subcommittee was able to determine the following present day resources that are dedicated to address this area of concern:

Although many low-level crimes garner few headlines, offenses like public intoxication, public urination, shop lifting, prostitution, truancy and vandalism undermine quality of life. These “quality of life” crimes can have a serious and long lasting impact on our neighborhoods.

Most courts lack suitable alternative punishments for quality of life cases, judges are forced to choose between jail time and nothing. Often, the process of being arrested and arraigned becomes the sole punishment for a low-level offender. In general, these sentences fail to impress the victim, the community or the defendant that low-level offenses are taken seriously and that defendants are held accountable for their behavior. A centralized court may sandwich low-level crimes between more serious offenses or may perceive them as isolated incidents rather than as on-going quality-of-life impairing conditions. A community court is specifically designed to address these and other neighborhood problems—in the neighborhood where they occur.

There presently exists no resources to address this concern, however, federal, county and local officials have developed a comprehensive plan for the implementation of a Community Court System for Dallas.

Problem area: Hate Crimes Recognition and reporting training

The subcommittee was able to determine the following present day resources that are dedicated to address this area of concern:

Hate Crimes recognition and reporting training is presently available through the United States Attorney’s Office. An innovative approach in training is facilitated by personnel from the United States Attorney’s Office. This training is provided at no cost to the requesting department and continuing training credit is available. Such training is available to any law enforcement agency.

Problem area: Community supervision of Offenders

The subcommittee was able to determine the following present day resources that are dedicated to address this area of concern:

Direct supervision of probationers and parolees is only provided by the Texas Department of Criminal Justice through probation and parole departments. The range of treatment needed for offenders is representative of the needs of other members of the community (substance abuse, mental health, educational, and vocational, for example); Dallas has many treatment resources available for those offenders who can pay for treatment. For indigent offenders, treatment is

limited to services provided by governmental, charity and faith-based providers. Sometimes offenders are precluded from receiving treatment because they are offenders.

Problem areas: Region-wide information system to identify, track, and enhance information sharing and prosecution of offenders. Multi-agency cooperation, coordination, prosecution, and tracking capabilities for both adult and juvenile offenders. Establish a database system to identify, track, and prosecute multiple offenders. Increase multi-jurisdictional capabilities.

The subcommittee was able to determine the following present day resources that are dedicated to address these areas of concern:

The necessity for law enforcement agencies, courts, and prosecutors to have access to the same information is of vital concern to this subcommittee. In support of this mandate, multi-agency, multi-jurisdictional communications interoperability, to include voice, data, and images is of paramount importance.

Also of concern is local strategic planning and implementation to address the challenge of a criminal activity that is more technologically efficient and increasingly mobile.

Currently, significant intelligence sharing functions are confined to meetings, and telephone conversations, although the Internet has rapidly become a viable information exchange forum. A trend towards multi-jurisdictional working groups is evidenced by the formation of the North Texas Joint Terrorism Task Force, the North Texas Cybercrimes Working Group, and the Crimes Against Children Task Force. North Texas has been designated a High Intensity Drug Trafficking Area (HIDTA) with participation by the majority of surrounding law enforcement agencies. HIDTA resources include numerous databases and provide more efficient investigative efforts.

Law Enforcement Online, an Intranet available only to law enforcement personnel, is yet another means to facilitate information exchange. Further opportune resources include the National Infrastructure Protection Center (supports agencies involved in infrastructure protection), the National White Collar Crime Center (support system for the prevention, investigation, and prosecution of multi-jurisdictional economic crime), the Violent Criminal Apprehension Program (national repository of data on serial and violent crimes), and the National Integrated Ballistics Information Network and Online LEAD (combat illegal firearms trafficking). NCIC 2000 (National Crime Information Center) has been enhanced to include the Violent Gang and Terrorist Organization File. Projections for an Integrated Law Enforcement Face Identification System (reliable and fast search and match features), police-medical collaborations (telemedicine) and innovative crime tracking and analysis software (which detect subtle increases in criminal activity and enable agencies to better anticipate the time and location of likely criminal activity), to name just a few, further support the necessity of connectivity. Use of the Internet and private company databases is somewhat limited by necessity to verify source information and/or fiscal constraints.

Long-standing databases, NCIC and the Texas Crime Information Center, provide law enforcement agencies with criminal histories and warrant information. Also, the State of Texas maintains a database on sex offenders.

As the Dallas County District Attorney's Office, Sheriff's Department, and Constables, and the City of Dallas Police Department progress toward connectivity to facilitate electronic case filing,

on-line warrant verification, and the like, fiscal constraints remain at issue. Likewise, the ability to participate in this connectivity by other law enforcement entities within the county is sorely lacking in resources.

Problem area:

City of Richardson Police Department
City of Sachse Police Department
City of Wilmer Police Department
court systems
Dallas Alliance for the Mentally Ill
Dallas County Community College District
Dallas County Community Supervision and
Corrections Department
Dallas County Constables
Dallas County District Attorney's Office
Dallas County District Courts
Dallas County DWI Task Force
Dallas County Institute of Forensic Science
Dallas County Juvenile Department
Dallas County Sheriff's Department
Dallas MetroCare Services
Drug Enforcement Agency
drug treatment programs
East Dallas Counseling Center
Enterprise Foundation
Family Place (The)

Federal Bureau of Investigation
Greater Dallas Crime Commission
Hope for Children Foundation
I Am That I Am
Justices of the Peace
Mental Health Association of Greater Dallas
Mothers Against Drunk Drivers
municipal courts
New Beginning Center
newspapers
Our Brother's Keeper
police departments
Project 75216
Salvation Army
Senior Citizens of Greater Dallas
Shepherd Seeks the Sheep
Skillful Living Center
St. Joseph's Adolescent and Family Services
television stations
United States Attorney's Office

INCREASED COORDINATION OF RESOURCES

Dallas County has a wealth of resources to enable it to have a state of the art communications network. In light of the huge increase in computer crime, it is critical for the law enforcement community to increase its ability to identify, investigate and prosecute effectively all cyber-crime.

To this end, Dallas must increase coordination of resources, increase multi-jurisdictional capabilities and obtain and utilize new and advanced technologies to allow law enforcement agencies and crime labs the ability to effectively combat crime.

The Federal Bureau of Investigation sponsored North Texas Regional Computer Forensic Lab (NTRCFL) provides expertise to examine computers that were used in the commission of various crimes. This resource, although effective, falls woefully short in the protection of our citizens. This lab must be duplicated in many North Texas regions so as to provide the crime fighting ability, which would address the problems that are the wave of the future, i.e. computer crime. For Dallas County to achieve maximum benefit from the resources already available and financial resources, which can be obtained from different funding sources we must coordinate better between all agencies.

Additionally, law enforcement agencies, courts, and prosecutors must have access to the same information, that is, multi-jurisdictional communications interoperability, to include voice, data and images must be a reality in our efforts to fight crime. Currently, significant intelligence sharing functions are confined to meetings, and telephone conversations. We must force ourselves into the 21st century. All of the necessary technology is in place and the manpower resources are available. Financial assistance is all that is lacking.

With respect to community policing, Weed and Seed sites, Hate Crimes Recognition training, community court and other community based systems; Dallas must have the unwavering support of all governmental agencies.

Dallas is but one of three cities in the Nation that enjoys three federally funded Weed and Seed Sites. Each sites carries out its day-to-day operations as it sees fit; however, they are connected by a central steering committee to guide the strategic planning of the three sites. Included in this steering committee are the United States Attorney, Mayor, city manager and many other agency heads. Without the full support of many agencies, Weed and Seed would not have succeeded in Dallas. Without the continued support of all agencies and financial support of local service providers Weed and Seed will cease to grow.

The United States Attorney for the Northern District of Texas has taken the lead in such areas as Weed and Seed, Hate Crimes Training and Community Courts. Funding for these areas must be sought to keep these efforts viable and effective.

PRIORITY GAPS

- ◆ Establish funding for area law enforcement agencies and the Dallas County Crime Lab to purchase “high-tech” equipment and to implement a computer forensic lab.
- ◆ Funding for community based organization, such as Weed and Seed, in fighting gangs and reducing demand for drugs.
- ◆ Enhance prevention and enforcement activities in identified crime areas, unsafe neighborhoods and school.
- ◆ Strive to avoid duplication of activities and unnecessary gaps.
- ◆ Promote interoperability of communications, to include voice, data, and images.
- ◆ Establish a secure (encrypted?) Intranet for electronic networking of law enforcement agencies.
- ◆ Develop policies so that investigative information not previously subject to judicial review is utilized/secured/disseminated in an appropriate manner.
- ◆ Provide Hate Crime training to all members of each law enforcement organization.
- ◆ Implement and maintain Community Courts to address quality of life issues.

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F. MENTAL HEALTH

STATEMENT OF NEED

The advent of NorthSTAR Behavioral Health Care has vastly changed the system of behavioral care that is provided in Dallas and its six surrounding counties. The system of care that preceded NorthSTAR was inadequately funded and the financial dilemma has been perpetuated. Texas ranks 43rd in funding for mental health services and Dallas ranks 35th in per capita funding for mental health services. While NorthSTAR has produced greater access of services to a larger population, the duration of care in many services has significantly decreased. Several providers have not survived lower reimbursement rates or the rate of claim denials. Another major issue effecting the public sector of behavioral health care is the massive demand for Atypical Medications and the rapid escalation of cost that has fiscally drained the system. The introduction of NorthSTAR that addresses mental illness, substance abuse and co-occurring disorders has exacerbated the problem, by identifying more consumers that require treatment in an already overburdened system.

At the conclusion of the first year of NorthSTAR we witnessed that the shift of funding had taken its toll when one of the Behavioral Healthcare Organizations withdrew from the system, while the other BHO was embroiled in a highly publicized dispute with a major provider. In addition, the Texas Commission on Alcohol and Drug Abuse withdrew partial funding from NorthSTAR.

Up to the initiation of NorthSTAR and at the conclusion of its first year, there has been a continuing toll on the criminal justice system:

- A 1992 survey by the National Alliance for the Mentally Ill and the Public Citizen's Health Research Group found an estimated 7.2 % of inmates (30,700 per day) suffer from some form of mental illness or mental retardation. (Issues facing persons with mental retardation are addressed in another section). In July 2000, records indicate the number of current inmates in the Dallas County jail were 14% percent, or an average daily census of 945 persons in the jail were being treated for mental illness/mental impairment. In July the number of the inmates housed in the behavioral observation unit alone were 293, while the average daily census of those persons admitted to Terrell State Hospital during July was 130.
- According to the National Association of State Mental Health Program Directors, Texas ranks 43rd in the nation in per capita funding for mental health services and 37th in funding for mental retardation services.
- A shortage of community-based resources, such as step down housing, day treatment centers, supported employment and diversionary programs often leave judges and attorneys with few alternatives to incarceration.
- Judges, attorneys and other law enforcement personnel often are not familiar with mental illnesses and alternatives to incarceration when they exist. The unfortunate consequence is that mentally ill persons are often incarcerated rather than admitted to appropriate community based alternatives. Incarcerating mentally ill people is a burden to the criminal justice system and is, in many instances, not necessary. Mentally ill persons are often arrested for minor

transgressions such as trespassing, petty theft, criminal mischief, disorderly conduct, and alcohol-related offenses. Many are jailed repeatedly for the same minor offense. The county needs to provide better diversion programs and more intensive residential placement for this population that would cost the tax payers less and provide more effective treatment. In addition this would help elevate jail over crowding

- Dallas County has two special programs to link offenders with services; they are the Special Needs Offenders Program and a psychiatric team in the jail.
- Mental health providers need education about the criminal justice system. Criminal Justice providers also need training and education about mental illness.
-

PRIORITY PROBLEMS

- There is a need for coordinated service delivery to create less fragmented and interrupted services. There is no comprehensive centralized system to coordinate the service provision needs of consumers among the different community resources. Further there is no comprehensive system in place to ensure that clients receive services and personnel to assist with the changing needs as clients rehabilitate.
- There is a lack of a centralized forensic center that provides information and referral services, liaison services to resources, and case management. This causes an overall confusion in the coordination and provision of services and discharge planning for mentally ill persons.
- Active ongoing coordination between the criminal justice system and the public mental health system is needed. Judges, probation and parole officers, and attorneys need a better understanding of the services and resources that are available for mentally impaired offenders and eligibility criteria for public assistance.
- A lack of community-based services results in increased incarceration of mentally ill persons for both violent and nonviolent offenses. Repeated jail sentences do not address treatment needs. The lack of appropriate treatment contributes to the cause of the reoccurring problem.
- There is a need for additional Assertive Community Treatment Teams (ACT) and other rehabilitation oriented teams. Services through additional assertive community treatment teams for offenders and others with co-occurring disorders of substance abuse and mental illness. Through intervention, the teams treat the most severe mentally ill persons who have trouble accessing traditional services. The ACT teams can reduce re-hospitalization and potential incarceration.
- There is a need to increase psychiatric staff in the jail to include additional screeners and counseling staff. There is also a need for a greater number of specially trained Sheriff's department staff assigned exclusively to the psychiatry team.
- There exists a need to expand the specially trained team of constables, especially after regular business hours and weekends to intervene in cases involving mentally impaired offenders. The constables could utilize at least 2 additional full-time dedicated staff to meet the needs of the mentally ill. The program in Dallas intervenes with approximately 160 persons each month. An increase in these specially trained personnel permits regular police to return to primary duties and allows for a better handling of potentially dangerous situations.

- There is a need for standardized, centralized training for all peace officers, probation officers, judges, attorneys, and other court personnel on conditional release options or alternatives (diversion). Training would be practical in design and should contain at least 24 hours of class work working with people with mentally illness.
- There is a need for electronic information sharing between programs as well as simplify record keeping to facilitate better and timely services while preserving confidentiality.
- It is necessary to have halfway facilities offering specialized services for both MI/MR offenders, and Mental Illness/Substance Abusers and a means to rehabilitate each into a community that would reduce recidivism.
- There is a need for services for special needs offenders with dual diagnosis, especially those who have suffered physical or sexual abuse. These services, such as counseling and support groups, should also be available to female offenders on pre-trial, probation, or parole.
- There is a call for Case Management services that are respectful of non-English speaking offenders in the community on probation, parole and release, that also respects their culture and language.
- There is a requirement of Community-based support services for offenders returning to Dallas from State Facilities. Designated protected slots in clinics must exist for timelier follow up after a person's release from jail.
- There is no designated individual assigned by the courts, auspices to be responsible for tracking and monitoring cases involving mentally impaired offenders and providing referrals for offenders with mental illness. This person would also provide systems analysis, and program development.
- Liaison staff between the Psychiatric Emergency Room of Parkland Memorial Hospital and consumers must be preserved.
- Liaison staff between Dallas County Mental Illness Court and consumers must be preserved.
- There is a call to increase access to anger management and/or frustration support groups for identified youth that are at risk. Only one limited program exists in Dallas and more is needed.
- There is no longer an ACT team dedicated for juveniles that would provide outreach and assistance to those juveniles who experience the most trouble accessing the system.
- There are no services for Juvenile Offenders with dual diagnoses, especially those who have suffered physical or sexual abuse. These services, such as counseling and support groups, should be available to juvenile offenders on pre-trial and probation.
- There is a need to improve limited community-based support services for Juvenile Offenders returning to Dallas from state facilities with special attention given for youth being

- There are no Drop-In Centers for juvenile offenders with professional oversight, to allow for a safe, supervised environment.
- There is a need for training specifically on children's mental illness/mental health issues for teachers, peace officers, probation officers, judges, attorneys, and other court personnel. Each major agency that serves children would benefit from cross training to navigate the services of other agencies. For example the Juvenile Department would receive training about the available services at Child Protective Services and NorthSTAR.
- Booklets need to be published within the Dallas Community for parents and one for professionals that walks them through practical step-by-step instructions to navigate the system of behavioral healthcare and access resources that are known within the community.
- The need for Character Curriculum should be adopted starting with pre-k through 12th grade to address socialization, self-esteem, etc. to be taught through the schools, homes and community resources.

CURRENT RESOURCES AND COORDINATION

1. The Special Needs Offenders Program of Dallas Metro Care provides case management, clinical services, life skills training, and substance abuse counseling, for offenders who repeatedly offend, or who are on probation or parole. Due to a change in funding as part of the NorthSTAR program, substance abuse dollars are no longer available to the program. This will require a restructuring of services. The MCO providers will provide the counseling services.
2. Parkland Hospital provides emergency psychiatric treatment and some limited inpatient services. Parkland currently is experiencing a hospital wide budget crisis.
3. A forensic diversion unit has been established that provides intensive intervention to individuals who are habitually incarcerated. These targeted individuals receive whatever intervention is necessary to stop chronic incarceration.
4. Turtle Creek Manor, Nexus, Homeward Bound, Souls Harbor, Help is Possible Life Net and Mental Health Connections have very limited space to serve people with co-occurring disorders.
5. The Veterans Administration offers clinical services and some residential services to people who are veterans with co-occurring disorders.
6. Temporary housing is available from homeless shelters such as Salvation Army and the Austin Street Shelter. There are private boarding homes; however most of them are unlicensed and substandard and do not comply with city housing code regulations.
7. Both probation and parole have limited specialized caseloads for mentally ill offenders.
8. First Offenders program of juvenile offenders offers a very limited number of specialized caseloads.

9. There is a countywide system in place to assist persons obtaining mental illness and chemical dependency warrants that will enable individuals to be treated much more efficiently in times of crisis.
10. There has been a significant increase in the funding and implementation of psychiatric services in the jail. This will significantly impact mental health services delivered to persons in jail.
11. There is a very limited program utilizing specially trained law enforcement personnel to deal with persons in crisis through Constable Pappas's office. The funding for the existing training program is being threatened and must be preserved.
12. There is some limited mental health services for juvenile offenders through the Dallas County Juvenile Department, however the detention center lacks an array of comprehensive services.
13. The Health Department jail liaison interface with jail and court personnel to address a limited number of issues arising with special needs offenders.
14. Dallas County Community Supervision Corrections Department has an assessment and treatment team that provides assessment, referral, substance abuse treatment, anger management, and consults with community supervision officers and the courts.
15. The Dallas Area NorthSTAR Authority (DANSA) is the designated local behavioral health authority (LBHA) for the NorthSTAR program. It provides planning, facilitation, and coordination or services for Collin, Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwall counties. It is designed to ensure that local communities are given a voice in the delivery of the NorthSTAR publicly funded managed behavioral healthcare.

Additional current resources (Mental Health and Mental Retardation):

Adapt of Texas	Dallas County Health and Human Services
Advocacy, Inc.	Dallas County Public Defender
African American Men of Peace	Dallas County Sheriff's Department
Arc of Dallas	Dallas MetroCare Services
Austin Street Shelter	Dallas Public Schools
Autism Society of America	Down Syndrome Guild
Bethphage	East Dallas Counseling Center
Child and Family Guidance Center	Family Place (The)
Children First, Inc.	First Offenders Program
Citizens Development Center	Goodwill Industries
City of Dallas Social Services	Greater Dallas Council on Alcohol and Drug Abuse
Community Council of Greater Dallas	I Am That I Am Center
Community Homes for Adults, Inc.	Junior Players
courts system	Juvenile Probation
Dallas Alliance for the Mentally Ill	Mental Health Association of Greater Dallas
Dallas Challenge	Mental Health Connections
Dallas Court Appointed Special Advocates (CASA)	Multi Cultural Counseling and Family Institute
Dallas County Community Supervision and Corrections Department	National Alliance for the Mentally Ill
Dallas County Constables	New Beginning Center

New Place
Nexus
Our Brother's Keeper
Parent-to-Parent
Parkland Health & Hospital System
Pegasus Youth and Family Center
Phoenix House
P.L.A.N.E.S.
police departments
REACH of Dallas
Salvation Army

Shepherd Seeks the Sheep
Southern Diversity
Special Needs Offender Program
Texas Advocate Leaders
Turtle Creek Manor
United Cerebral Palsy
UT Southwestern Medical Center
Value Options
Veterans Administration
Victims Outreach

INCREASED COORDINATION OF RESOURCES

In developing this section it became clear that coordination and integration of services and resource management are effective methods to reduce costs, increase services, and provide more consistent service delivery. Establishing a case manager approach to the provision of services is the more effective way to facilitate this type of approach. There must be in place a system that has as its foundation a centralized entry point where clients receive treatment in a comprehensive and coordinated way. The non-NorthSTAR consumers, i.e. youth in Child Protective Services, Juvenile Offenders and those who are above 200% of poverty, are not included in the current array of NorthSTAR services.

1. Continue the ongoing meetings of the Special Need Offenders Advisory Group that serves as an excellent way to improve communication. Establish a similar group for juvenile offenders to establish better communication among providers.
2. Co-locating juvenile and adult assessment services from various programs, (NorthSTAR, probation, parole, Texas Rehab Commission, substance abuse treatment programs, Social Security, health programs) in a centralized campus, with different buildings for unrelated services, is a good vehicle for increasing coordination and information sharing.
3. Coordination of services of youth transitioning from juvenile to adult services.
4. Increase integration and coordination efforts of substance abuse services and mental health services to serve the population of persons with co-occurring disorders.
5. Ensure coordination among the STAR, NorthSTAR and the Children's Health Insurance Program.
6. Cross-train mental health, mental retardation and developmental disabilities staffs and substance abuse staffs, with jail staff. This is necessary to improve coordination.
7. Establish a formal mechanism to conduct ongoing interaction between the mental health and substance abuse community and local police departments to improve responses to the mentally impaired in the community and cooperatively develop ways to diminish arrest of these persons for minor offenses.

8. Establish and maintain formal working relationships between key decision-makers and advocates to approach issues in a unified and coordinated approach.
9. Design a service coordination group that would assist adults with mental illnesses and co-occurring disorders to access services. Model after the existing Community Resource Coordination Groups for youth.

PRIORITY GAPS

1. Huge gaps exist in residential services and on-going case management for mentally impaired offenders due to a lack of funding. It is imperative that the State and County receives continued pressure to increase the level of funding provided to treat mentally ill persons.
2. Dallas County lacks alternatives to incarceration for mentally impaired offenders who have committed minor offenses. There is no County wide jail diversion program.
3. The NorthSTAR managed care behavioral health care system lacks fiscal resources to adequately treat the number of current enrollees in need of services, has a deficient range of services, and is wholly unprepared to cover the soaring costs of medication.
4. Separate programs tailored for persons with specialized needs such as culturally appropriate services for women, persons who are sexual offenders with mental illness, particularly juveniles, to people with co-occurring disorders, and to non-English speaking populations are needed.
5. Expand programs that maintains a database on offenders referred through the jail mental health and Dallas Metro Care forensic teams, interface with courts on mental health clients, develop and maintain list of resources for offenders with mental health/mental retardation, provide referrals as needed, provide systems analysis with program development is needed
6. A Web-based, centralized, appropriately updated, resource directory is necessary to allow for information, referral and consumer information to be shared among service providers to enhance the provision of services.
7. Specialized trained teams of constables and police personnel are needed to deal with persons with mental impairments must continue in response to the 1998-1999 Community Justice Plan.
8. Expand community educational and training opportunities for professionals, such as lawyers, law enforcement personnel, and juvenile justice personnel, who come into contact with persons with mental illness and mental impairments.
9. A centralized data center for law enforcement that would serve as a way of coordinating and tracking services to mentally ill persons throughout Dallas and surrounding counties.
10. Continue expansion of services geared to the treatment of persons of all ages with co-occurring disorders. This requires substance abuse services and mental health services to be integrated and staff trained in each treatment modality.

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G. MENTAL RETARDATION

STATEMENT OF NEED

An individual is considered to have mental retardation based on the following three criteria:

- Intellectual functioning level (IQ) is 70 or below.
- Significant limitations exist in two or more adaptive skill areas (communication, self-care, home living, social skills, leisure, health and safety, self-direction, functional academics, and community use and work).
- The condition is present during the developmental years (0 to 21 years old).

Reports by The Arc of the United States and the American Association on Mental Retardation indicate that approximately 2.5% to 3% of the population is mentally retarded. That number increases significantly when related developmental disabilities are added. Based on Dallas County population estimates, this means that around 60,300 (Mental Retardation Prevalence Data Year 2000, TDH) of our fellow residents are affected by this disabling condition. Mental retardation cuts across the lines of racial, ethnic, educational, social and economic backgrounds. It can occur in any family. One out of ten families is directly affected by mental retardation.

Yet as significant as these numbers are, mental retardation is still largely misunderstood by peace officers, lawyers, judges and the general public. For example, many people do not understand that roughly 89% of all people with mental retardation are mildly affected, therefore, their disability is not readily apparent from their physical appearance alone. Mental retardation also continues to be mistaken for a type of mental illness or simply a synonym for mental illness.

These facts coupled with an individual's strong desire to conceal his/her disability present the judicial system with unique challenges.

There are systemic needs that must be addressed within the justice system for people with mental retardation at every portal of entry, whether as victims, witnesses, suspects, prisoners, probationers, or parolees.

PRIORITY PROBLEMS

Researchers have found that people with disabilities are about twice as likely as others to be victimized (Sobsey & Doe). Factors such as impaired cognitive abilities and judgment, physical disabilities, insufficient adaptive behaviors, constant interactions with Aprotectors@ who exploit them, lack of knowledge on how to protect themselves, and living and working in high-risk environments increase the vulnerability of people with mental retardation to victimization (Luckassoon, 1992).

As victims, people with mental retardation may be reluctant to report a crime because of fearing retaliation or not clearly understanding that they have been victimized. If an investigation is

launched, the victim may be perceived as an unreliable witness or may not have the skills to articulate the criminal event.

Especially troubling is the empirical data garnered from families and disability professionals pointing to the potentially explosive tension created by providing care twenty-four hours a day, seven days a week for a child or adult with a significant disability. Without a break or “respite,” the prospects for abuse and neglect are heightened. And, as mentioned above, the victims are confronted with a system that is not fully capable of identifying and correcting their situation.

In other areas of the criminal justice system, people with mental retardation are limited in their ability to interact meaningfully with the system. These limitations frequently create problems such as:

- Failure to have the disability identified by authorities who might help because the individual is attempting to hide his/her disability.
- Engaging in behavior that is viewed as disrespectful, disruptive, or damaging to his/her credibility because of communication difficulties.
- Incriminating, but inaccurate confessions, because the individual is confused or wants to please.
- Incompetence to stand trial because the individual fails to understand the criminal justice proceeding.
- Inability to assist the defense lawyer or unable to assist in the defense.
- Unknowingly waives rights in the face of required warnings such as Miranda.

Even if a person is identified as being mentally retarded the consequences can be startling. A 1995 published report presented to the Texas Department of Mental Health and Mental Retardation noted, “some people recognized by the courts to have mental retardation are judged incompetent to stand trial and committed to state school placement prior to being found guilty of any crime. In effect, these people are given an indeterminate life sentence without the benefit of trial by jury.

Services and programs are extremely limited within our community, thereby making diversion, alternative sentencing and probation/parole planning difficult. Significant limitations in housing, employment, and transportation continue. Waiting lists are maintained for only a few services. It is suspected, however, that the lists under represent the actual number of people requiring community supports. Many people do not know how to get on waiting lists, others simply become too frustrated with what they perceive as unresponsive systems. One set of waiting lists that indicates the significant gaps in services is maintained by Dallas MetroCare Services. It currently shows that there are approximately 1,500 people in Dallas County waiting for critical services.

Substance abuse is a problem within our community including people with mental retardation. However, because of the nature of cognitive disabilities and the pervasive attitude about people with mental retardation, many Dallas County programs for treatment are not available to this population.

Programs and supports for people with multiple disabilities are even more limited. For example, people with both mental retardation and mental illness or mental retardation and other disabilities find their ability to access judicial and community options even more difficult than those individuals presenting fewer challenges.

Risk factors known for incubating criminal behavior or adding to recidivism within the general population are often magnified when mental retardation is overlaid. For example, people with mental retardation have a very high dropout rate from school and experience a high incidence of either unemployment or underemployment.

CURRENT RESOURCES AND COORDINATION

Dallas MetroCare Services, as the state mandated local Mental Retardation Authority, is charged with providing generic services such as housing, employment services and day programs. Many of these services may be contracted out to other agencies.

Special Needs Offenders Advisory Group meets regularly at the Frank Crowley Courts Building to address issues relating to offenders with mental retardation and mental illness. However, the focus of the group is primarily on offenders with mental illness.

Goodwill Industries of Dallas, Inc. is recognized as one of the area's most consistent and flexible employers of offenders with mental retardation.

The Arc of Dallas maintains a resource guide of area services for people with mental retardation. The guide is available on-line or in hard copy.

Many of the other area providers will consider providing services to offenders on a case-by-case basis.

Resources to support and initiate education strategies within the criminal justice system are: Dallas County Juvenile Department's Psychology Unit, Dallas Criminal Defenders Lawyers Association, the Texas Bar Foundation, Dallas MetroCare, REACH and The Arc of Dallas.

Behavior Management: Autistic Treatment Center, Child and Family Guidance Center, Dallas MetroCare Services, Families for early Autism Treatment.

Residential: Association for Independent Living, Autistic Treatment Center, Bethphage, Christian Care Centers, Community Homes for Adults, Dallas Metro Cares, Daybreak, EduCare, Evergreen, Sandarol, Sequoia, United Cerebral Palsy, Volunteers of America.

Vocational/Habilitation: Achievement Center of Texas, Adult-Child Training Center, Alternative Business Services, Autistic Treatment Center, Citizens Development Center, Dallas Center for Developmentally Disabled, Dallas MetroCare, Garland Area Rehabilitation Center, Lancaster Development Center, MOVE Employment Resources, North Texas Rehabilitation Services, REACH of Dallas and United Cerebral Palsy.

Public Schools: Dallas School District has a Juvenile Justice Liaison and Drop-Out Prevention Specialists. School "Family and Youth Centers" also provide services.

The Arc of Dallas has received a grant (September 2000) from the Criminal Justice Division of the State of Texas to pilot a project designed to provide training to students with disabilities as well as justice and peace professionals. The organization will also staff a designated phone to answer justice related questions and will host a symposium for area business leaders and other concerned individuals. But until these programs can be initiated, these activities will continue to be identified as service gaps.

Additional resources: (see “Mental Health” additional resources)

INCREASED COORDINATION OF RESOURCES

The Disability Coalition of North Texas is a group of incorporated and non-incorporated organizations committed to people with developmental and cognitive disabilities. The coalition could be used as a catalyst for affecting a meaningful dialogue with the criminal justice system, educational institutions, service providers, employers, and other designated stakeholders.

PRIORITY GAPS

The Subcommittee on Mental Retardation identifies the following gaps in services related to people with mental retardation involved with the criminal justice system. This list was created by consensus and is not presented in presumed order of importance.

1. Effective training for judges, probation/parole officers and peace officers. Quality, comprehensive training modules exist such as the one produced by the National Judicial College that is affiliated with the American Bar Association located at The University of Nevada. The Arc of the United States also has a training program for peace officers.
2. Intensive service coordination to provide long-term support and supervision. This must include, but is not limited to, medication supervision and supplies, vocational support, substance abuse treatment, residential placement, and bridges to generic state and federal benefits.
3. Centralized forensic center for evaluation, treatment/training, crisis beds and last resort diversion options.
4. County reimbursement for evaluations performed by Dallas MetroCare Services.
5. Specialized courts and officers within the justice and jail systems.
6. County supported symposiums designed to bring area employers, service providers, city/county/state agencies, probation/parole/peace officers, parents, care givers and other interested participants together to clearly identify available services and service gaps. The subcommittee emphasizes that for this activity to be truly effective, commissioners and other community leaders must provide significant leadership.
7. Support pilot projects to teach high school students receiving special education services their rights and responsibilities when dealing with police, lawyers and judges.
8. Single phone number to provide information on services, relevant laws and codes, consumer’s mental retardation status, and knowledgeable attorneys and judges.

9. A system to coordinate transportation among traditional and non-traditional providers. For example, services that have acquired vans utilizing federal funds could be networked into a transportation system when those vans are not being used for their primary purpose.
10. A state insurance strategy that will encourage sharing transportation resources between agencies while minimizing liability risks.
11. Effective center for substance abuse treatment.
12. County involvement in increasing services for people with mental retardation, e.g. the currently proposed funding for Personal Family Assistance through Dallas MetroCare.
13. Programs for cross training criminal justice personnel and mental retardation professionals regarding identification of resources, laws, programs, etc.
14. Establish community-wide plan for dealing with issues relating to people who are borderline (IQ 70 - 80) who continue to fall between the cracks.
15. Aggressive dropout prevention program for students receiving special education supports.
16. Quality respite options.
17. Effective transition planning from school to community.
18. More information on vocational services for consumers, parents, educators, businesses and justice professionals.
19. A longitudinal study of what happens after school districts have completed supporting transitioned students.
20. Personal safety training for older people with developmental disabilities.
21. Programs for older adults to minimize isolation and loneliness.
22. Formalized programs to address personal relationships and the value of self-respect.
23. Continuing education training in current technology such as Internet and basic computer skills to increase job options.
24. An effective strategy to work more effectively with state schools and other state institutions.

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H. SUBSTANCE ABUSE

STATEMENT OF NEED

Substance abuse continues to be a serious problem for residents in Dallas County. We face enormous challenges in both supply reduction (law enforcement) and demand reduction (prevention, intervention, treatment). Substance abuse brings with it a wide array of related problems, not the least of which is crime (property crime, rape, truancy, DWI, illegal sale and distribution, and public intoxication). Health concerns related to substance abuse include accidental overdose, mental illness, suicide, HIV/STDs, birth defects, unplanned pregnancy, accidents, and chronic diseases (liver, heart, lung). Many cases of violence are related to substance abuse, such as child or spouse abuse, and school violence. Employment problems are also related, including theft, absenteeism, quality control issues, and job injuries. Society in general and families in particular suffer untold losses in the face of uncontrolled alcohol and other drug use. In Dallas County, as elsewhere, committing considerable resources to addressing substance abuse will have far reaching value, both directly and indirectly.

Substance Abuse Treatment for Indigent Populations – NorthSTAR Medicaid Behavioral Health Project

The Dallas Area NorthSTAR Medicaid Behavioral Health Project for Dallas and six of its surrounding counties has been in place one year - since July 1, 1999. The project blends state, federal and Medicaid funding for addiction and mental health treatment and rehabilitation services for indigent clients. The funds are vested with two behavioral health organizations (BHOs) to manage the delivery of these services. NorthSTAR was instituted to increase access to services, increase administrative capabilities and accountability; and increase cost effectiveness of services.

The results of the first year would indicate access has increased with more individuals being served and wait lists reduced or eliminated; instead of administrative requirements supporting service delivery, the administrative burden on providers has substantially increased at the expense of service delivery; and significantly shortened lengths of stays and greater reliance on the least intensive levels of care have been the mechanisms for cost containment. Although more people are being served, what they are receiving has been greatly diminished. This shift conflicts with the research-based best practices standards promulgated by the Substance Abuse/Mental Health Services Administration, U.S. Department of Health and Human Services, and the National Institute of Drug Abuse.

One of the behavioral health organizations, Magellan, has announced it will not continue participation in NorthSTAR after September 1, 2000, leaving Value Options as the only Plan Administrator. The impact of this change is undetermined at this time, but it is anticipated that the emphasis will continue to be shortened lengths of stay, particularly for residential treatment (per Value Options: average stays ranging from 14 to 28 days) with increasing reliance on outpatient treatment and denial of repeated residential services.

The philosophical conflict between managed care and traditional publicly sponsored efforts is managed care's focus on medical necessity (physical and/or psychiatric symptom manifestations) as the primary criterion for a client to receive treatment. Agencies that traditionally served the indigent population took into consideration larger issues of severity of the addiction, lack of

social supports, and need for rehabilitative/habilitative services. In treating the indigent population, addressing these larger issues (i.e. providing wraparound services) is critical to providing a real opportunity for clients to achieve recovery. The longer lengths of stay prior to NorthSTAR accommodated addressing these issues. The significantly shortened lengths of stays in residential treatment have virtually eliminated any opportunity for rehabilitative services in a residential setting and have led to premature discharging of individuals to outpatient care.

Outpatient programs, upon which the bulk of the responsibility for client rehabilitation services falls, are reporting increased numbers of clients leaving treatment early, which further erodes the agencies' ability to provide rehabilitation services. With the greater reliance on outpatient services, it is incumbent upon the system to address the need for safe, supported housing for individuals recently discharged from residential and/or in outpatient treatment.

Increase in Emergency Room Episodes/High Demand on Parkland Hospital

Substance abuse is having a significant and costly impact on the public health system in Dallas County. Drug and alcohol problems are either the primary or contributing factor in over 70% of admissions of the 900 individuals served monthly through the Psychiatric Emergency Room at Parkland Hospital. In the month of May, 2000, of the 906 clients who visited the Psychiatric Emergency Room, 67 visited as a result of drug overdoses only. The impact also extends to patients seen throughout the hospital with substance abuse related trauma, illness, or complications in pregnancy. Currently, Parkland has only four substance abuse counselors to cover substance abuse related needs for 841 in-hospital patients and 12,000 ER visits per month, plus community outpatient clinic visits. The shortage of medical detoxification services as a out-referral source is of primary concern to the Substance Abuse Unit of Parkland.

After reaching an all-time high of 386 drug abuse deaths in 1997, the Dallas area experienced a slight decrease (7%) in 1998. According to the most recent Drug Abuse Warning Network (DAWN) report, the four most frequently mentioned drugs resulting in fatalities were cocaine, alcohol in combination with other drugs, marijuana/hashish, and heroin/morphine.

The number of adolescent drug fatalities related to heroin use spiked in 1996-98 with an unprecedented 19 adolescent and young adult deaths related to heroin use. The high purity of the heroin being distributed was identified as one factor in the deaths. There had been a significant 46.9% increase in emergency room drug episodes reported for adolescents ages 12-17 from 1992 to 1996.

A critical information gap identified during the past year was the lack of easily accessible, unified local medical examiners data. There is no centralized local data depository to enhance local analysis and/or research and dissemination of medical examiner and emergency room data. Timely analysis could assist local health and emergency response planning.

The pressure on emergency rooms in Dallas County can be seen in the following information on mortality and overdoses associated with the various drugs of abuse identified:

- **Cocaine** deaths increased over 200% from 1995 to 1998;
- Hospital emergency incidents involving **cocaine** ("cocaine mentions") increased 46% from the first half of 1997 to the first half of 1998;
- DAWN estimates indicate an 87% increase in **heroin**/morphine related emergency room visits from 1995-1997;

- **Heroin** deaths reported for Dallas County in 1996 and 1997 totaled 91;
- The **heroin** overdose victims were clustered in an age range from 14 to 22 years old;
- Hospital emergency department episodes involving **marijuana/hashish** have increased from approximately 350 in 1990 to approximately 900 in 1997.
- Hospital emergency department episodes involving **methamphetamine** (also called “speed”) increased 50% from 77 in 1998 to 116 in 1999.

High Demand through Community Supervision and Corrections Department

The 1999 Arrestee Drug Abuse Monitoring (ADAM) Program, which surveys and obtains urine samples from Dallas County jail inmates four times a year, found that 60.5% of all males and 56.1% of the females had “any drug” in their system at the time of their detention (samples are only taken if the client has been detained for less than 48 hours). Between 1998 and 1999 the number of people surveyed by ADAM who had been detained for Drug Offenses (drug sales or possession) increased 60%.

The Comprehensive Assessment and Treatment Services (CATS) division of the Community Supervision and Corrections Department (CSCD) provides substance abuse screenings and evaluations to indigent probationers.

Since July 1999 the division has performed:

Alcohol/Drug Screenings	6,936
Full Alcohol/Drug Assessments	3,421
Dual Diagnosis Assessments	638

A total of 1,344 adult probation clients were referred to substance abuse outpatient treatment through the CSCD; 397 other clients were referred to various levels of inpatient treatment, predominantly through local community vendors and through criminal justice supervised treatment facilities. An additional 608 clients were referred to local vendors for substance abuse education. Twelve step support groups such as AA/NA had 637 clients referred to them.

Individuals in the CSCD system who need substance abuse treatment greatly exceed the capacity of the targeted publicly funded system to care for them. Demand for treatment in Dallas County is even higher because of the extreme limitations of treatment in the counties surrounding Dallas. This results in non-Dallas County residents using Dallas County based treatment resources.

Drug Trafficking

The North Texas area is a major trans-shipment, distribution and consumption center for cocaine. Large quantities of cocaine are brought into and through North Texas by Colombian and Mexican drug trafficking organizations. The price of cocaine has been going down and it is readily available. Of great concern is the increased availability of *chiva*, a snortable form of heroin primarily imported through Mexico. Heroin overdose deaths have increased since 1992, including a cluster of inexperienced adolescent and young adult users using chiva in conjunction with other drugs.

According to the DEA, Mexican black tar heroin in capsule form is the most prevalent form of heroin available in Dallas. Between 1995 and 1997, the Dallas Field Division of the Drug Enforcement Administration (DEA) seized approximately 92 kilograms of heroin, representing a 300 percent increase when compared to seizures between 1992 and 1994. Heroin samples tested

by the DEA reveal that the purity of the heroin available in the North Texas area increased approximately 24 percent between 1995 and 1998.

The Texas Department of Public Safety statistics show that during traffic interdictions between 1996 and 1998, DPS troopers seized 18,884 pounds of marijuana along interstates in the North Texas area.

Dallas has been named as a high methamphetamine area for both use and production. The community has had notable increases in number of clandestine laboratory seizures, number of deaths related to methamphetamine abuse, percentage of arrestees testing positive for methamphetamine, and growing admissions for methamphetamine addiction treatment. Between 1995 and 1997, methamphetamine seizures increased by almost 400 percent, compared to seizures between 1992 and 1994.

Poly-Addiction and Dual Diagnosis Issues

The majority of chemically dependent individuals are poly-addicted, i.e., are addicted to more than one drug and/or alcohol. Many individuals who are poly-addicted also have severe mental illnesses. In a 1997 study conducted by Charles Clow and Dr. T. Michael Kashner of the Dallas V.A. Medical Center, the diagnosis of a major mental illness co-occurring with a substance abuse disorder is very prevalent. Dr. Kashner's study indicated that an estimated 42% of antisocial disorders, 33% of bipolar disorders, 27% of individuals with schizophrenia, and 18% of persons with major depression also have a drug addiction problem. The difficulties with these mental illnesses are compounded by the high rate of a co-occurring addiction.

In September 1998, the Texas Commission on Alcohol and Drug Abuse (TCADA) funded a Dual Diagnosis Treatment Enhancement Project through the Greater Dallas Council on Alcohol and Drug Abuse (GDCADA) to provide training, case management, and in-depth assessment services in the detoxification program, the latter provided through Homeward Bound, Inc. In the 6-month period from October 1998 through March 1999, 564 clients were assessed with co-occurring psychiatric issues ranging from 61% with depression (major or not otherwise specified), 19% with post-traumatic stress disorder, and 16% with bipolar disorder. (Note: Many clients had more than one diagnosis.) The funding for this project ended in August, 1999 when it became part of the NorthSTAR roll-out. There is concern about sufficiency of specialized dual diagnosis services since then.

In 2000, an outpatient dual diagnosis group began in affiliation with Dallas County CSCD. The group has seen 54 clients to date, and anticipates this number to climb rapidly.

Increase in Youth Substance Abuse

The 1998 Texas School Survey of Substance Use Among Students clearly reveals that use of illegal drugs among youth has increased since 1992. Fifty-eight percent of Texas secondary students reported that they used tobacco, alcohol, inhalants, steroids, and/or illicit drugs during the past school year, including the past month; 76 percent reported using some type of substances in their lifetime. In 1998, about 26 percent of all elementary students in Texas had used tobacco, alcohol, inhalants, and/or marijuana during the past school year; 36 percent reported using some type of substance in their lifetime. That translates into a figure of about 324,000 elementary students.

The 1998 Texas School Survey also reported that the percentage of students who had drunk alcohol in the past school year almost doubled between fourth and sixth grades and continued to rise through the twelfth grade. Over half of all elementary students who had ever used alcohol had first started drinking when they were nine years old or younger. Beer and wine coolers were the alcoholic beverages most often consumed, with about 12 percent of elementary students having consumed each of them in the past year. A recent survey, sponsored by the National Institute on Alcohol Abuse and Alcoholism, reported that one in four U.S. children under age 18 are living in households with an adult who is addicted to alcohol or abuses it.

Marijuana remains a widely used drug, often in conjunction with other drugs, and has gained a disturbing level of acceptance by adolescents and young adults as a non-harmful substance. The proportion of youth admitted to treatment reporting marijuana as their primary drug problem continues to increase, as does the percentage of adolescents testing positive for marijuana at arrest.

In 1999, the Dallas County Juvenile Department Substance Abuse Unit served 141 clients through Home Intervention; 194 through Supportive Outpatient; and 239 in the Day Treatment Program. During 1999, 3,802 drug screens (CSI and SASSI) were completed and 1,433 chemical assessments were conducted. A total of 3,214 urine specimens were collected in the Detention Center, with 1,538 specimens (48%) testing positive for at least one chemical. Drug education services were provided to 1,415 youth detained in the Detention Center.

Profile of Client Living/Financial Situation

NorthSTAR does not yet provide demographic information regarding the financial or living situation of clients enrolled in substance abuse services. The most current data come from GDCADA's 1999 Central Intake Unit (CIU) system. The average adult served was minimally employed with income well below the poverty level. According to 1998 TCADA state data, the average income at admission to treatment for Dallas County's clients was \$6,983. Ten percent were on public assistance and/or disability. Sixteen percent had other sources of income, which included illegal activities such as prostitution, burglary, and drug dealing. Fourteen percent of CIU clients were homeless, while 32% lived alone with no support. Twenty-eight percent lived with other people on a day-to-day basis.

Of the 642 adolescents assessed by GDCADA in 1996 and 1997, 60% came from single-parent homes. Twenty-two percent lived with both parents and 12% lived with other relatives. The remaining 6% lived in institutions or with friends. Since 93% of the adolescents assessed by the Central Intake System are referred by the juvenile criminal justice system, the youth are at risk for being removed from their homes and placed in juvenile correctional facilities, group homes, or foster care.

PRIORITY PROBLEMS

Priority Problems in Community Coordination

There is a lack of knowledge, awareness, and a public health oriented response to substance abuse in the community. Substance use and abuse should be addressed as a public health issue with emphasis or appropriate access to prevention, education, intervention, and treatment services for all Dallas County citizens. The following issues contribute to the overall problem:

- (1) There is inadequate knowledge and awareness of the current status of substance abuse problems and projected needs for alcohol and drug services in Dallas County.
- (2) Many adolescents and school-age children spend significant, unsupervised time after school and on weekends. There are a limited number of after-school and weekend programs available for these children.
- (3) The general public, community leaders, public administrators, and elected officials have limited awareness of the impact of the NorthSTAR managed care pilot. The treatment aspect of NorthSTAR was implemented July 1, 1999. There is a lack of data regarding services provided, follow-up and outcomes. To date, information is available only on the number of clients enrolled.
- (4) No centralized local data depository exists to enhance local analysis and /or research and dissemination of substance abuse related to medical examiner and emergency room data. Timely analysis could potentially assist local health planning and emergency response planning when cluster deaths or ER drug episodes occur.
- (5) There are limited “grassroots” neighborhood initiatives and/or support for these neighborhoods to create a drug-free environment.
- (6) Merchants selling or serving alcohol, tobacco or abusable inhalant products often are neither knowledgeable of nor compliant with current laws and legislation regulating alcohol, tobacco, and inhalant products. Enforcement of existing laws including penalties, and sanctions for breaking the laws, is minimal.
- (7) Standard health care benefits often do not cover the cost of addiction treatment similar to other medical conditions, and place extreme limitations on access to care.
- (8) Promotion of alcohol and tobacco products at youth-oriented events gives a mixed message.
- (9) Print and broadcast media are under-utilized avenues to raise awareness of substance use and abuse related prevention and regulatory messages. Research-based media campaigns are needed.
- (10) Mentoring programs available to youth to provide drug/alcohol/tobacco free role models are limited.
- (11) Substance abuse and addiction are often seen only as criminal justice and safety issues needing punishment, as opposed to a public health issue needing comprehensive prevention, intervention and treatment.
- (12) Police are often seen as the “enemy” and a punishment-oriented entity rather than a neighborhood support to assist in combating crime and drug problems. Interactive Community Policing programs are an effective way to combat this perception, but are not available throughout the County.
- (13) There is a shortage of facilitated youth leadership activities that contribute to community awareness, youth commitment and “ownership”, support and action.

Priority Problems in Prevention

The lack of identification, cataloguing, and access to programs which demonstrate scientific, effective outcomes in the prevention of alcohol, tobacco and other drugs (ATOD) affects the County's ability to leverage additional funding.

There are limited scientific, research-based and culturally diverse substance abuse prevention programs in Dallas County public schools, youth programs, and senior citizen and community centers. This impacts the County's ability to leverage additional funding. The following issues contribute to the overall problem:

- (1) Programs with clear goals, objectives and associated measurable outcomes are in short supply.
- (2) There is a lack of coordination and expertise to assist community-based agencies to access funding and technical assistance for grant writing and program planning.
- (3) Multiple jurisdictions with differing regulatory requirements and philosophies regarding substance use and abuse result in inconsistent application of the law.
- (4) Culturally and developmentally appropriate prevention curricula for specific target populations are needed.
- (5) Some officials in decision making/budgetary roles do not promote ATOD prevention. This is often due to competing mandates or lack of demonstrated, data based outcomes.
- (6) The lack of community volunteers trained in the promotion of ATOD prevention activities limits programs' ability to meet demand.
- (7) Certified instructors and programs are needed to provide additional culturally appropriate education classes targeting youths with alcohol, tobacco, and other drug offenses.
- (8) There is not a strategic, county-wide plan to increase the availability of innovative and effective prevention programs targeting multicultural groups.
- (9) Lack of transportation denies youth and their families access to prevention programs, alternative activities and exposure to the arts, cultural and other educational opportunities.
- (10) Uncertainty of future funding mechanisms and strategies makes local planning difficult.

Priority Problems in Treatment

Comprehensive addiction intervention, treatment and rehabilitation services are not available to adequately address the complex needs of the indigent citizens of Dallas County. Demand for the treatment of criminal justice clients (jail, probation, parole) continues to exceed system (funding) capacity for accessible, affordable and appropriate substance abuse intervention and treatment.

Dallas County must maintain and enhance an effective service delivery system for addiction intervention, treatment, and rehabilitation. This system should provide affordable, effective, and easily accessible care ranging from the least intensive to the most intensive services for

adolescents and adults. In addition, Dallas must provide coordinated and effective addiction treatment in the adult and juvenile criminal justice systems. The following issues contribute to the overall problem:

- (1) Reduced services for clients in non-criminal justice population.
 - Parkland Memorial Hospital Psychiatric Emergency Room experiences a high volume of substance abuse related cases with limited chemical dependency staff to address these issues.
 - There is no longer a system for providing independent assessment of treatment and rehabilitation needs.
 - Although the change to NorthSTAR has resulted in fewer waiting lists, certain services have been severely restricted (such as time in residential treatment) with little or no ability to provide sufficient stabilization and treatment.
 - There is severely reduced ability in residential treatment programs to provide rehabilitation services or social services, such as timely referral and transfer to safe transitional housing, or sufficient family education and counseling services.
 - There is a lack of case management or care coordination support services, with those functions delegated frequently to treatment providers rather than NorthSTAR-contracted managed care organizations.

- (2) Property crimes rates rose significantly in the past year, along with increased volume of offenders in criminal justice system with substance abuse addiction problems.
 - Substance abuse/addiction remains a major factor in a large percentage of criminal justice cases.
 - Demand for evaluation, treatment, and rehabilitation services exceeds capacity in certain areas of the criminal justice system.
 - Creative sanctioning approaches, such as the DIVERT Court, are threatened due to expiration of federal funding.
 - DIVERT Court is also negatively impacted by the lack of resources to expand the target population and provide long-term cost efficient treatment.
 - DIVERT Court has no jurisdiction over DWI felony cases nor is there a DWI Court that could provide comprehensive assessment and referral of first offenders.
 - Extensive auditing and oversight regulations of state level criminal justice agencies (e.g., CSCD) are barriers to collaborative partnerships between non-profits and such agencies.
 - There are insufficient treatment programs to deal with “special needs” offenders, including those with co-occurring major mental disorders classified as “Axis I” (ex., schizophrenia, major depression) and those with mental retardation.
 - Grant-funded programs under Criminal Justice, such as the Dallas County CSCD CATS Initiative, have sustained recent funding cutbacks which further restrict available treatment resources.

- (3) Limitations of local treatment options due to the NorthSTAR initiative.
 - Treatment providers are unsure how the impending loss of Magellan as a one of the two managed care companies, and the emergence of Value Options as the sole approved Plan Administrator for NorthSTAR, will affect covered services.
 - Both managed care companies have significantly shortened lengths of stay in NorthSTAR-related treatment, particularly residential services.

- Spanish-speaking (bilingual/bicultural) and youth programs have closed or shifted focus since 1999.
- The Dallas Area NorthSTAR Authority (DANSA), which receives feedback from consumers and treatment providers about the services provided by the behavioral health organizations, does not have power to sanction the behavioral health organization(s) or otherwise significantly influence service delivery.

CURRENT RESOURCES AND COORDINATION

Dallas County is fortunate to have a broad scope of volunteer driven support groups, as well as private, nonprofit and public organizations that have placed an emphasis on the provision of substance abuse prevention, intervention and treatment services. Communication and coordination is critically important given the wide range of service providers and organizations addressing substance abuse. Several initiatives assist in the coordination effort.

24-Hour Helpline: The Greater Dallas Council on Alcohol and Drug Abuse provides a 24 hour helpline with more than 600 area resources to assist individuals needing general information about alcohol, tobacco and other drugs or referral to other agencies that can address their particular needs.

Association of Persons Affected by Addiction (APAA): APAA, a program of Dallas Helps, provides a channel through which the recovery community's collective voice may be heard in matters directly affecting them. This is accomplished through education and advocacy. APAA is a membership organization that meets the fourth Tuesday of every month, and sponsors four recovery celebrations annually.

Prevention Resource Center (PRC): The PRC includes a reference library with books, journals, pamphlets, videotapes and a web site (www.prc3.org) to assist area prevention programs and individuals. Many materials are available in Spanish. The PRC serves the 19-county Health and Human Services Region 3 and is housed at the Greater Dallas Council on Alcohol and Drug Abuse.

Network of North Texas Substance Abuse Prevention/Intervention Providers: The Prevention Network is a legally incorporated entity composed of 22 prevention and intervention programs throughout North Texas. The consortium of agencies plans, coordinates, monitors and advocates for quality, accessible prevention and intervention services. Network member agencies meet the second Thursday of every month.

Dallas Area Substance Abuse Network (DASAN): DASAN is a legally incorporated entity representing six treatment agencies and several affiliate groups not involved in NorthSTAR that provide a continuum of substance abuse/dependency treatment services for both adults and adolescents. DASAN negotiates on behalf of its members relative to contracting and other issues with the Behavioral Health Organizations as a part of NorthSTAR.

Alcohol, Tobacco and Other Drug - Related Coalitions:

Alliance on Underage Drinking (ALoud)

Children's Mental Health Committee

Dallas Commission on Children and Youth: Substance Abuse Subcommittee

Dallas Fresh Air Coalition

Dallas Tobacco Education Coalition

Dallas Tobacco Issues Committee

DWI Task Force
North Texas Consortium for Prevention in Higher Education
Texas Substance Abuse Prevention Coalition

Other resources:

African American Men of Peace	Homeward Bound
Alameda Heights Community Outreach Center	House of Isaiah
Betty Ford Center Metroplex Children's Program	I Am That I Am
City of Dallas	Just Say No
City of Dallas Youth Services	Kick Drugs Out of America
Communities in Schools, Dallas	Life Net
Community Resource Network	Managed Care Resources
court system	Mental Health Connections
Dallas Area NorthSTAR Authority	Mothers Against Drunk Driving
Dallas Challenge	Multi Cultural Counseling and Training Center
Dallas County Community College District	National Alliance for the Mentally Ill
Dallas County Community Supervision and Corrections Department	Nexus Recovery Center, Inc.
Dallas County DIVERT Court	Oak Lawn Community Services
Dallas County DWI Task Force	Our Brothers Keeper - NDUGU
Dallas County Juvenile Department	Parkland Health & Hospital System
Dallas County Public Defender's Office	Phoenix House
Dallas County Sheriff's Department	police departments
Dallas Helps	Promise House
Dallas MetroCare Services	Rainbow Days
Drug Enforcement Administration	Salvation Army
Drug Prevention Resources, Inc.	school districts
Drug Treatment Providers	Skillful Living Center
Federal Bureau of Investigation	St. Joseph's Adolescent and Family Services
Gateway: Help is Possible	Target Cities Project
Greater Dallas Council on Alcohol and Drug Abuse	Texas Association of Addiction Professionals
Greater Dallas Injury Prevention Center	U.S. Attorney's Office
Girls, Inc.	UT Southwestern Medical Center
Head Start of Greater Dallas	West Dallas Community Centers
Holmes Street Foundation	<u>VA Medical Center</u>

INCREASED COORDINATION OF RESOURCES

- (1) Place greater emphasis on gaining substance abuse/dependency information from the state relative to services provided and persons served. Evaluate the impact of NorthSTAR on people's ability to access and receive appropriate care.
- (2) Provide for the development of a case management system. Individuals entering the treatment system need support in accessing services along a continuum of care ranging from least intensive to most intensive. This includes referral to necessary ancillary services such as employment, child care, and housing.
- (3) Improve coordination between physical health primary care providers and chemical dependency treatment providers. Educate primary health care providers about diagnosing and referring substance abuse problems.
- (4) Improve coordination of concomitant mental health and chemical dependency services to individuals with co-occurring disorders in order to provide consistent, comprehensive, non-conflicting care.
- (5) Re-establish a local, centralized client database that would provide current information regarding clients served, services received, discharge status and follow-up information.

This would facilitate timely monitoring of services, and would support advocacy efforts in addressing problems and/or gaps identified through the centralized system.

- (6) Increase coordination among community substance abuse coalitions and area institutions of higher learning. Stimulate involvement of university faculty and staff/volunteers at substance abuse agencies.

PRIORITY GAPS

Gaps and Recommendations – Community Coordination

- (1) A need exists to develop and enact public policy relating to the use and abuse of alcohol and other drugs, and to the disease of chemical dependency as a public health issue affecting the entire community.
 - Advocate for state and federal regulatory changes to mandate health care benefits that cover the cost of addiction treatment like any other medical condition.
 - Increase and enforce existing legal sanctions to regulate the sales, distribution, and misuse of inhalant products, and the sale of over-the-counter drugs (including those containing ephedrine), alcohol and tobacco to minors.
 - Enact regulatory changes amending laws governing inhalant products to include all quantities of nitrous oxide as a regulated product.
 - Increase awareness of merchants, parents and the general public regarding laws governing the sale of alcohol, tobacco and inhalants, especially to minors.
 - Encourage the restriction of advertising and promotion of alcohol and tobacco products at youth and family oriented events utilizing government funding and/or facilities.
- (2) Increase grassroots neighborhood response to creating a supportive, drug-free environment.
 - Encourage growth of mentoring programs for minors with special emphasis on programs that target at-risk youth.
 - Increase access to supervised after-school and weekend programs for children and adolescents.
 - Encourage stronger connections between law enforcement and community group partnering programs, such as “Weed and Seed.”
 - Develop additional recovery-oriented high school campuses for youth returning from treatment, such as Serenity High School in McKinney.
 - Increase community awareness, commitment, support and action through the use of facilitated youth leadership.
 - Foster greater involvement of the consumer and recovery community in creating a drug-free environment.
- (3) Community awareness of alcohol, tobacco and other drugs, through use of education and public information techniques, should be heightened.
 - Increase community-wide public awareness and education campaigns addressing

reduction of substance abuse.

- Increase the use of merchant education programs for seller/servers of alcohol, tobacco or inhalant-abusable products.
- Encourage the Dallas County Department of Health and Human Services and the City of Dallas Department of Environmental and Health Services to prioritize substance abuse as a critical public health concern in funding and programmatic decisions.
- Provide a training program on addiction, substance abuse, and the efficacy of treatment for juvenile judges, municipal judges, district attorneys and justices of the peace.
- Increase coordination between local police departments and communities in efforts to address trends such as inhalant abuse among adolescents.
- Develop a community mobilization plan for substance abuse.
- Identify and develop more culturally appropriate messages about substance abuse and addiction.
- Quarterly reports to City Council and County Commissioners should be provided regarding action on recommendations in this plan.

Gaps and Recommendations – Prevention

- (1) Increase the number of effective, research-based prevention models in schools, youth programs, and senior citizen and community centers in Dallas County.
 - Increase the utilization of demand reduction strategies with published, effective outcome data.
 - Increase funding for prevention, intervention and treatment programs to reduce the demand for illegal drugs by designating funds from forfeited assets related to drug convictions.
 - Increase utilization of innovative and effective prevention strategies targeting populations, wW0947.3.2 0

- Establish a forum for exchange of information between family education programs to promote utilization of effective prevention curricula.
 - Increase access to programs to improve parenting skills. Additionally provide parents information on ATOD related issues.
 - Make available a resource list of local prevention strategies and programs maintained by GDCADA Region 3 Prevention Resource Center through the PRC web site, with mailings to providers and community agencies.
 - Provide the Juvenile Department and Juvenile Justice System with up-to-date list of prevention/treatment programs.
 - Provide cross training for substances abuse providers and criminal justice staff in substance abuse and criminal justice models.
 - Increase training and services to the young substance-exposed children (ages 0-6) and their families.
 - Provide training in co-occurring diagnosis (dual diagnosis) in the identification of the signs and symptoms.
 - Develop multi-disciplinary training to disseminate ATOD prevention information for related groups such as youth serving agencies, mental health centers, family violence groups, and childcare workers.
- (3) Provide support for the Certified Prevention Specialist training program developed to increase the number of trained professionals with special expertise in substance abuse prevention.
- Recruit and provide training for licensure of Chemical Dependency Counselors (LCDC) and Certified Prevention Specialists through the Eastfield College Substance Abuse/Social Work Program Addiction Technology Transfer Center (ATTC) Grant for under represented populations (tuition fee paid).
 - Make funds available in the field to attend regional and national conferences.
- (4) Access to transportation services for prevention program participants should be increased.
- Include funding for client transportation services in prevention grants.
 - Coordinate services between DART and the prevention, intervention and treatment providers (i.e. reduced fares, student passes).
- (5) Increase monitoring and evaluation of programs to include:
- Assisting agencies in developing self-monitoring.
 - Developing a self-monitoring process that will enhance expertise within agencies.
 - Unannounced outside monitoring visits.

Gaps and Recommendations – Treatment

- (1) The substance abuse treatment system for indigent adults and adolescents must include all the necessary components of a comprehensive system of services. Specific recommendations include:

- Assure appropriate, comprehensive, independent assessment, placement and case management for substance abuse/dependent individuals, assuring levels of care that best meet their needs and assistance in accessing services.
- Assure availability of appropriate, comprehensive treatment and rehabilitation services throughout the continuum of care, including acute care/crisis stabilization, treatment intervention, and rehabilitation/habilitation services.
- Provide funding for case management services to assure substance abuse/dependent individuals are connected to and receiving supportive services such as housing, employment, transportation, job training, child care, medical care, and family services.
- Provide safe and drug-free supportive housing for individuals in outpatient and post-acute care services.

(2) Increase substance abuse treatment capacity in the criminal justice system.

- Increase treatment capacity for adult and juvenile offenders served through Dallas County Community Supervision and Corrections Department, Dallas County Jail, and Dallas County Juvenile Department.
- Increase capacity and treatment services of the DIVERT Drug Treatment Court.
- Increase Level I Detoxification service capacity for criminal justice offenders in Dallas County.
- Implement standardized chemical dependency assessment services system-wide in the criminal justice system.
- Increase communication between substance abuse treatment providers, the criminal justice system, and mental health providers.
- Increase utilization of education classes as an early treatment intervention, targeting juveniles with alcohol, tobacco, drug offenses.
- Increase capacity for specialized dual diagnosis services in the adult and juvenile justice systems for offenders with co-occurring mental illness and substance abuse/dependence disorders.

(3) Increase services for special needs clients.

- Improve access to appropriate services for individuals with co-occurring mental illness and substance use disorders by developing an integrated services delivery model that builds upon existing resources and increases the capacity within both systems.
- Increase access to substance abuse treatment for homeless substance abusers through mobile services and services provided on-site at agencies serving the homeless population.

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I. VICTIMS OF CRIME

STATEMENT OF NEED

The need for services for those affected by crime continues to be an issue in Dallas County. From our discussions it has become apparent that those who provide services need to continue to build a collaborative approach to providing services for those affected by crime. This type of approach will help to ensure the provision of a more comprehensive service to the victims.

In 1998 The Dallas County District Attorney's Office filed 67,214 misdemeanor case and 21,109 felony cases, for a total of 88,323 cases. Although 1999 saw 79,568 cases filed (61,058 misdemeanor and 18,510 felony) the numbers are still staggering. Each one of the filed cases represents many cases that went unreported or unfiled and thus not counted. Unfortunately, when we begin to consider all the crime victims in the county it quickly becomes apparent that many are affected by crime but don't ever become one of the counted statistics. If we look at only the number of cases filed in 1999 and break the number down, we find that in Dallas County alone, there are 9 new victims of crime each hour of each day. Of course, the reality is that there are many more people harmed and effected by crime than the numbers show, and this is what the committee used as it's focus.

The number of people affected by crime each year is daunting and the demand for services to help is often beyond the abilities of the local agencies. With this many people needing help from the various community agencies, both large and mostly small agencies, it is easy to understand why the agencies need the support of government funds to help those most in need.

The Victims of Crime Subcommittee met four times during the months of July, and August 2000 in an effort to identify primary areas of concern for victims of crime in the Dallas County community. Following is a listing of the crime victims' needs as determined by the subcommittee.

PRIORITY PROBLEMS

Limited Agency Resources

The agencies in Dallas County that provide assistance to crime victims are typically run on limited resources. This not only limits what they are able to provide to the victims but also hampers their ability to collaborate with each other.

Very few of the agencies are technically in the 21st century. Which translates to no means for them to learn and communicate via the Internet, no means to ease the development of collaborative efforts with an increased level of communication, and no means to organize and go about daily business with the aid of computers.

Also, many of the agencies are minimally staffed, with little or no support staff. Thus, the limited level of staffing limits the number of victims served. This also diminishes an agency's ability to participate in coordinating a collaborative effort.

Legal Service

Gaining access to the legal rights afforded victims of crime is often very difficult for various reasons. Perhaps the victim is not aware of their rights, if they are aware of their rights, the complexity of the legal system makes it very difficult for the victims to adequately access these rights; they cannot afford an attorney to explain their rights and help them exercise the rights they do have; or, free civil legal assistance, when available at all is limited because of lack of funding or funding restraints.

The victims assistance department of the District Attorneys Office does a great job of helping the victims who are in the criminal justice system. The difficulty for some crime victims is finding means to enter the civil systems to help where crime victims compensations ends.

Treatment of Crime Victims

Police officers, prosecutors and some judges have received training on the treatment of crime victims. On-going training for people in these positions and community supervision officers will only serve to improve the overall experience of crime victims who are directly in the system and those who are wanting to stay involved with the entire criminal justice procedures (i.e. arrest to final outcome of parole/probation).

Limited Services for Non-English Speaking and Immigrant Crime Victims

The need for victims' services for the non-English speaking and Immigrant crime victims is an ever-growing need. Language barriers, cultural diversity, lack of knowledge of the criminal justice system and options available can create walls that block cooperation between the crime victims and law enforcement agencies, prosecutors' offices, probation and parole departments resulting in minimized services available to these crime victims. In addition, informational materials that are generally published regarding victim services and the legal system are seldom published in languages other than English and sometimes Spanish.

Transportation for Victims

Victim transportation needs, particularly for single parents with minor children, are sometimes overwhelming. In addition to needs imposed by the criminal justice system, these persons must find transportation for jobs, food, clothing and shelter. While the public transportation system continues to improve, the complexity of these needs make public transportation inadequate and expensive. Victims also deal with maintenance, repair, and liability issues even though they may have access to an automobile. The experience of those who participated in the community planning process has proven that major as well as minor automobile repair issues plague crime victims.

Housing

Many human service agencies offer housing to victims of crime on an emergency or temporary basis. Unfortunately, for many victims, the housing need is not a temporary problem, it can continue for many years. More and more we are finding that decent, long term housing for victims is the single most difficult problem they face. These victims are predominately women who have been separated from their male partners by domestic violence and murder. To add to their challenges many of the victims also have the responsibility of children. The victims often have been financially dependant upon their male partners, and may have few job skills, thus limiting their capacity for coping and finding solutions for these challenges. An additional burden for some of the victims is language and cultural barriers. The lack of affordable and decent housing continues to place risk in the lives of these victims and their children.

Supportive Services for Crime Victims

People who are affected by a crime will go about recovery from this invasion in life in many different ways. Each crime victim's recovery is as unique as the person and thus the community needs to offer recovery services that take different forms. In addition, there needs to be an ample supply of these different services, so that the victims will be able to access the service in a timely manner and in a convenient location.

5 Year Plan

At this time there is no long-term strategic plan for the delivery of services to crime victims or for the collaboration of service providers.

Case Management Program for Crime Victims

Dallas has many service providers for victims of crime, yet there is no format for these service providers to collaborate on individual cases. The development of a case management program for the service providers could help to develop more complete service delivery plans for victims.

CURRENT RESOURCES AND COORDINATION

Dallas County has a large number of agencies developed specifically with the intent to provide services to victims of crime. These agencies all do wonderful works in the effort to provide for the many needs of crime victims. The Crime Victims Council of Dallas County was established to unify these agencies and to provide a network to share information, with the added benefit of less duplication of services. The Council has addressed the ever-growing need of communication and sharing of resources among these many victim service agencies. During the previous year the Council has met regularly and has continued development of a foundation for the victim service agencies to use. This foundation is meant to open doors of communication, create a means of sharing resources, and develop connections between the staff of these agencies. The need still exists for more coordination and collaboration to ensure the level of services provided to crime victims is as seamless and functional as possible.

Community resources include, but are not limited to:

1. Dallas County District Attorney's Office Specialized Units
Dallas is fortunate to have specialized units and courts to handle both domestic violence and child abuse cases.
2. Multi-Language Services
These agencies provide services to victims in many languages. These agencies also make referrals to other agencies based on client need such as location, time and fees. However, there is a serious lack of bi-lingual services.
3. Counseling
Includes services for people of all ages who are victims of a crime. The counseling services cover many types of crime victims including domestic violence, sexual assault, child abuse, murder victims, crisis intervention, etc.
4. Police Departments in Dallas County
Includes programs to investigate child abuse and neglect, sexual exploitation, domestic violence, homicide, robberies, and assaults. Training for officers in the area of victim

awareness and sensitivity provided to officers during their in-service classes. Victims Services offered in many Dallas County Police Departments which includes crisis intervention, counseling, information and referrals, and advocacy to name a few.

5. Legal Assistance
Includes programs to provide some low cost to free services to victims of domestic violence and assistance to children who are in the custody of the state.
6. Transportation
Includes services provided by Contact 214, which primarily assists in the transportation of victims of domestic violence to emergency shelters.
7. Preventive Education
Many victims' service agencies in Dallas County are providing educational services to the youth of the county. Some of the agencies that provide this education are Victims Outreach, Mothers Against Drunk Driving and the Dallas Police Department to name a few.
8. VINE
The County of Dallas has planned to implement the Victim Identification and Notification Everyday, which will help keep victims consistently notified of changes in their perpetrators status within the county criminal justice system.
9. Some of the local agencies providing services to crime victims:
 - a. Brighter Tomorrows
 - b. Child and Family Guidance Center
 - c. Dallas Children's Advocacy Center
 - d. Mothers Against Drunk Driving
 - e. Genesis
 - f. LETOT
 - g. Mothers Against Teen Violence
 - h. Parkland Rape Crisis
 - i. Neighborhood Youth Services of Richardson
 - j. New Beginning Center
 - k. Parents of Murdered Children
 - l. Promise House
 - m. Salvation Army
 - n. The Family Place
 - o. Victim Relief Ministries
 - p. Victims' Outreach
 - q. Youth and Family Center of Dallas

Additional resources:

African American Men of Peace
Brighter Tomorrows
Child Protective Services (CPS)
City of Dallas - Crisis Intervention Office
City of Dallas Police Department
City of DeSoto Police Department
City of Garland Police Department
City of Grand Prairie Police Department

City of Mesquite Police Department
City of Sachse Police Department
community volunteers
court system
Dallas Children's Advocacy Center
Dallas County Community Supervision and
Corrections Department
Dallas County District Attorney's Office

Dallas County Juvenile Probation
 Department
 Dallas County Sheriff's Department
 Dallas Court Appointed Special Advocates
 (CASA)
 Dallas Life Foundation
 Family Place (The)
 Federal Bureau of Investigation
 Genesis Women's Shelter
 Greater Dallas Crime Commission
 hospitals
 I Am That I Am Center
 Just Another Means of Success (JAMS)
 Lawyers Against Domestic Violence
 Mothers Against Drunk Driving
 Mothers Against Teen Crime

Multi Cultural Counseling and Training
 Institute
 New Beginning Center
 Obadiah Gang & Drug Program
 Parkland Health & Hospital System
 Parkland Rape Crisis Center
 police departments
 Rainbow Days
 Rape Crisis Center
 Salvation Army
 Skillful Living Center
 Texas Attorney General's Office
 U.S. Attorney's Office
 UT Southwestern Medical School
 Victim Relief Ministries
 Victims Outreach
 Weed and Seed Programs

INCREASED COORDINATION OF RESOURCES

There remains a great need for collaboration and coordination of services and information, cross-training, sharing of existing infrastructures and systems, elimination of duplication of services, increased community awareness, increased crime victim sensitivity within the judicial system, computer and technology resources within the community agencies, and an automated way to develop a service plan specific to the crime victim. Without this level of cooperation, communication and technology among the agencies there will be an ineffective use of resources leading to a decrease in the level of overall services provided to victims of crime in Dallas County.

PRIORITY GAPS

This subcommittee chose to define the specific needs for prevention and protection services in Dallas County and to prioritize those needs as follows:

- ◆ A lack of staff and technical resources within the agencies. This inhibits the level of communication within the agencies, between the agencies, and with the governing bodies.
- ◆ A lack of forum in which the service providing agencies can share resources.
- ◆ A lack of affordable legal resources for crime victims.
- ◆ A lack of uniform and on-going education to all people within the criminal justice system.
- ◆ A lack of services in other languages besides English.
- ◆ A lack of reliable transportation.
- ◆ A lack of affordable housing.

- ◆ A lack of additional means and forms of victim services.

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