

## INTRODUCTION

### SUBSTANCE ABUSE

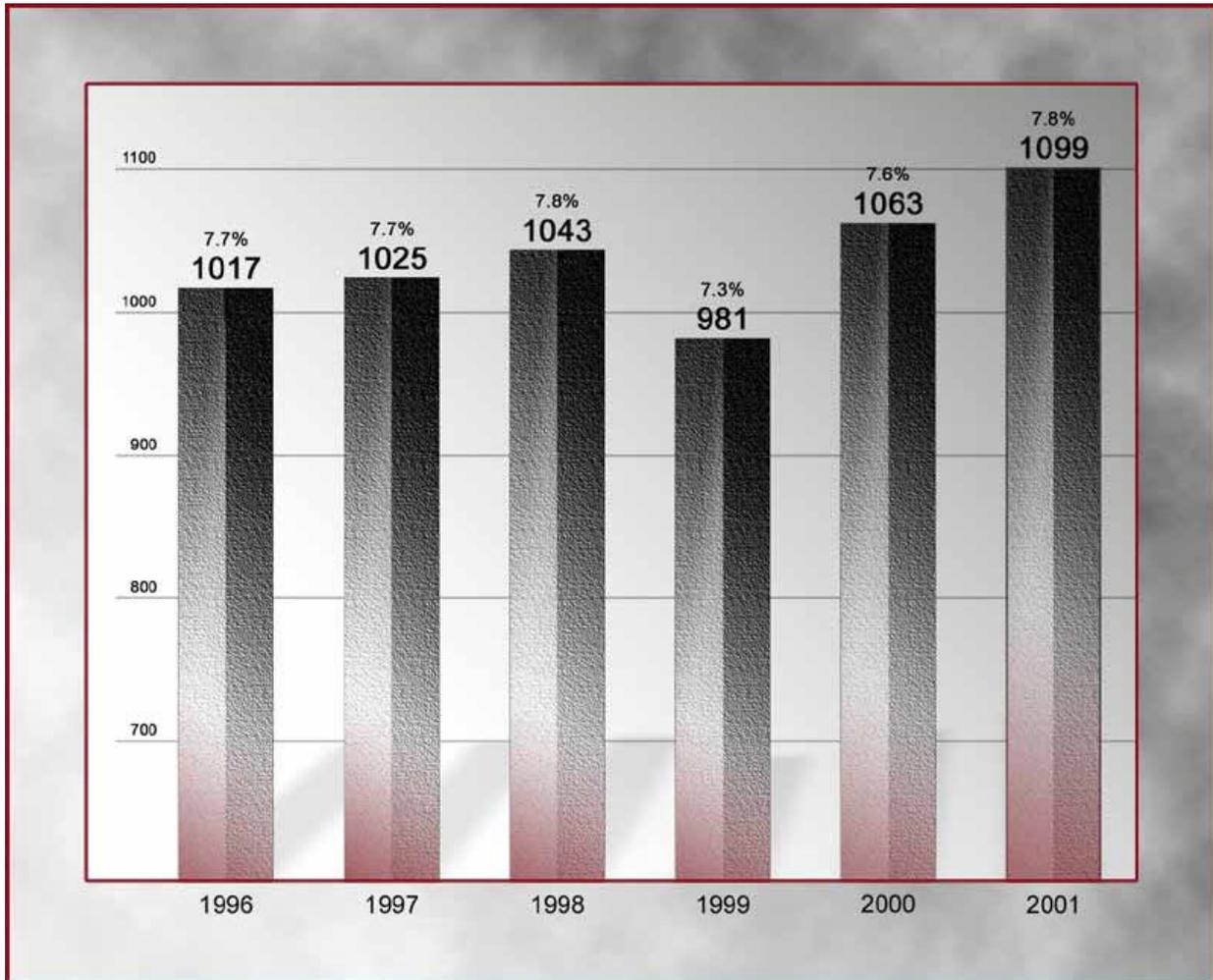
The Texas Commission on Alcohol and Drug Abuse (TCADA) is charged with ensuring that Texans have access to a comprehensive, effective and efficient continuum of substance abuse services.

Substance abuse is arguably the most pervasive public health and public safety issue in Texas. Consider these facts:

- The total economic cost associated with alcohol and drug abuse in Texas for year 2000 is estimated at \$25.9 billion, or \$1,244 for every man, woman and child.
- Crime related to substance abuse cost Texas nearly \$4 billion in 2000 and accounted for about 48% of total expenditures in the state's criminal justice system.
- More than 13,500 Texans died from alcohol and drug disorders in 2000, 46% of them younger than 25.
- Seventy-one percent of students in grades 7-12 reported using alcohol, with 26% considered binge drinkers.
- More than 93,000 students were referred to disciplinary alternative educations in 2001. The most frequent reason for referral was possession or sale of a controlled substance.
- National statistics indicate parental substance abuse causes or contributes to seven out of ten cases of child abuse and neglect and three-quarters of all foster care placements.
- People with substance abuse problems crowd the state's jails and prisons. Six out of ten prisoners are estimated to have substance abuse problems. As of the end of 2001, only 3% had access to a treatment bed in the prison system.

*Source: Texas Commission on Alcohol and Drug Abuse, 2002 Annual Report*

## ALCOHOL RELATED DEATHS IN DALLAS COUNTY

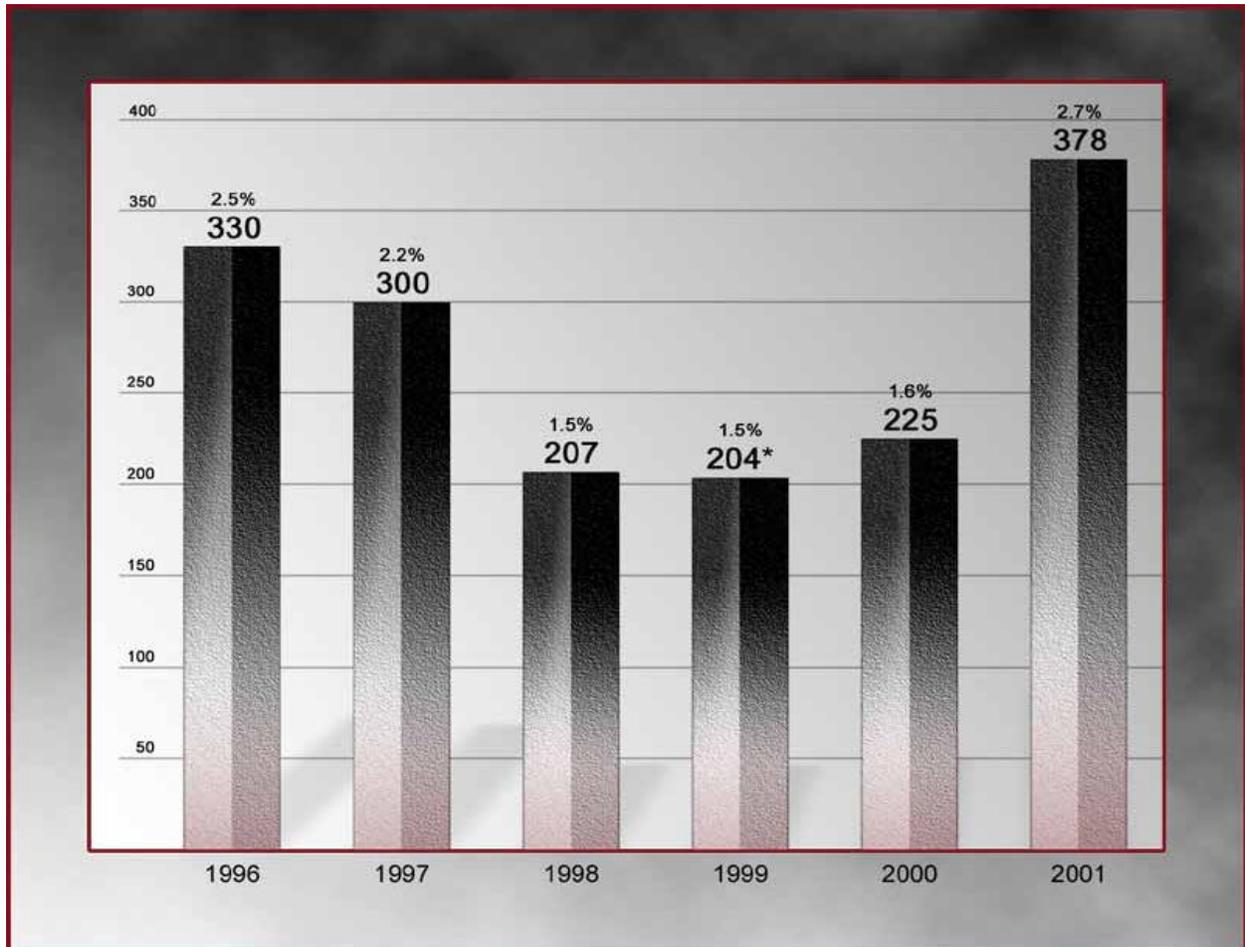


One in every 13 deaths in Dallas County was caused either directly or indirectly by alcohol consumption of the deceased in the year 2001.

The estimated lost lifetime productivity due to an alcohol-induced premature death is highly variable, but a median value is in the range of \$350,00 per death. Using this estimate, Dallas County lost more than \$384 million in lifetime productivity from these unnecessary deaths in 2001. For the six-year period 1996-2001, more than 6,200 alcohol-related deaths resulted in more than \$2.1 billion in lost lifetime productivity costs for citizens of Dallas County.

*Source: Substance Abuse Prevention and Treatment Services, A Cost Benefit Analysis for Texas, Texas Perspectives, Inc. July 2002.*

## OTHER DRUG RELATED DEATHS

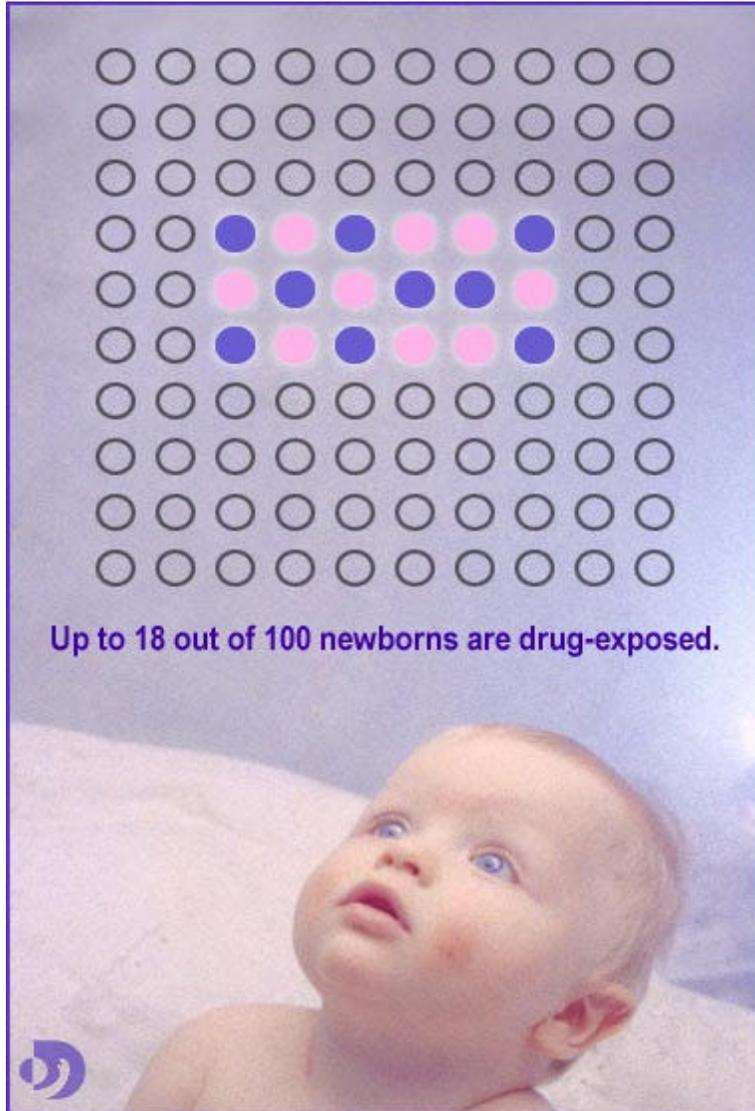


In 2001, one in every 37 deaths in Dallas County was a preventable death caused by drug use. Essentially, that equates to a preventable death occurring in Dallas County each day.

Dallas County has lost more than \$225 million in lifetime productivity from these preventable deaths in the 2001. For the six-year period 1996-2001, more than 1,600 drug-related deaths resulted in almost \$1 billion in lost lifetime productivity costs.

*Source: Substance Abuse Prevention and Treatment Services, A Cost Benefit Analysis for Texas, Texas Perspectives, Inc. July 2002.*

## PRENATAL EXPOSURE TO ILLICIT DRUGS



	Total Dallas Co. Births	Estimated Drug Exposed Babies
<b>2000</b>	42,444	2,971 – 7,640
<b>1999</b>	40,677	2,847 – 7,321
<b>1998</b>	39,819	2,787 – 7,167
<b>1997</b>	38,682	2,707 – 6,963
<b>1996</b>	38,098	2,666 – 6,857

Various studies place the rate of drug-exposed babies in the United States between 7-18% of all births. It is reasonable to state that a minimum of 300 babies a year in Dallas County are exposed to illicit drugs before they are born.

A 1990 U.S. General Accounting Office study estimated the median hospital charges for each drug exposed infant to be \$1,100-\$4,100 higher than those for non-exposed infants. Applying these figures to a conservative estimate of 3,000 drug exposed babies, Dallas County residents incurred \$3.3-\$12.3 million in additional hospital charges in the 2000.

Source: Dallas County Drug Impact Index –2003

### JUVENILE DELINQUENCY

<b>Discipline Reason</b>	<b>2000* Incidents</b>	<b>2001 Incidents</b>	<b>2002 Incidents</b>	<b>2002 Students Involved</b>
<b>Possession / Selling Controlled Substance</b>	523	1,306	1,346	1,335
<b>Felony Controlled Substance Violation</b>	n/a	n/a	26	26
<b>Possession – Alcohol</b>	101	203	203	217
<b>Possession – Tobacco</b>	287	445	314	327
<b>Possession – Gun, Knife, Weapon</b>	137	135	129	131
<b>Assault of School Staff</b>	63	141	246	246
<b>Assault – Other Than School Staff</b>	271	325	322	329
<b>School Related Violence</b>	37	110	245	261

Source: TX Education Agency PEIMS Report

Youth who participated in violent behaviors during the past year were more likely to use an illicit drug or alcohol during this same time compared with youths who did not participate in violent behaviors.

Most of these incidents result in the student being sent to an alternative school for a minimum of 30 days. The cost of an alternative school is about \$60/day per student. Incidents involving alcohol, drugs and violence resulted in almost \$5 million in alternative school costs in 2002. This amount of money would pay the salary of more than 140 new first year teachers to work in Dallas County.

Source: Dallas County Drug Impact Index –2003

## INCIDENTS OF FAMILY VIOLENCE

	1996	1997	1998	1999	2000	2001
Dallas	21,666	19,626	19,878	19,476	19,381	19,375
Addison	98	97	102	94	128	150
Balch Springs	346	203	215	144	134	173
Carrollton	474	482	434	373	351	365
Cedar Hill	96	118	105	235	220	290
Cock. Hill	58	43	12	11	17	11
Coppell	95	84	88	85	42	37
Desoto	259	277	280	302	450	422
Duncanville	273	279	241	255	241	226
Farmers Branch	238	230	162	169	129	143
Garland	2,418	2,227	2,207	1,986	1,090	1,752
Glenn Heights	77	95	93	139	85	76
Grand Prairie	1,499	1,473	1,322	1,145	1,311	1,327
Highland Park	14	25	18	11	22	30
Hutchins	25	23	17	19	16	19
Irving	2,166	1,951	1,991	1,892	1,808	1,920
Lancaster	244	312	256	306	218	326
Mesquite	1,202	1,048	1,011	947	1,157	1,170
Ovilla	n/a	n/a	5	1	6	15
Richardson	1,347	706	417	395	378	342
Rowlett	264	265	299	300	372	342
Sasche	34	26	32	41	33	32
Seagoville	77	84	96	106	101	86
Univ. Park	16	17	11	15	10	14
Wilmer	44	37	35	36	62	28
Other*	96	120	102	96	139	168
<b>Dallas Co.</b>	<b>33,126</b>	<b>29,848</b>	<b>29,249</b>	<b>28,579</b>	<b>27,901</b>	<b>28,839</b>

A common thread linking child welfare systems, the juvenile justice system, and domestic/family violence incidents is substance use. Alcohol is present in more than 50% of all incidents of domestic violence. Children whose parents abuse alcohol and other drugs are three times likely to be abused and more than four times more likely to be neglected than children from non-abusing families.

*Source: Dallas County Drug Impact Index –2003*

The following is a compilation the current issues facing Dallas County residents.

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*NOTE: This list was compiled using  
focus group sign-in sheets from  
meetings held in 2002-2003.*

# MENTAL ILLNESS AND SUBSTANCE ABUSE

## **PROBLEM**

### **What is the problem for Dallas County?**

Individuals with co-existing conditions of mental illness and substance abuse are a great burden on the mental health system, the justice system, and their families and the community as a whole in that they do not respond readily to traditional treatment approaches and cycle repeatedly through the systems at a great cost to the community.<sup>1</sup>

### **Why is this a problem for Dallas County?**

Failure to provide case managed integrated treatment services for individuals with co-occurring mental illness and substance abuse results in the negative consequences of hospitalization, incarceration, and recidivism at great cost to the community and impact on the health care and criminal justice systems.

### **What needs to be done to alleviate this problem?**

Access to case managed integrated treatment is necessary for their successful treatment and recovery, and for a reduction of the burden on the health care system, Protective and Regulatory Services, and the criminal justice system. The community needs to establish and maintain treatment programs with case managed integrated services. Substance abuse program providers need to hire specially trained staff who can better recognize, diagnose and treat mental illness in the substance abusing population. Case management is a key element to any integrated program of adults with co-occurring mental illness and substance abuse.<sup>1</sup> Individuals with mental illness, until properly treated, are not capable of navigating the complicated health care and social services systems. Without effective treatment for their co-occurring disorders, these individuals often break the law and become a burden on the criminal justice system.

This same situation is true of adolescents with co-occurring mental illness and substance abuse disorder. The traditional approach of separate mental health and substance abuse treatment and without case management fails to provide the individual with the integrated treatment that is successful. Often these adolescents become involved in the juvenile justice system adding to the cost to the community.

### **Impact for Dallas County**

If adults and adolescents with co-occurring disorders could be effectively treated, thereby reducing the likelihood of negative consequences of their illness such as recidivism, hospitalization, and incarceration, the cost burden on these systems would be greatly reduced and the community would be a safer place. In addition, case management services will assist in remedying relapse factors by assisting with such supports as housing and employment. Integrated mental health, substance abuse treatment and case management will result in improved outcomes and a return to responsible citizenry for adolescents and adults.

## **SUPPORTING STATISTICS**

It is difficult for individuals with the co-existing conditions of mental illness and substance abuse to access integrated treatment. A conservative estimate of the number of individuals with a mental illness who also are experiencing a chemical dependency is approximately 60%<sup>2</sup>. The nature of co-occurring disorders complicates the treatment regimen and often results in one of the other illnesses not being addressed. Consequently many individuals relapse or cycle through the local hospitals. According to Kenneth Minkoff, M.D., Assistant Clinical Professor of Psychiatry at Harvard Medical School, the most effective treatment for individuals with co-occurring disorders is a system which integrates techniques for treatment of mental illness and substance abuse disorder.

Research has proven that case management is often the final key to successful treatment. Under the present service delivery system, there is a lack of case management services with those unfunded functions frequently delegated to treatment providers, resulting in a fragmented system on which clients do not receive the holistic support that is vital to recovery. Adequate funding is needed for case management services. Case management should be provided at area hospital emergency rooms and either at each substance abuse treatment agency or through one centralized agency. The provision of case management will enable providers to maintain contact with the client to increase the likelihood that the client will follow through with referrals, make outpatient appointments, and access other social services.

### **Adolescents**

Dallas County has no community-based integrated treatment programs for medically indigent adolescents with co-occurring mental illness and substance abuse disorder. Psychiatric hospital programs provide beds to stabilize the clients' mental illness. They do not provide the on-going integrated treatment that is necessary to bring about lasting results in the adolescent with a co-occurring substance abuse disorder that teaches the youth and the family how to manage the mental illness and prevent relapse into substance use, aberrant behavior, and resulting juvenile crime.

There are thousands of youth with these co-occurring disorders in Dallas County. The Center for Disease Control (CDC) Surveys: Youth Risk Behavior Surveillance - United States – 1999 and 2001 report the percentage of Dallas youth who reported use of illegal drugs.<sup>3</sup> Based on US Census projected figures, there were approximately 144,000 youth ages 13-17 in 1999 and 160,000 in 2001 in Dallas County.<sup>4</sup> The CDC percentages come alive when translated into actual numbers of adolescents reporting drug use.

The same 2001 Center for Disease Control Survey-Dallas Sample reported 23,040 youth contemplated suicide and 15,840 attempted suicide with 4,320 requiring hospitalization, another strong indication of mental illness in the adolescent population. Of a sample of youth diagnosed with substance abuse disorder at Parkland Hospital psychiatric emergency room in 2002, 41% had a co-occurring mental illness. These figures indicate that there is a significant number of Dallas County youth with co-occurring mental illness and substance abuse disorder who could benefit from an integrated treatment program.

### **Adults**

The situation for adults is better in that some services do exist. Dallas Metro Care and Turtle Creek Manor provide integrated services for adults with co-occurring disorders. NorthSTAR Medicaid managed care pilot identifies adults with co-occurring disorders. Except for these

approximately 200 slots, there is no community-based case managed integrated treatment slots in Dallas County to serve thousands of medically indigent adults with co-occurring disorders.

**DATA CHART**

**YOUTH SURVEILLANCE SURVEY**

<b>U.S. CENTER FOR DISEASE CONTROL SAMPLE</b>	<b>1992</b>	<b>2000</b>	<b>2001</b>
Past month use of marijuana	4%	11%	20.4%
Past month use of cocaine	1.7%	3.6%	3.4%
Use of illicit drugs on a daily or weekly basis	3%	7%	NA
Youth who attempted suicide	NA	NA	11%

According to Dr. Bert Pepper, MD, approximately 60% of the adolescents with mental illness also have co-occurring substance abuse disorder.

**CURRENT SERVICE PROVIDERS**

The current providers who provide case managed integrated treatment services in Dallas County for adults with co-occurring disorders are Turtle Creek Manor, A.B.C. and Dallas Metro Care. These agencies serve the entire NorthSTAR area which includes Dallas County.

**GAPS IN SERVICE DELIVERY**

- Lack of integrated treatment services for adults and youth with co-occurring disorders
- Lack of trained professionals to provide integrated treatment
- Lack of case managers at area hospitals, treatment agencies, and/or at a centralized center

**GOALS AND OBJECTIVES**

Goal:

Increase case managed, integrated treatment for adults with co-occurring disorders that will improve the success of treating individuals with co-occurring mental illness and substance abuse disorders with the resulting decrease in the burden on the mental health and criminal justice system.

Goal:

Increase case managed, integrated treatment for adolescents with co-occurring disorders that will improve the success of treating individuals with co-occurring mental illness and substance abuse disorders with the resulting decrease in the burden on the mental health and juvenile justice system.

Budget:

Unit Rate of \$60/hour individual counseling and case management services.<sup>6</sup>

An individual with co-occurring mental illness and substance abuse disorder will require a minimum of 25 sessions (about 6 months) of outpatient services.

Residential treatment might be needed in addition to the counseling and case management. The rate for residential treatment is generally accepted at \$140 per day.

### **Adults**

There are thousands of adults in Dallas County with co-occurring disorders.<sup>5</sup>

At the rate of \$60 x 25 sessions @ 1 session per week = \$1,500 is needed per client for integrated counseling & case management.

Because there is such a great need and so little that can be allocated for this need, an arbitrary quota could be set: 100, 500, 1,000 clients @ \$1,500 per client for the integrated treatment and case management for individuals with co-occurring mental illness and substance abuse disorders.

### **Adolescents**

There are approximately 2,600 adolescents in Dallas County with co-occurring mental illness and substance abuse disorder,<sup>4</sup> 40% of whom are medically indigent,<sup>5</sup> in need of this level of care in Dallas County.

\$60 x 25 sessions @ 1 session per week= \$1,500 integrated counseling & case management.

1,040 medically indigent youth in need x \$1,500 = \$1,560,000 to provide services for the most severe cases.

This does not include residential treatment or adolescents who are not willing to seek treatment or who are not as severely impaired.

Since there is so little money available at the present time, a realistic goal needs to be set. If the Office of the Governor would commit to serving only 10% of the most serious need, \$156,000 would need to be budgeted for Dallas County for adolescents alone.

## **EVALUATION AND OUTCOMES MEASURES**

### **Objective #1**

Train professionals to provide integrated treatment– number count Pre and post tests before and after the training sessions.

### **Objective #2**

Increase the number of adults served by a case managed, integrated care. This evaluation should include the types of services the case manager links the client to and a satisfaction survey completed by the client to provide feed-back regarding the clients evaluation of the success of the case managed services

### **Objective #3**

Increase the number of adolescents served by a case managed, integrated care. This evaluation should include the types of services the case manager links the client to and a

satisfaction survey completed by the client to provide feed-back regarding the clients evaluation of the success of the case managed services.

**Objective #4**

Count the number of adults screened to have co-occurring mental illness and substance abuse disorder who come through Parkland Psychiatric Emergency Room more than twice in one year before implementation of increased services and compare with the number who come through the Psychiatric Emergency Room more than twice in one year the following year.

**Objective #5**

Measure the reduction in recidivism of juveniles with co-occurring disorders that process through the Dallas County Juvenile Department.

**REFERENCES**

1. Kenneth Minkoff, Assistant Clinical Professor of Psychiatry, Harvard Medical School, Co-occurring Disorders Conference, SAMHSA, Baltimore, 2002
2. Bert Pepper, MD, New York University College of Medicine and Harvard Medical School. National Advisory Council, Substance Abuse and Mental Health Services Administration.
3. Center for Disease Control Youth Risk Behavior Surveillance Report, 2001.
4. U.S. Census 2000, Texas Data Center, State Population Estimates Program
5. Beyond ABC: Growing Up in Dallas County; (Children's Medical Center 2002)
6. Texas Commission on Alcohol and Drug Abuse rate schedule, 2003

# PREVENTION OF PRENATAL DRUG ABUSE

## **PROBLEM**

### **What is the problem for Dallas County?**

It is estimated that at least 3,000 Dallas County newborns are placed at risk by maternal substance abuse during pregnancy.<sup>1</sup> Children exposed to substances of abuse prenatally or to an environment characterized by drug abuse are at greater risk for developmental and/or language delay, growth retardation, emotional and behavioral problems, abuse and neglect, poor school achievement, gang involvement, and subsequent drug abuse.<sup>2,3,4</sup> These problems represent an increased burden on Dallas County medical, educational, child welfare and criminal justice systems.

### **Why is this a problem for Dallas County?**

Studies reported by the U.S. General Accounting Office (GAO) and the National Institute on Drug Abuse (NIDA) place the rate of drug-exposed babies in the United States between 7% and 18% of all births.<sup>1,5</sup> Using even the lowest estimated incidence of drug exposure means that a minimum of 3,000 babies a year in Dallas County are exposed to illicit drugs.<sup>6</sup> The consequences of prenatal drug exposure include significantly increased hospital costs, increases in developmental delay requiring intervention and/or special education, a higher incidence of child abuse and neglect, and an increased risk for poor school performance, gang involvement, criminal activity and/or substance abuse in later years.<sup>1,3,7,8,9</sup>

### **What needs to be done to alleviate this problem?**

There is a great, unmet need in Dallas County for prevention and intervention services for pregnant and postpartum substance-involved women and their young children. Pregnancy outreach initiatives providing prevention and intervention services are needed to address maternal substance abuse and the parallel negative impacts on the healthy development of infants and young children living in drug-involved families.

### **Impact for Dallas County**

Pregnancy is a window of opportunity for intervention in maternal substance abuse that can prevent many of the biological and environmental problems experienced by children exposed to substances of abuse. Funding and implementation of pregnancy outreach initiatives providing prevention and intervention services will result in increased compliance with prenatal care and better (less expensive) birth outcomes. Addressing these problems will also lessen the burden on Dallas County medical, educational, child welfare and criminal justice systems in years to come.

## **SUPPORTING STATISTICS**

The GAO<sup>1</sup> estimates that nationwide 15% of all pregnancies each year are placed at risk because of maternal substance abuse. Various studies reported by NIDA place the rate of drug-exposed babies in the United States between 7% and 18% of all births.<sup>5</sup> Using even the

lowest estimated incidence of drug exposure means that a minimum of 3,000 babies a year in Dallas County are exposed to illicit drugs before they are born.<sup>6</sup>

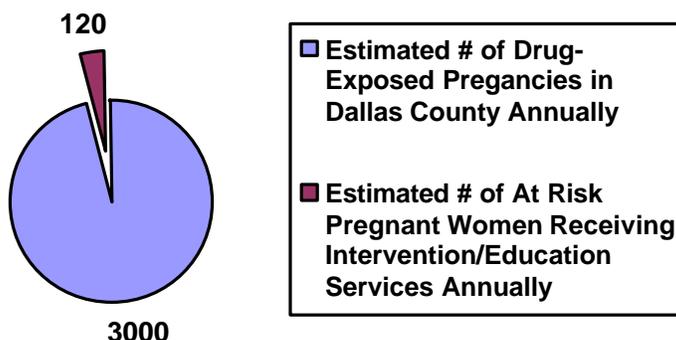
The above-mentioned GAO study estimated medical hospital charges for each drug-exposed infant to be \$1,100-\$4,100 higher than for non-exposed infants.<sup>1</sup> Applying these figures to the conservative estimate of 3,000 drug-exposed babies, Dallas County incurred between \$3.3 and \$12.3 million in additional hospital charges in 2000. In 2001 the Parkland Perinatal Intervention Program, at that time funded by the Texas Commission on Alcohol and Drug Abuse (TCADA), served 302 pregnant and/or postpartum substance abusing women. During that year ten (4.3%) infants required care in the Neonatal Intensive Care Unit and stayed an average of 15.29 days. Twenty-three (10%) infants were taken to the Observation Nursery and stayed an average of 21.39 days, typically for monitoring of opiate withdrawal.<sup>7</sup>

After hospital care, special developmental and educational services will be required by some drug-exposed children. One Dallas County program serving drug-exposed children, currently funded by TCADA, found that 68% of infants and children pre-tested through 2002 showed significant developmental delay in one or more areas of the Denver Developmental Screening Test. More than eighty percent (83.7%) of referrals to this program over the last two years have come from Child Protective Services.<sup>8</sup> According to the Texas Commission on Child and Youth, being abused and neglected as a child increases the odds of arrest as a juvenile by 53%, as an adult by 38%, and for violent crime by 38%. Children who grow up in violent homes are six times as likely to commit suicide, 24 times as likely to commit sexual assault and 50 times as likely to abuse drugs or alcohol. Most tragic of all, they are likely to perpetuate the cycle of abuse: adults who were abused as children are six times as likely to abuse their own children.<sup>9</sup>

## **DATA CHARTS**

The following chart and graphs further demonstrate the extent of the problem related to prenatal substance abuse. The map of Dallas County shows the zip codes with the highest number of families served in recent years by a program providing intervention services for drug-exposed infants and young children.

<b>Year</b>	<b>Total Dallas County Births<sup>6</sup></b>	<b>Estimated (7% - 18%) Drug Exposed Babies<sup>1,5</sup></b>
2001	42,902	3,003 – 7,722
2000	42,444	2,971 – 7,640
1999	40,677	2,847 – 7,321



Source: National Institute on Drug Abuse (NIDA)<sup>5</sup>, Parkland Health & Hospital System<sup>7</sup>, UT Southwestern Medical Center at Dallas<sup>8</sup>



addition of a pregnancy outreach program to the continuum of current Dallas County services will reach the primary at-risk population of substance-involved pregnant women. On an annualized basis these proposed services will reach 160 pregnant women and 80 newborns (160 newborns in the second full year). These services will remedy a formally identified gap in services for pregnant substance abusers, and provide a genuine continuum of intervention services addressing the substance abuse needs of pregnant, postpartum and parenting families. The underlying theoretical approach for these services will be to enhance protective factors and to reverse or reduce known risk factors in order to intervene in the substance use and abuse and promote healthier lifestyles among pregnant and postpartum women and their families. The estimated annual cost for a fully implemented pregnancy outreach program is \$185,000.

## **EVALUATION AND OUTCOME MEASURES**

A comprehensive evaluation component will be implemented in order to track the impact of services on the substance-involved pregnant women and their families. The following process measures will be used to insure the program is reaching the appropriate target population and that an adequate level of services are being provided:

- Number of pregnant women screened for risk of maternal substance abuse.
- Number of pregnant women attending intervention and education classes; number of intervention sessions and classes offered.
- Number of infants screened for drug exposure.
- Number of infants/children receiving developmental screening.
- Number of referrals for substance abuse treatment; number of referrals to community services.

The program evaluation plan will be implemented to analyze the following outcomes which can be attributed to the efforts of the program.

- Increased compliance with prenatal care.
- Decrease in self-reported maternal substance abuse.
- Decrease in number of drug exposed births.
- Decrease in hospital costs associated with drug exposure.
- Decrease in developmental delay among infants and children receiving intervention services.

Evaluation of pregnancy outreach services will include the following specific objective and measurements.

Objective #1: To identify and provide substance abuse intervention and education to pregnant women on the impacts of drug and/or alcohol use on the healthy development of the fetus, infants, and young children.

Measurement 1: 90% of pregnant women in Dallas County OB clinics will be screened for their risk for maternal substance abuse.

Measurement 2: 90% of pregnant women identified at risk for maternal substance abuse will receive intervention and education classes.

Objective #2: To reduce the incidence of drug-exposed births in Dallas County.

Measurement 1: Institute uniform screening for drug exposure, resulting in of at 80% of Dallas County births.

Measurement 2: Analyze the effectiveness of intervention and education services for pregnant women at risk for substance abuse.

Objective #3: To provide appropriate assessment and intervention services (as indicated) for at-risk children living in drug-involved families.

Measurement 1: 75% of at-risk children, as determined by uniform screening at birth, will receive appropriate developmental screening.

Measurement 2: 90% of at-risk children demonstrating a need for intervention services will be referred to appropriate community services.

## **REFERENCES**

1. General Accounting Office. (June 1990). Drug-exposed infants: A generation at risk. (GAO/HRD-90-138). Report to the Chairman, Committee on Finance, U.S. Senate.
2. Grizenko, N., and Fisher, C. (1992). Review of Studies of Risk and Protective Factors for Psychopathology in Children. Canadian Journal of Psychiatry 37: 711-721.
3. Hans, S.L. (1996). Prenatal Drug Exposure: Behavioral Functioning in Late Childhood and Adolescence. NIDA Research Monograph, No. 164.
4. Rutter, M. and Casaer, P.J.M. (1991). Biological Risk Factors for Psychological Disorders, Cambridge, New York: Cambridge University Press.
5. National Institute on Drug Abuse (NIDA).
6. Texas Department of Health, Bureau of Vital Statistics.
7. Parkland Health and Hospital System. (September 2001) Final Report to Texas Commission on Alcohol and Drug Abuse.
8. University of Texas Southwestern Medical Center at Dallas. (September 2001) Program Evaluation Report to Texas Commission on Alcohol and Drug Abuse.
9. Children's Medical Center of Dallas and The Coalition for North Texas Children, *Beyond ABC: Growing Up in Dallas County*. 2002

# EVIDENCE-BASED PREVENTION PROGRAMS

## **PROBLEM**

### **What is the problem for Dallas County?**

Dallas County does not consistently provide evidence-based<sup>i</sup> prevention programs in school and community-based settings to meet the needs of universal<sup>ii</sup>, selective<sup>iii</sup>, and indicated<sup>iv</sup> youth. This creates an increased risk for substance abuse and subsequently, other high-risk behaviors for these populations. These behaviors include premature sexual activity, truancy, violence, and other antisocial behaviors.

### **Why is this a problem for Dallas County?**

Dallas Public School survey results of students grades 6-12 reflect increasing trends in alcohol, tobacco, marijuana and inhalant use. Alcohol and drug abuse cost the state \$25.9 billion. The Dallas County 2003 Drug Impact Index reports, "The consequences of substance abuse show significant direct and indirect costs in the form of reduced and lost productivity, crime, premature death, law enforcement, health care, property damage, motor vehicle accidents, and social welfare administration."<sup>2</sup>

### **What needs to be done to alleviate this problem?**

Effective evidence-based prevention programs need to be consistently implemented in school and community-based settings for youth throughout Dallas County to decrease the probability of substance use and promote prosocial behaviors, problem-solving and coping skills among youth.

### **Impact for Dallas County**

Implementation of effective, evidence-based prevention programs for youth in Dallas County will decrease the probability of substance use and delay the age of first use. According to research of evidence-based prevention programs, Dallas County should see a reduction in substance use including alcohol and tobacco use, a reduction in conduct problems, and an increase in prosocial behaviors and problem solving skills.

## **SUPPORTING STATISTICS**

Although all school districts within Dallas County, with the exception of Sunnyvale ISD, provide or receive substance abuse prevention programs, the vast majority of students are not recipients of these programs. Programs utilized are typically designed for classroom or small group implementation. Multiple barriers are encountered in Dallas County when delivering proven evidence-based prevention programs which include training costs and student materials. Additionally, these programs are not offered across entire grade levels and are therefore not available to most students. Further obstacles impact basic program effectiveness and include a lack of instructor training, school academic agendas, and abbreviated dosages of programs. These factors limit program effectiveness and ultimate outcomes countywide. In conclusion, evidence-based prevention programs are offered throughout Dallas County; however, not every child

receives prevention.

In conclusion, the implementation of effective, evidence-based prevention programs for every child in Dallas County will decrease the probability of substance use. The Texas Commission on Alcohol and Drug Abuse's (TCADA) 2002 Texas School Survey<sup>5</sup> report of approximately 238,000 students grades 4-12 shows that while some teen drug use has stayed relatively constant, there has been a statewide decline of 19% in overall substance use by teens, driven by reductions in tobacco and alcohol use. The results point to the benefits of proven prevention in schools and communities and the necessity for affordable, accessible prevention programs locally.

**DATA CHARTS**

	1990	1992	1994	1996	1998	2000	Goal
Alcohol	34%	28.9%	33.7%	31.4%	31.9%	44.0%	12.6%
Tobacco	13.1%	11.6%	14.4%	16.5%	16.0%	17.8%	NE
Marijuana	4.8%	4.4%	11.6%	14.8%	12.8%	20.4%	3.2%
Inhalant	2.9%	2.7%	4.6%	4.8%	7.5%	3.4%	3.2%

Source: "Beyond ABC: Growing Up in Dallas County 2002"<sup>3</sup>

**PAST MONTH DRUG USE GRADES 6-12**

Inhalants	12.0
Cigarettes	12.3
Beer	12.3
Wine Coolers	12.6
Wine	12.6
Smokeless Tobacco	12.9
Liquor	13.3
Steroids	13.4
Marijuana	13.5
Heroin	13.6
Rohypnol	13.7
Crack	13.7
Uppers	14.1
Hallucinogens	14.3
Cocaine	14.4
Ecstasy	14.6

Source: 2002 Texas School Survey Texas Commission on Alcohol and Drug Abuse<sup>1</sup>  
Age of first use reported by Texas secondary students

**CURRENT SERVICE PROVIDERS**

The following Dallas County school districts have implemented the following evidence-based prevention programs; however, as referenced under supporting statistics, the vast majority of youth within each district and zip code do not receive the programs with any consistency.

Carrollton-Farmers Branch ISD:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75006, 75287.*
- Rainbow Days provides *All Stars* and *Botvin's Life Skills Training* for universal populations: 75006
- *Leadership Education Training: 75006, 75007, 75063, 75287*

Cedar Hill ISD:

- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75104, 75106*

Coppell ISD:

- *DARE, PAL Program, TABC Shattered Dreams: 75019, 75099*

Dallas ISD:

- *Botvin's Life Skills Training* for universal populations: 75211, 75212, 75216, 75217, 75224, 75227, 75228, 75229, 75232, 75233, 75235, 75240, 75241
- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75057, 75086, 75206, 75209, 75211, 75212, 75214, 75215, 75216, 75217, 75218, 75220, 75223, 75224, 75227, 75228, 75229, 75231, 75232, 75233, 75235, 75238, 75240, 75241, 75246, 75252*
- MADD provides *Protecting You Protecting Me: 75206, 75214*
- Betty Ford Five Star Kids for selective populations: 75214, 75216, 75220, 75253

DeSoto ISD:

- *We Help Ourselves: 75154, 75115*
- *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75115*

Duncanville ISD:

- *Texas Drug And Violence Education; Project ALERT: 75116, 75137, 75236, 75249*
- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75116, 75137, 75243*

Garland ISD:

- Greater Dallas Council on Alcohol and Drug Abuse provides *Botvin's Life Skills Training* for universal populations: 75040, 75041, 75042, 75043, 75048, 75088, 75089
- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75040, 75041, 75042, 75043, 75044*
- Dallas Challenge provides *Creating Lasting Family Connections* for universal, selective and indicated populations: 75216, 75217, 75040
- District uses LIGHT program (Living Intervention And Guidance For Healthier Teens): 75149, 75150, 75181

Grand Prairie ISD:

- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations: 75050, 75051, 75052*

- Dallas Challenge provides *Creating Lasting Family Connections* for universal, selective, and indicated populations: 75216, 75217, 75040

Highland Park ISD:

- *CARE (Chemical Awareness and Resources Education):* 75205

Irving ISD:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75061, 75062
- *Life Skills Training* for universal populations: 75061
- *Project ALERT:* 75060, 75061, 75062
- *Protecting You Protecting Me:* 75060, 75061, 75062

Lancaster ISD:

- *Just Say No:* 75134, 75146

Mesquite ISD:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75149, 75150, 75180, 75181
- Greater Dallas Council on Alcohol and Drug Abuse provides *Botvin's Life Skills Training* for universal populations: 75149, 75150, 75181
- Dallas Challenge provides *Creating Lasting Family Connections* for universal, selective and indicated populations: 75149, 75150, 75181

Richardson ISD:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations*
- *Spit Tobacco and STARS – Students Teaching About the Risks of Smoking, "Hear's Looking at You", Project Alert, and DAVE* for universal populations: 75042, 75043, 75044, 75080, 75081, 75238, 75240, 75243, 75254
- MADD provides *Protecting You Protecting Me:* 75043, 75243

Wilmer Hutchins ISD:

- Rainbow Days provides *Botvin's Life Skills Training* for universal populations and *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75241
- Volunteers of America Texas provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75241

The following community-based organizations in Dallas County implement evidence-based prevention programs to youth in Dallas County:

Betty Ford Five Star Kids Program:

- Selective Populations: 75038, 75080, 75209, 75214, 75216, 75220, 75228, 75253

Correctional Services Corporation Dallas:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75212, 75235

Dallas Challenge:

- *Creating Lasting Family Connections* for universal, selective, and indicated populations in Garland: 75040, 75041, 75042, 75043, 75044 and Mesquite: 75149, 75150, 75180, 75181

Greater Dallas Council on Alcohol and Drug Abuse:

- *Life Skills Training* for universal populations: Garland – 75040, 75041, 75042, 75043, 75048, 75088, 75089; and Mesquite – 75149, 75150, 75181

Head Start of Greater Dallas:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75006, 75040, 75042, 75050, 75051, 75061, 75203, 75204, 75208, 75210, 75211, 75212, 75215, 75216, 75217, 75219, 75220, 75224, 75227, 75228, 75241, 75246

Kidnet Foundation:

- Strengthening Families Program for selective populations: 75228, 75246

Mosaic Family Services:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75051, 75204, 75206, 75235

Mothers Against Drunk Driving:

- *Protecting You Protecting Me* for universal populations: 75043, 75060, 75061, 75062, 75206, 75214, 75225, 75243, 75252, 75287

Nexus Recovery Center:

- Rainbow Days provides *Rainbow Days' Curriculum-Based Support Group Model for selective populations*
- Kidnet provides *Strengthening Families Program for selective populations:* 75228

Phoenix House:

- *Life Skills Training* for universal populations: 75061, 75104, 75106, 75115

Rainbow Days, Inc.:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations, Life Skills Training* for universal populations, and *All Stars* for universal populations: 75006, 75040, 75050, 75051, 75052, 75115, 75116, 75149, 75154, 75203, 75204, 75208, 75209, 75210, 75211, 75212, 75214, 75215, 75216, 75217, 75220, 75223, 75224, 75228, 75229, 75231, 75233, 75235, 75237, 75241, 75253.

Volunteers of America:

- *Rainbow Days' Curriculum-Based Support Group Model for selective populations:* 75241

West Dallas Community Centers:

- *Life Skills Training* for universal populations: 75212

## **GAPS IN SERVICE DELIVERY**

- Lack of evidence-based prevention programs available to every child in every school in Dallas County.
- Lack of evidence-based prevention programs available through community-based agendas.

## **GOALS AND OBJECTIVES**

### GOAL #1

By 2008, 60% of Dallas County youth ages 4-15 within Dallas County schools will receive a CSAP recognized evidence-based prevention program.

Objective #1: Determine the number of students receiving prevention programs through Dallas County schools.

Objective #2: Survey school districts in Dallas County annually to identify prevention programs for universal, selective and indicated populations.

Objective #3: Identify curriculum and training sources appropriate to the population.

### GOAL #2

By 2008, 25% of youth in community-based organizations will receive a CSAP recognized evidence-based prevention program.

Objective #1: Determine the number of children/youth receiving prevention programs through community-based organizations.

Objective #2: Survey community-based programs in Dallas County annually to identify prevention programs for universal, selective and indicated populations.

Objective #3: Identify curriculum and training sources appropriate to the population

## **EVALUATION AND OUTCOME MEASURES**

Outcome #1: Decreased numbers of substance use and abuse among Dallas County youth

Measurement: Sources cited in Dallas County Drug Impact Index

Outcome #2: Increase in the number of youth in Dallas County School Districts receiving evidence-based prevention programs.

Measurement: Annual survey of school districts to identify number of youth receiving evidence-based prevention programs.

Outcome #3: Increase in the number of youth in Dallas County community-based organizations receiving evidence-based prevention programs.

Measurement: Annual survey of community-based organizations to identify number of youth receiving evidence-based prevention programs.

### Budgetary Report and Benefits:

Research shows that the benefits of model school-based prevention programs exceed its costs. According to the RAND Report Drug Policy Research Brief<sup>4</sup> on the benefits of school-based drug-prevention programs, "...the dominant costs of running prevention programs are not dollar costs, e.g., for purchasing program materials. Rather, the dominant cost is from the lost learning opportunity on the part of students, the result of diverting scarce class time from traditional academic subjects to drug prevention education." According to the report, "...society would currently realize quantifiable benefits of \$840 from an average student's participation in drug prevention, compared with a program cost of \$150 per participating student."

Cost determined per problem statement and objective 1:

Program cost per child \$150 x 223,484 (60% of universal, selective and indicated youth in Dallas County ages 4-15 according to 2000 Census of Population for Dallas County) = \$33,522,600.

### **GLOSSARY**

SAMHSA Model Programs: FAQ

<http://modelprograms.samhsa.gov/template.cfm?page=faq>

- i. Evidence-Based Prevention Program: The program is science-based with sound research methodology, and can provide evidence that results are clearly linked to the program itself rather than extraneous events and can be applied successfully to other populations. The results may be positive, neutral, or negative and thus can guide other program development and research.

SAMSHA Model Programs: IOM Classification

<http://modelprograms.samhsa.gov/template.cfm?page=IOMClass>

- ii. Universal Population: Activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.
- iii. Selective Population: Activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- iv. Indicated Population: Activities targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels.

### **REFERENCES**

1. 2002 Texas School Survey Texas Commission on Alcohol and Drug Abuse
2. 2003: Dallas County Drug Impact Index Greater Dallas Council on Alcohol and Drug Abuse
3. Beyond ABC: Growing Up in Dallas County 2002

4. RAND Drug Policy Research Center Research Brief: What Are The True Benefits of School-Based Drug Prevention Program
5. Texas Commission on Alcohol and Drug Abuse: Tobacco use decreases among Texas students, Ecstasy use up sharply (October 2002)  
[www.tcada.state.tx.us/media/archives101602.html](http://www.tcada.state.tx.us/media/archives101602.html)

# AFTER SCHOOL PROGRAMS

## **PROBLEM**

### **What is the problem for Dallas County?**

Leaving children and youth unsupervised, either after school from 3:30 to 6:30 p.m. or when school is not in session, leads to negative behaviors such as substance abuse, delinquency, and early sexual encounters.

### **Why is this a problem for Dallas County?**

The impact of adolescent substance abuse, juvenile crime, and teen pregnancy and parenting put a heavy financial and social burden on the community. Youth who become involved in alcohol and illicit drug abuse and juvenile crime, and those who become teen parents have a high rate of truancy, school failure, drop out, in ability to enter the workforce. Often they become a burden on the health care system, the justice system, and the welfare system, and not responsible, self-sufficient tax paying citizens.

### **What needs to be done to alleviate this problem?**

To alleviate the problem, youth who are at high risk of becoming involved in substance abuse, juvenile crime and early sexual encounters need to be assessed to determine individual needs, and referred to programs that will not only supervise these youth during the after school hours when most of the undesirable behavior occurs, but also provide therapeutic and rehabilitative services.

### **Impact for Dallas County**

Through this type of therapeutic and rehabilitative intervention, Dallas County should expect lower rates of adolescent substance abuse, juvenile crime, and teen pregnancy and the resulting social and economic benefit.

## **SUPPORTING STATISTICS**

According to *Beyond ABC: Growing up in Dallas County* (Children's Medical Center, 2002), the lack of after-school programs for children and youth poses a safety threat to children and the entire community. There are an estimated 218,473, or 53.57%<sup>1</sup>, of all children in Dallas County who can be identified as "economically disadvantaged" as defined by qualification for the free or reduced price lunch program. Many of these youth, particularly those ages 13–17 who remain unsupervised during after school hours, are in need of counseling, academic assistance and guidance to deter them from a destructive path. Children who live in poverty, who are experimenting with alcohol, inhalants and illicit drugs (44%),<sup>3</sup> and who are suffering from high levels of anxiety and emotional distress (16%)<sup>4</sup> need to be supported by programs that address risk factors and enhance the protective factors these youth experience. Trained professionals can best provide the counseling, education, and guidance needed by these at-risk youth to deter them from a path of truancy, school failure, and juvenile crime. Lack of sufficient funding is a key barrier limiting the availability of after-school programming that is therapeutic and skill based.

## DATA CHARTS

### **RISK FACTORS FOR CHILD ENDANGERMENT, SCHOOL DROP OUT, AND JUVENILE CRIME**

<b>Risk Factors</b>	<b>1998</b>	<b>2000</b>	<b>2002</b>
% of Youth Living in Poverty	20% <sup>2</sup>	19.6% <sup>2</sup>	22% <sup>2</sup>
% of Youth from single parent homes	Not Available	27% <sup>3</sup>	Not Available
% of Youth with minimal English proficiency	14% <sup>2</sup>	15.5% <sup>2</sup>	19.2% <sup>2</sup>
% of Youth reporting alcohol and or drug use	31.9% <sup>4</sup>	44.0% <sup>4</sup>	44.8% Marijuana <sup>4</sup> 83.4% Alcohol <sup>5,6</sup>
# of Youth Referred to DCJD	10,777 <sup>5</sup>	10,913 <sup>5</sup>	9,814 <sup>5</sup>

## CURRENT SERVICE PROVIDERS

### **School Districts**

Many Independent School Districts (ISDs) provide after school programs in elementary school settings at selected sites serving hundreds of youth at little or no cost to the student; however, there are very few opportunities for youth over the age of 12 during after-school hours. In the years 2002- 2004 Carrollton-Farmers Branch schools and Dallas ISD schools Greiner, Holmes, Hood, Storey, and Zumwalt have after-school programs for middle school students with an academic focus. There are very few programs for children aged 13 and above that provide therapeutic activities rather than just academic programming. Richardson ISD is an exception to this general rule. RISD has after-school programs in all their middle schools, and Youth Services Council provides assistance for at-risk youth in Richardson ISD.

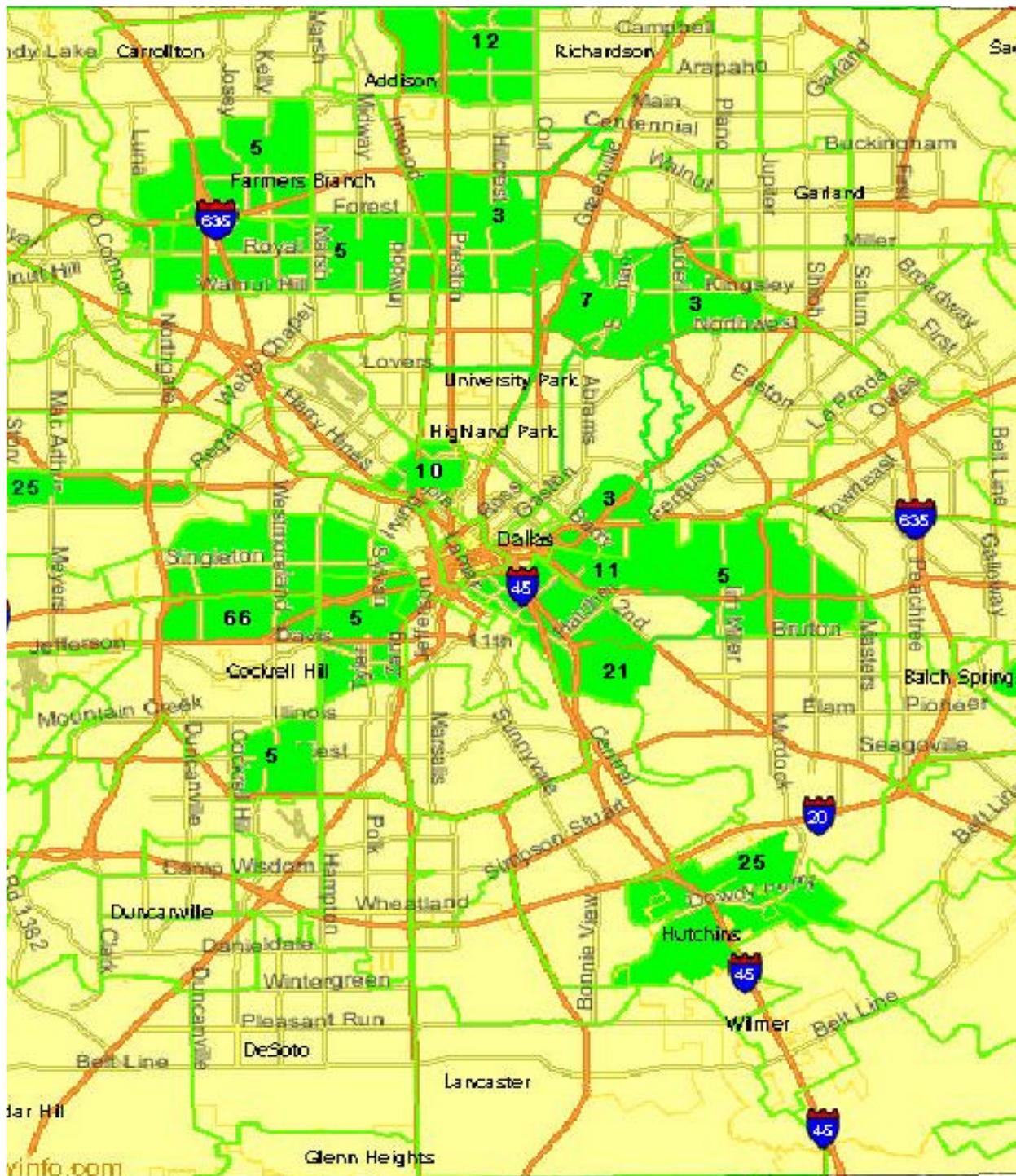
Many of the local school districts provide extensive academic and recreational after-school programs for elementary and middle school students. Dallas ISD has slots for 30,000 children and youth in school-based programs and in community-based programs in partnership with such organizations as the YWCA, YMCA, Arts Partners, Dallas Parks and Recreation, Junior Players, Young Audiences, Camp Fire, Girl Scouts, and special 21<sup>st</sup> Century programming. These programs serve as great prevention programs for a good portion of our school children. The gap in programming is after school programs that have rehabilitative components. After-school programming is needed for the kids who are not adapting well to their home and/or community to divert them from a path to the juvenile justice system.

The list below reflects districts that report providing services. Although it is possible that districts who failed to respond to our survey regarding provision of after school services actually do provide services in some form, this list reports the responses to our survey.

**School Districts, Number in Need, and Public Elementary and Middle Schools Providing After-School Programs**

<b>Dallas County ISD</b>	<b># of Economically Disadvantaged Students</b>	<b>Dropout Rate</b>	<b>Elementary After-school programs</b>	<b>Middle/High School After-school Programs</b>
Carrollton-Farmers Branch	9,447	3.5%	2 schools for K - 5	0
Cedar Hill	1,686	3.2%	NR	RN
Coppell	255	1.1%	0	0
Dallas	124,518	6.3%	Various on campus & community-based tutoring and recreational programs	Various on campus & community-based tutoring & recreational programs for some middle schools
DeSoto	2,657	3.4%	0	0
Duncanville	4,340	1.7%	NR	NR
Garland	18,039	3.1%	NR	NR
Grand Prairie	11,319	7.0%	NR	NR
Highland Park	0	2.2%	0	0
Irving	18,473	3.5%	NR	NR
Lancaster	1,854	2.3%	Various community-based services used	Various community-based services used
Mesquite	10,242	3.2%	11 Title I school day integrated program	City Recreation Centers
Richardson	13,537	4.2%	Various services	Youth Services Council-600; Middle School Students 1,400
Sunnyvale	28	NA	0	0
Wilmer Hutchins	2,078	18.2%	NR	NR
<b>TOTAL</b>	<b>218,471</b>			

Source: Data compiled by After-school Sub-committee based on Texas Education Agency data and telephone survey, May 2003. NR – no response



Number of slots in After School Programs that offer therapeutic or rehabilitative programming for youth ages 12-17 in Dallas County

### **Community-based Programs**

The need for after-school services may become even greater in FY03 with the threat of the loss of 138 slots (slots not included in the list below) due to the withdrawal of after school programming and GED preparation services by the Dallas County Juvenile Department due to serious funding deficits. At the end of FY03, there are an estimated 282 low- to no-cost slots for youth from 13-17 in community-based programs throughout the city to serve 160,000 youth in this age group, 64,000 of whom are in need of rehabilitation services. The following list indicates the zip codes in which there are after school programs that provide rehabilitative programming that have no- or low-cost slots for youth over the age of 12:

75006 – 10 slots	Bea's Kids
75061 – 25 slots	Irving Police Department
75181 – 20 slots	City of Mesquite
75204 – 10 slots	Roseland Homes Study Center
75208 – 5 slots	Girls, Inc.
75210 – 11 slots	South Dallas Cultural Center
75212 – 60 slots	Girls Inc., Marillac Social Center, Trinity River Mission
75216 – 66 slots	African American Men of Peace, Betty Lin Early Learning, Boys & Girls Club of Greater Dallas, Rapture Productions, Project 75216, S.C. Joppa After School Program
75215 – 21 slots	Dallas Public Schools Extended Day Program, Exline Recreation Center, Girls, Inc.
77523 – 3 slots	Greater Dallas Community of Churches
75227 – 5 slots	Girls, Inc.
75228 – 6 slots	Shiloh Road Baptist Day Center
75229 – 5 slots	City of Dallas Community Recreation
75230 - 3 slots	Elsinore Group
75231 – 7 slots	Buckner Children & Family, Vickery Family Wellness Center
75233 – 5 slots	Girls, Inc.
75238 – 3 slots	Kid's Care Center
74241 – 5 slots	Cherry Valley Church of Christ, I Am That I Am
75248 – 12 slots	Parkhill After Hours, Westwood After Hours
<b>Total: 282 slots for youth ages 13–17</b>	

Data compiled by Substance Abuse Sub-committee using the Community Council of Greater Dallas *500 + Places for Kids, A Guide to Before and After School Programs in Dallas County November 2000*, updated and verified by telephone survey, May 2003.

### **GAPS IN SERVICE DELIVERY**

The U.S. Center for Disease Control, Youth Risk Surveillance Report, 2001, indicates that of the 160,000 youth ages 13–17 in Dallas County, approximately 64,000 youth (40%) are in need of supervision, guidance, and/or therapeutic and other support services. These figures are based on the report of youth alcohol and drug use (44%), suicidal ideation (16%), violent behaviors (41%) and sexual behaviors (38%).

Clearly 282 slots are insufficient to supervise and provide support services for 64,000 youth who need some level of intervention. The problem is so great that after-school programs alone cannot provide the answer. Enhanced after-school programs should target those youth who are most at risk of juvenile crime and whose continued negative behaviors will most greatly impact

the community. It should also be recognized that intense prevention and intervention among children at early stages of development will help relieve some of the burden on our community and the juvenile justice system in dealing with the older youth.

## **GOALS AND OBJECTIVES**

Goal: To reduce juvenile crime by providing cost efficient non-school hour habilitation and rehabilitation programs for children and youth in Dallas County.

Objective #1: Provide skilled screening and assessment of children and youth to identify need of habilitation and rehabilitation services that can best be provided through intense after-school programming and supervision.

Objective #2: Increase low – no cost after-school programs in public schools.

Objective #3: Maintain efforts to provide prevention and early intervention services for young children to reduce the impact on the juvenile justice system in the future.

Objective #4: Increase number of community-based slots for youth 13–17.

Objective #5: Expand the character and responsibility training in the schools and in all after school programs.

Objective #6: Set up data gathering system to measure outcome of increase in services.

### **Budget:**

An enriched After School program with assessment, individual education plan, tutoring, individual, group, and family counseling, life skills training, pre-employment training, and recreational activities cost about \$3,000 per youth for a three month program of 4 hours per day, 5 days per week including evening meal and transportation from school to facility and then home at the need of the day. This is at the rate of \$12.50/hour.

## **EVALUATION AND OUTCOME MEASURES**

Outcome #1: Increase in number of non-school hour slots for children and youth in programs that address the risk and protective factors related to juvenile crime.

Measurement: Survey, Numeric Count

Outcome #2: Decrease in negative behaviors and resulting juvenile crime.

Measurement: Collect Data regarding reports of school violence, drug possession, teen pregnancy and truancy through school reports, police reports, arrest reports, Health Department Reports and Census, and Juvenile department reports.

Outcome #3: Decrease juvenile crime during after school hours by 20% in the areas providing programming and supervision of youth ages 13–17.

Measurement: Based on reported juvenile crime in areas where programs are placed.

## **REFERENCES**

1. Texas Education Agency, Reduced Lunch Program Report, Dallas County, PEIMS
2. U.S. Census 2000, Texas Data Center, State Population Estimates Program
3. Beyond ABC: Growing Up in Dallas County; (Children's Medical Center 2002)
4. Center for Disease Control Youth Risk Behavior Surveillance Report, 2001.
5. Dallas County Juvenile Department 2002 Annual Report
6. Texas School Survey of Substance Use Among Students: Grades 7–12, 2002, Texas Commission on Alcohol and Drug Abuse