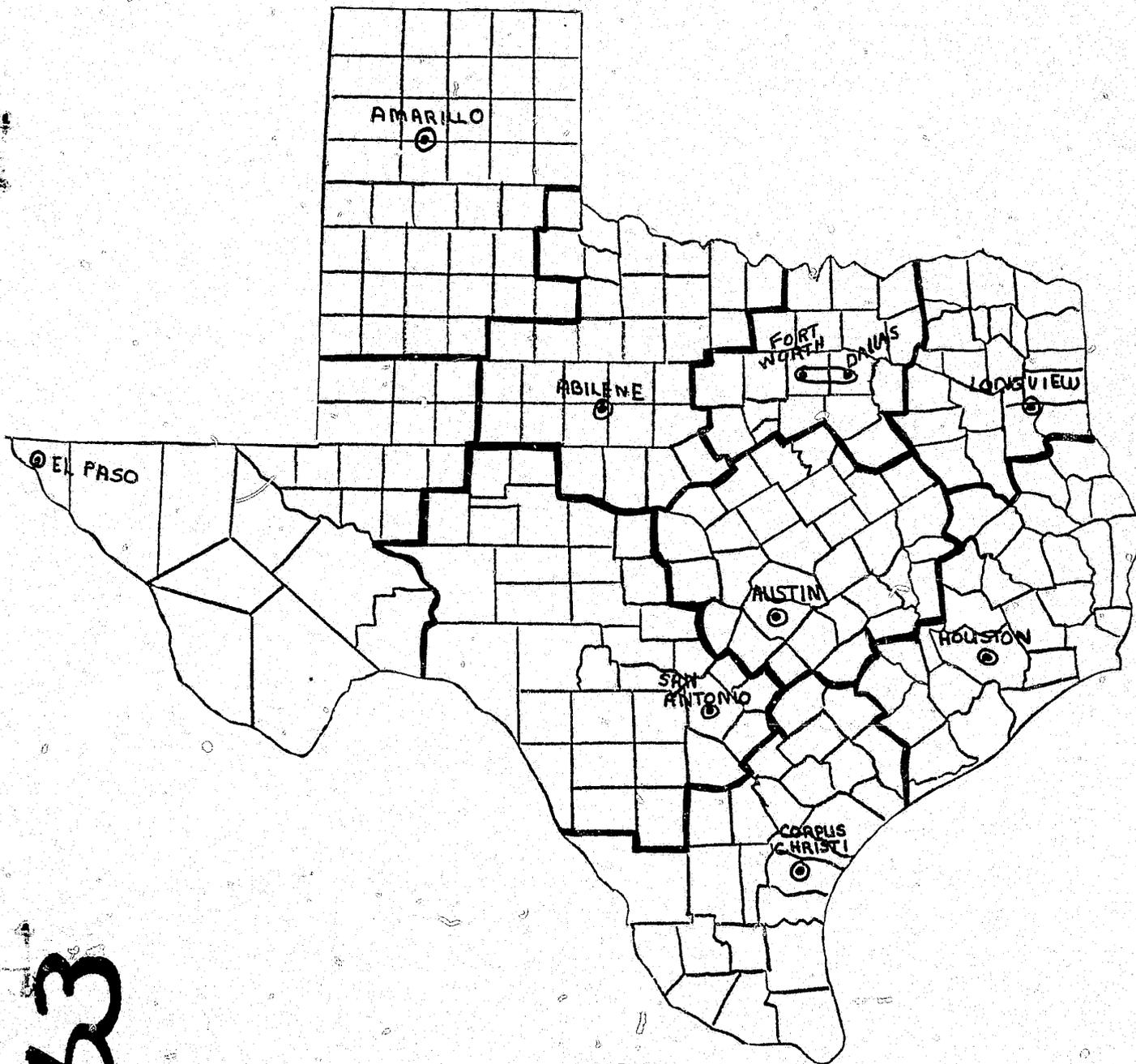


A REPORT ON THE REGIONAL FORUMS ON
TROUBLED, DISTURBED AND NEGLECTED
CHILDREN AND YOUTH



A REPORT

BY

THE TEXAS COMMISSION ON SERVICES TO CHILDREN AND YOUTH

NOVEMBER 1974

18263

Texas -

A REPORT ON THE REGIONAL FORUMS ON
TROUBLED, DISTURBED AND NEGLECTED
CHILDREN AND YOUTH

A REPORT

by

The Texas Commission on Services to Children and Youth

November 1974

The preparation of this Report was financed by the
Texas Commission on Services to Children and Youth

GOVERNOR DOLPH BRISCOE, JR., HONORARY CHAIRMAN

DR. THOMAS D. HORN, CHAIRMAN

DR. WILLIAM P. MOORE, VICE-CHAIRMAN

FOREWORD

The Texas Commission on Services to Children and Youth was created by House Bill 466, of the 62nd Legislature, to conduct research projects on subjects of concern to children and youth, coordinate available services, and make periodic recommendations for needed changes. Unfortunately the Commission received no appropriations, and its activities were severely constrained by a lack of funds.

Following the organizational meeting held on June 29, 1972, the Texas Commission on Services to Children and Youth identified ten critical areas of children and youth needs in the State of Texas. These were submitted to the Texas Legislature and the Governor as Resolutions in January, 1973, and were ranked in three top priority clusters for consideration.

- Priority Group 1: A. Public School Finance
B. Drugs
C. Troubled, Disturbed and Neglected Children and Youth
- Priority Group 2: A. Early Childhood Development
B. Special Education
C. Immunizations
D. Legal Protection
- Priority Group 3: A. Children and Youth of transient families
B. Technical-Vocational Education
C. Bilingual Education

Legislators responded very positively to almost all the Commission's Resolutions; one exception was Troubled, Disturbed and Neglected Children and Youth. Because of this, the Commission inaugurated a series of nine forums designed to identify needs in this critical area, particularly with reference to gaps and duplication of services. The first of these forums was held in Arlington to serve the Dallas-Fort Worth area. Subsequent forums were held in Houston, Amarillo, Longview, Austin, San Antonio, Corpus Christi, El Paso and Abilene.

The preliminary analysis of information gathered has allowed the Commission to present useful testimony to the House Committee on Human Resources and has guided the Commission's recommendations on Constitutional Revision. This report contains the completed analysis and findings of the forums.

The Commission owes a great debt of gratitude to all the citizens who gave of their time and themselves to contribute to the forums. In addition, the Commission and the citizens of this State owe a debt of gratitude to the Texas Department of Community Affairs and its Executive Director, Mr. Ben F. McDonald. It was only through the active support of Mr. McDonald and the Department of Community Affairs that the Commission was able to obtain funds and staff with which to carry out its forums and other activities.

The Commission will draw heavily upon the forum findings in drafting its final recommendations to the Legislature and the Governor. We hope you find this report of interest and value.

Foreword (con't)

Thomas D. Horn, Ph.D.
Chairman

William P. Moore, M.D.
Vice-Chairman

Mrs. John T. Manry, III
Secretary

Miss Vicki Lynn Baker
Dr. Richard G. Brassard
Mr. Sam Chappel
Mrs. Patsy Duncan
Miss Teresa Dunlap
Miss Linda Escobar
Mrs. Nancy Ewald

Miss Brenda Jeffers
Mrs. Charley Pride
Mr. John Ramirez
Mrs. C. V. Rice
Mr. Fred Shannon
Mr. John Skaggs
Mr. Lyn H. Turner

Miss Carolyn Watkins

STATE AGENCY MEMBERS

Mr. Burt Risley, Exec. Director
TEXAS COMMISSION FOR THE BLIND

Dr. Kenneth D. Gaver, Commissioner
TEXAS DEPARTMENT OF MENTAL HEALTH AND
MENTAL RETARDATION

Dr. Bevington Reed, Commissioner
COORDINATING BOARD

Col. Wilson E. Speir, Director
TEXAS DEPARTMENT OF PUBLIC SAFETY

Mr. W. J. Estelle, Jr., Director
TEXAS DEPARTMENT OF CORRECTIONS

Mr. Raymond W. Vowell, Commissioner
TEXAS DEPARTMENT OF PUBLIC WELFARE

Dr. M. L. Erockette, Commissioner
TEXAS EDUCATION AGENCY

Mr. Jess M. Irwin, Commissioner
TEXAS REHABILITATION COMMISSION

Mr. Harold Dudley, Chairman
TEXAS EMPLOYMENT COMMISSION

Mr. Ron Jackson, Director
TEXAS YOUTH COUNCIL

J. E. Peavy, M.D., Commissioner
TEXAS DEPARTMENT OF HEALTH

T A B L E O F C O N T E N T S

	<u>Page</u>
Abstract	v
Problem and Need Identified	
Methodology	1
General Needs for Increasing all Services, Facilities and Personnel.	2
Health and Nutrition	3
Education.	4
Coordination, Priorities, Accountability of Agencies and Public Information.	5
Out-of-Home Child Care Facilities and Institutions	6
Financing.	7
Rights and Legal Protection.	8
Data Analysis	
Graphical Summary	9
Statistical Analysis18
Discussion28
Formal Recommendations submitted through the Forums and by Writing34
Conclusions45
Appendix A	
General Needs Rank Table49
Need Frequency of Occurrence by Forum.53
Blank Participant Questionnaire.55
Appendix B. Statistical Tests and Tables.	*
Appendix C. Forum Discussion Group Summaries.	*

* Available in limited quantities upon request.

ABSTRACT

The report is a comprehensive analysis of the results of nine regional forums sponsored by the Texas Commission on Services to Children and Youth from August, 1973 to May, 1974, to study problems of troubled, dependent, neglected and emotionally disturbed children and youth. However, local participants took the opportunity to express their opinions on a broad range of subjects, all of which are included in this report. A profile of the participants is also compiled for six of the forums.

The specific needs identified are classified in one of these seven major categories:

1. General Needs for Increasing all Services, Facilities and Personnel
2. Health and Nutrition
3. Education and the Educational System
4. Coordination Priorities
5. Out-of-Home Child Care Facilities and Institutions
6. Financing
7. Rights and Legal Protection

The data gathered in each of these categories are analyzed graphically and statistically. In addition, a special section on group reports from each forum is included.

Based upon the information collected, the Texas Commission on Services to Children and Youth finds the following (in brief summary) to be indicated:

1. Expansion of existing services that have proven to be successful in order to help fill gaps in services to children and youth,
2. Coordination of state agency services, both at the state and local levels,
3. Special attention and adequate funding for preventive services, especially in the field of health care as early screening, infant immunizations, and nutrition,
4. A state public information program to educate Texas Citizens about available services for children and youth,
5. Individualized instruction in the public schools,
6. Parenting education programs, and
7. A study to explore the feasibility of expanding the role and objectives of the local public school system in Texas.

The detailed findings may be seen on pages 45-48.

PROBLEMS AND NEEDS IDENTIFIED

Methodology

The purpose of the forums was to determine needs and problems as perceived by service recipients and members of the delivery system at the local level. The nine regional forums all had the same general format: a keynote address, after which the group divided into special interests of education, social service, health, mental health, and corrections. The special interest group discussions lasted approximately 75 minutes after which the participants went to a different special interest group discussion for another 75 minutes. The groups then reconvened and summaries of the proceedings in each small group were reported back to the whole group. Notes on each small group were kept by a group recorder, and summary reports were written from these notes.

The above summary reports were analyzed to determine the nature of perceived needs and the frequency at which they occurred in the discussions. The specific needs were classified in one of seven major categories:

1. General Needs for Increasing all Services, Facilities and Personnel.
2. Health and Nutrition.
3. Education and the Educational System
4. Coordination Priorities
5. Out-of-Home Child Care Facilities and Institutions
6. Financing
7. Rights and legal protection

A frequency index was calculated for each specific need, using the following formula: $fi = \frac{f}{N} \times 1,000$, where fi = frequency index, f the actual frequency of a mention of a specific need, and N the total number of mentions of all needs. In addition, the participants at each of the last six forums, completed a questionnaire (copy in appendix A) which yields data about the population characteristics of those attending the forums. There was also a space on the questionnaire for individual comments. These were analyzed for statements of need and added to the analysis of the individual discussion group summaries.

General Needs for Increasing All Services, Facilities, and Personnel

The following table (table 1) shows the needs identified in this category and their frequency index. The larger the index, the more frequently the need occurred in the group summaries and on the participant questionnaire.

The needs in this table indicate broad concerns which impinge on all of the other six specific categories.

TABLE I

General Needs

Need	Overall Rank	Frequency Index
1. A general need to expand existing services and fill existing gaps, largely community-based service facilities, residential care centers, health care, nutritional supplements, recreational facilities and employment opportunities (for children under 16).	1	100
2. There is a need for sex education, family planning and genetic counseling programs.	9	25
3. A need to extend the same level of services to rural citizens as to urban and suburban citizens.	10	23
4. A need for child advocacy.	14	16
5. A need for services to youth between the ages of 12 and 16 where there appears to be a large gap in services.	15	15
6. A need to decrease caseloads of caseworkers.	21	6
7. A need to expand child development aid training programs	21	6
8. A need for transportation to service centers for rural residents.	22	4
9. A need for bilingual staff to meet the needs of non-English speaking consumers.	23	3
10. A need to increase efforts to children of transient families.	24	1

Health and Nutrition

Table 2 lists the needs and their frequency index identified in this category.

TABLE II

Need	Overall Rank	Frequency Index
1. A need for preventive and early identification programs for health, learning and behavioral problems.	2	50
2. A need to treat the total family in cases of disabilities and/or behavioral problems of children.	6	31
3. A need for additional attention to treating and preventing problems leading to troubled, disturbed and neglected children and youth.	12	19
4. A need to supply the basics of health care and nutrition.	15	15
5. A need to utilize out-of-home care as a preventive service.	17	12
6. A need to provide more treatment and rehabilitation for children and youth with drug abuse problems.	19	9
7. A need to develop other approaches in addition to the medical model (treatment aimed at the "sick" child) for helping disturbed, troubled and/or delinquent children.	21	6
8. A need to increase enforcement of immunization laws and extend them to pre-school age groups.	24	1
9. A need to establish a program for the very young emotionally disturbed.	24	1

Education and The Educational System

The following table lists the needs (and their frequency index) identified in this category.

TABLE III

Need	Overall Rank	Frequency Index
1. A need for parenting education.	4	38
2. A need for <u>every</u> child to have the opportunity for free public education in a pattern that meets his needs.	7	28
3. A need for alternative schools and/or courses of study.	9	25
4. A need for teacher training to include diagnostic skills for physical and emotional problems.	9	25
5. A need for study and research of the "drop-out" problem.	13	18
6. A need for career education.	14	16
7. A need to expand technical and vocational education program while stressing career education.	15	15
8. A need for after school involvement (supervision) of school children.	18	10
9. A need for a bilingual education program for all students initiated in a manner similar to kindergarten education.	19	9
10. A need for continued and extended support for special education programs.	20	7
11. A need for increased effort in identifying and enriching programs for the gifted.	20	7
12. A need to prevent the isolation of exceptional and troubled children from normal children in schools and society.	21	6
13. A need to avoid counseling students from minority groups into low status vocational or academic programs.	23	3
14. A need for greater drug education.	24	1

Coordination, Priorities, Accountability of Agencies and Public Information

Table 4 lists the needs (their overall rank and frequency index) identified in this category.

TABLE IV

Need	Overall Rank	Frequency Index
1. A need to coordinate the efforts of the different agencies particularly at the local level.	2	50
2. A need to educate the public about services for children and youth to both inform the public and influence attitudes.	3	48
3. The public schools should be a focal point for a coordination function to serve families and service agencies.	8	26
4. A need to compile and distribute to all persons dealing with young children, an index of available services at the local level.	8	26
5. A need for communication between agencies, particularly at the local level.	10	23
6. A need for public education programs aimed at prevention of children and youth problems.	11	22
7. A need for group or umbrella services based on consumer need.	13	18
8. A need to form professional-consumer teams at the local level to determine needed services.	16	13
9. A need for a statewide plan for coordinating services to young children and their families.	19	9
10. A need for a system of accountability for agencies.	19	9
11. A need to develop a team approach by agencies to facilitate local coordination.	20	7
12. A need for standardization of eligibility from agency to agency.	22	4
13. A need to eliminate duplication of efforts and services.	22	4
14. A need for work level staff to be involved in agreements between agencies.	22	4

Out-of-Home Child Care Facilities and Institutions

Table 5 lists the needs identified in this category.

TABLE V

Need	Overall Rank	Frequency Rank
1. A need for more foster homes, half-way houses and other temporary or transitional residential facilities.	4	38
2. A need to decentralize and decrease distance between actual and institutional homes.	10	23
3. A need to examine the minimum standards for child care facilities and personnel.	15	15
4. A need to prevent mistreatment of children and youth while institutionalized.	20	7
5. A need for day care facilities for children which would be available to all mothers who want it.	20	7
6. A need for additional day care facilities for handicapped children.	22	4
7. A need to prevent psychological problems evolving from an institution serving as a "home" for children and youth.	22	4

Financing

Table 6 lists the needs identified in this category.

TABLE VI

Need	Overall Rank	Frequency Index
1. A need to extend the financial effort of the state to provide necessary services.	5	37
2. A need for priority setting in spending public funds.	9	25
3. A need for fiscal accountability in the delivery of services.	24	1
4. A need to stop funding of new or extended services unless coordination is planned and demonstrated.	24	1

Rights and Legal Protection

Table 7 lists the needs identified in this category.

TABLE VII

Need	Overall Rank	Frequency Index
1. A need to refine and broaden legislation for legal protection of children.	21	6
2. A need to eliminate impediments to hiring youth between the ages of 16 and 18.	22	4
3. A need to specify rights and safeguards for individuals in computer data banks.	22	4
4. A need to protect the right of welfare mothers not to work, rather than accept substitute child care.	23	3
5. A need to lessen penalties for certain drug violations.	24	1

DATA ANALYSIS

Graphical Summary

A frequency index for each need was calculated for each forum. The individual needs were grouped into categories and an overall frequency index calculated for each category. The following figures graphically depict the results.

Figure 1 indicates the frequency of occurrence (of a given need) between forums, i.e., an expression of the general need to expand existing services occurred most frequently at the Corpus Christi Forum and least frequently at the El Paso Forum. Figures 2 through 7 present the same kinds of data for the categories: health and nutrition; education and the educational systems; coordination; priorities; accountability and public information; out-of-home child care facilities and institutions; financing; and rights and legal protection.

In figure 8, total frequency indexes (obtained from the summed frequencies of all the forums) are graphed for each category. Figure 9 is a plot of the overall actual frequency of all the individual needs. The need numbers correspond to the sequential rank order of the needs given in Appendix A.

200

100

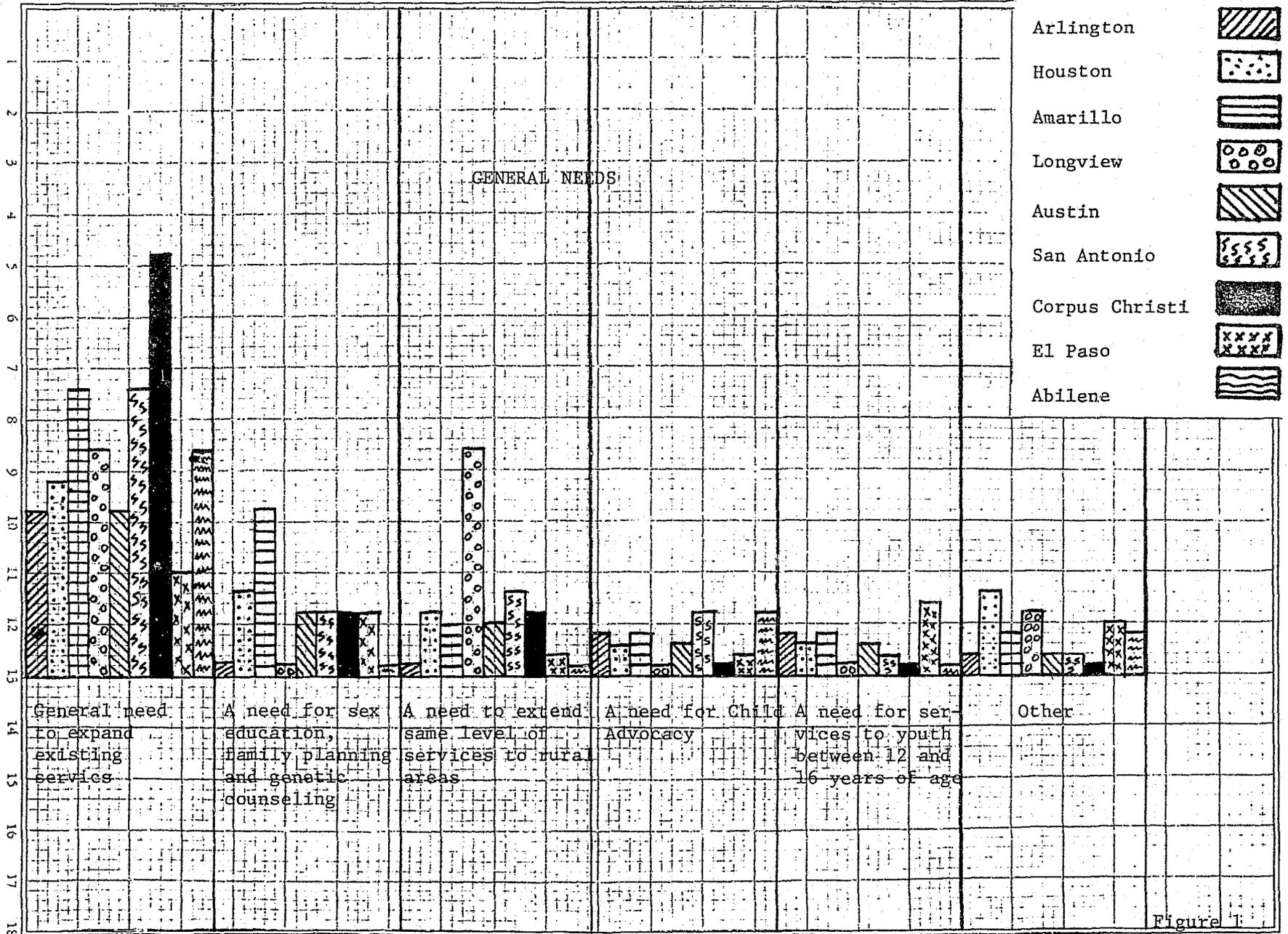


Figure 1

200
100

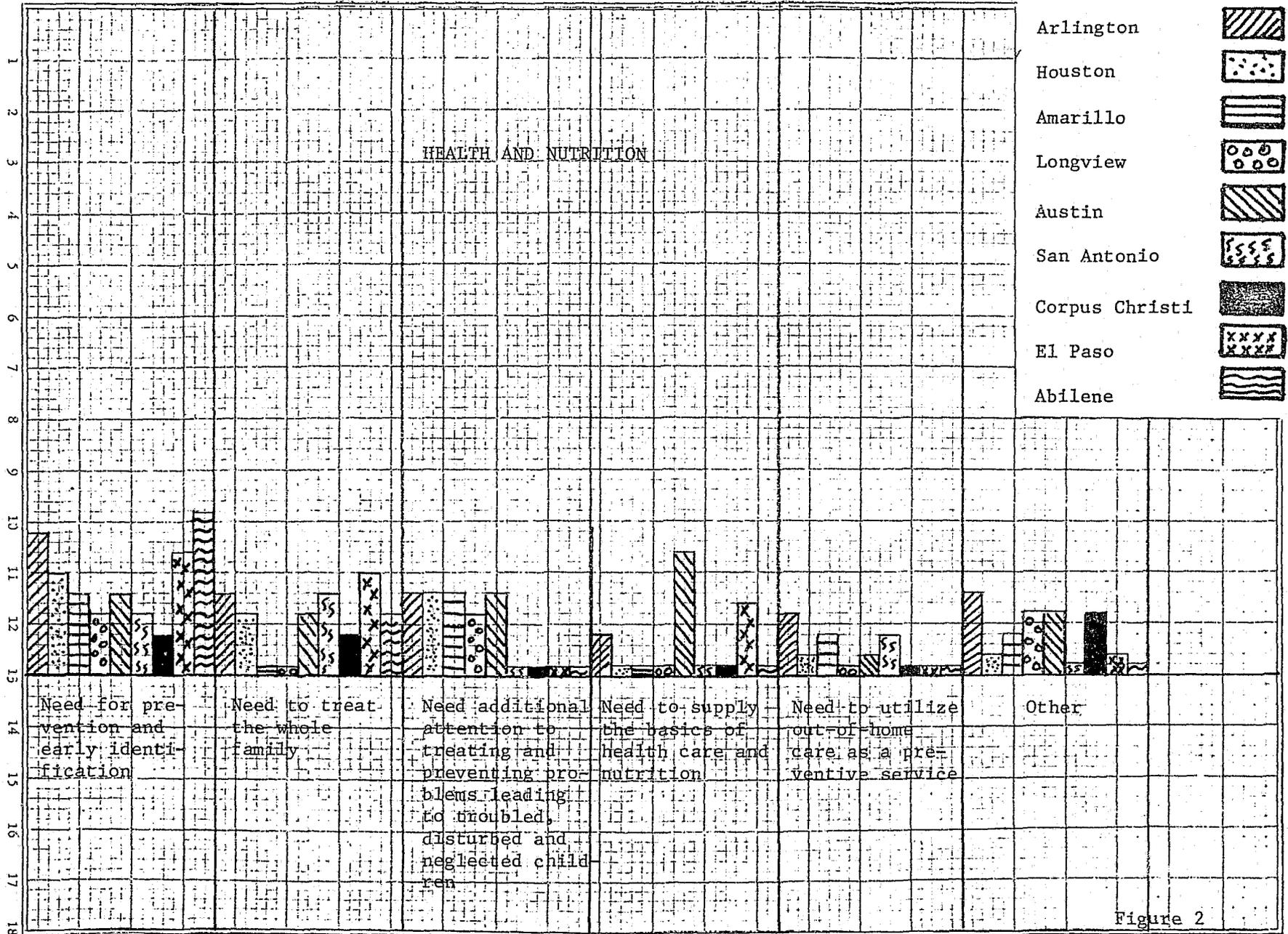


Figure 2

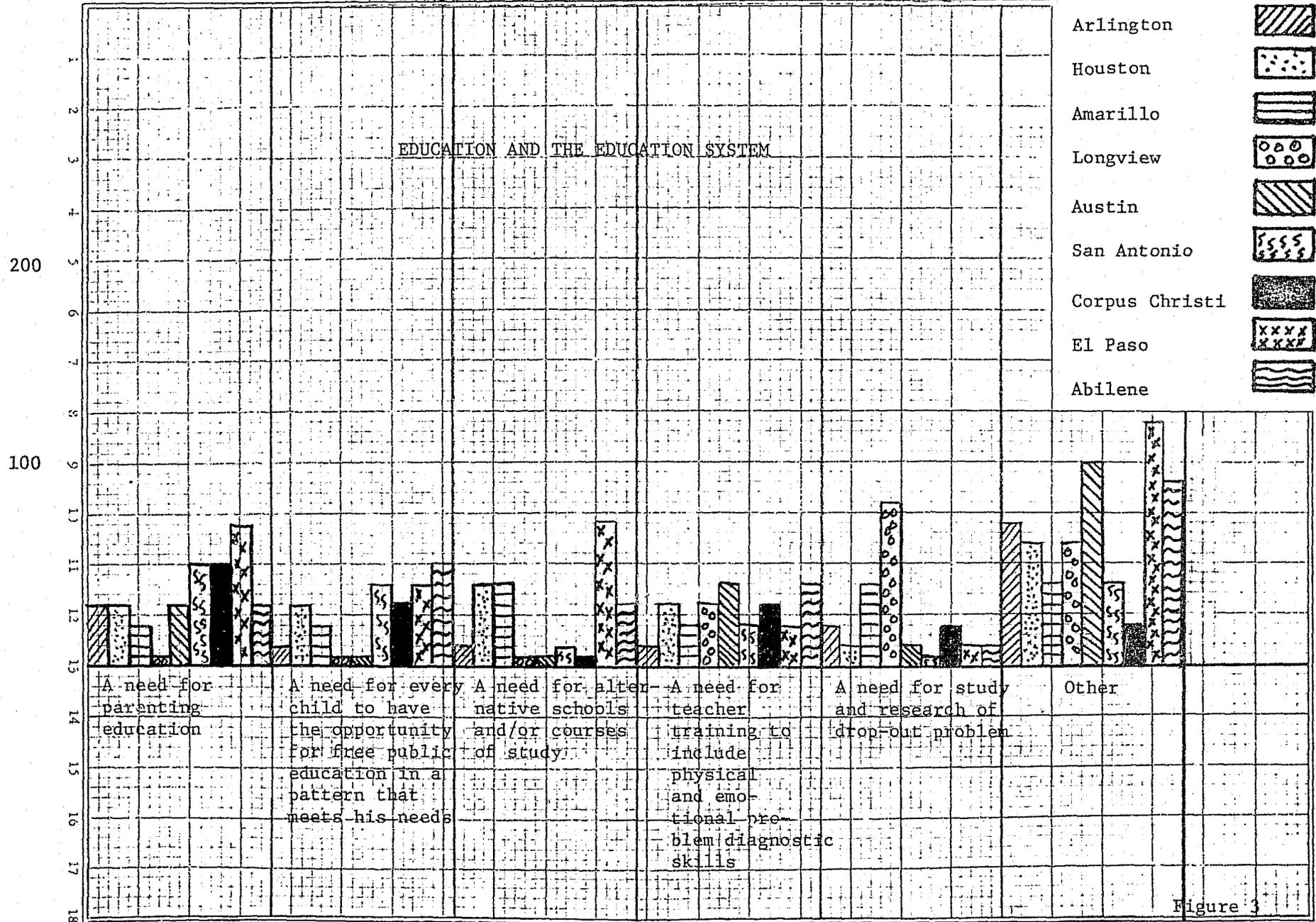


Figure 3

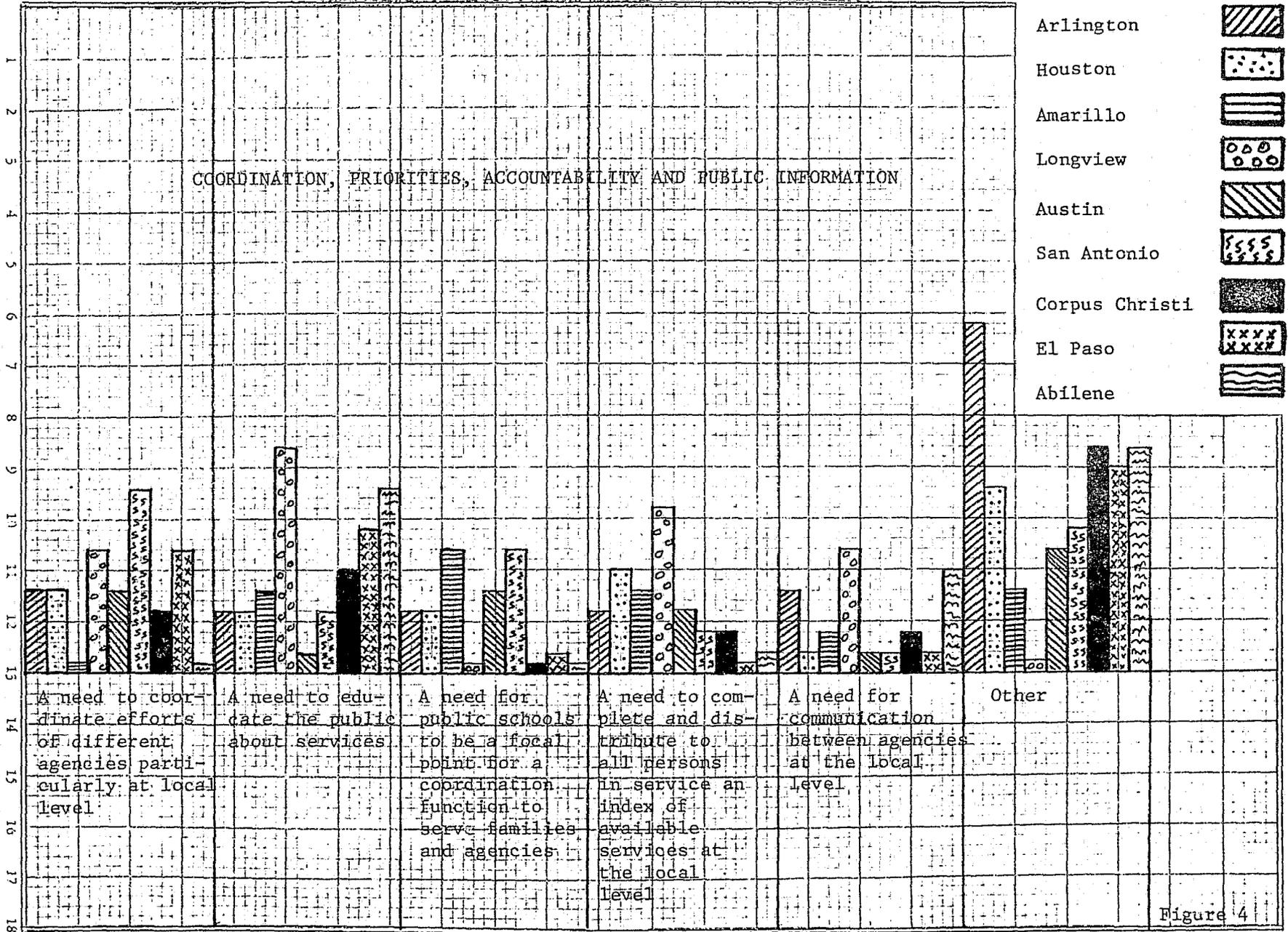


Figure 4

200

100

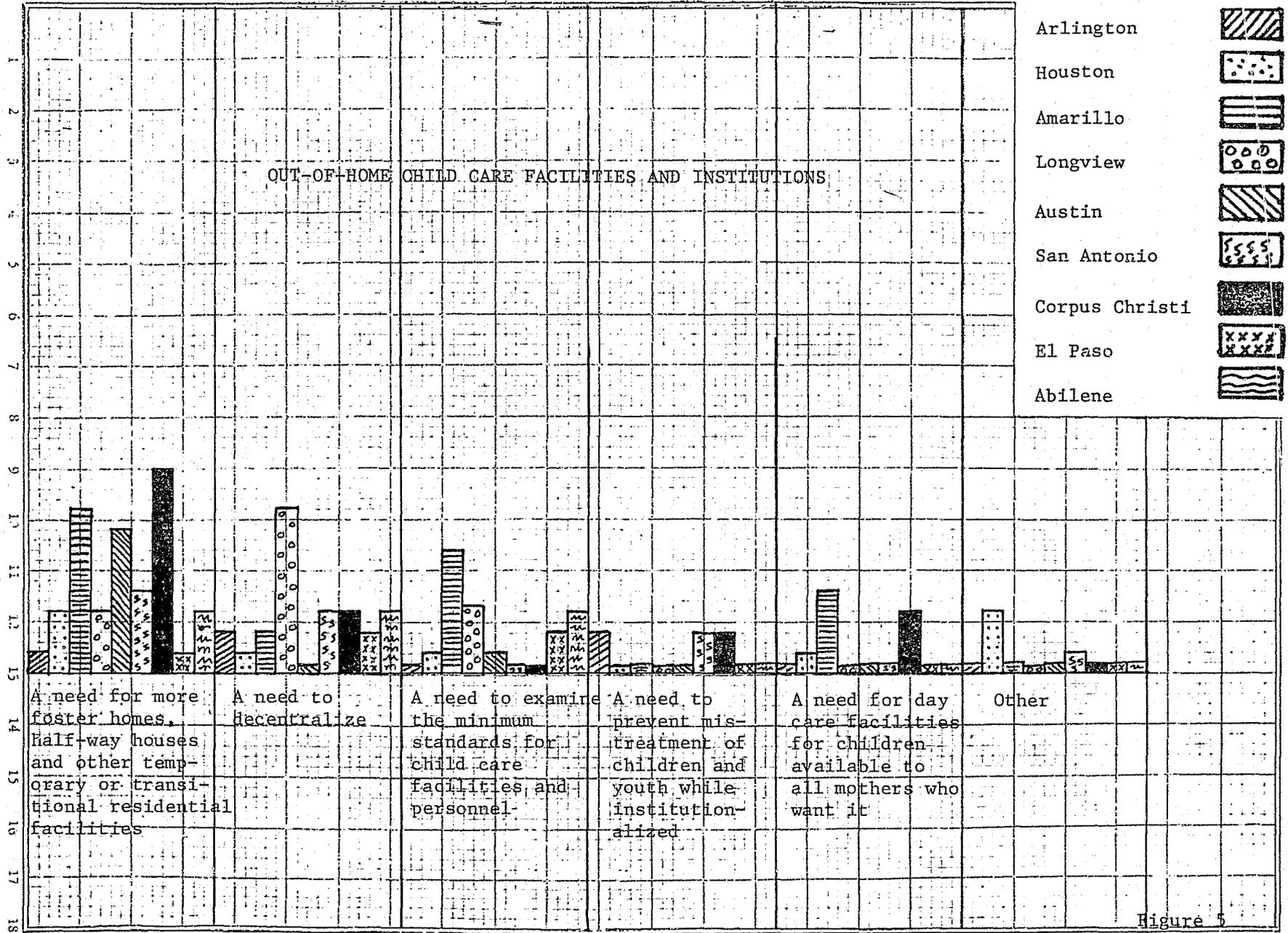
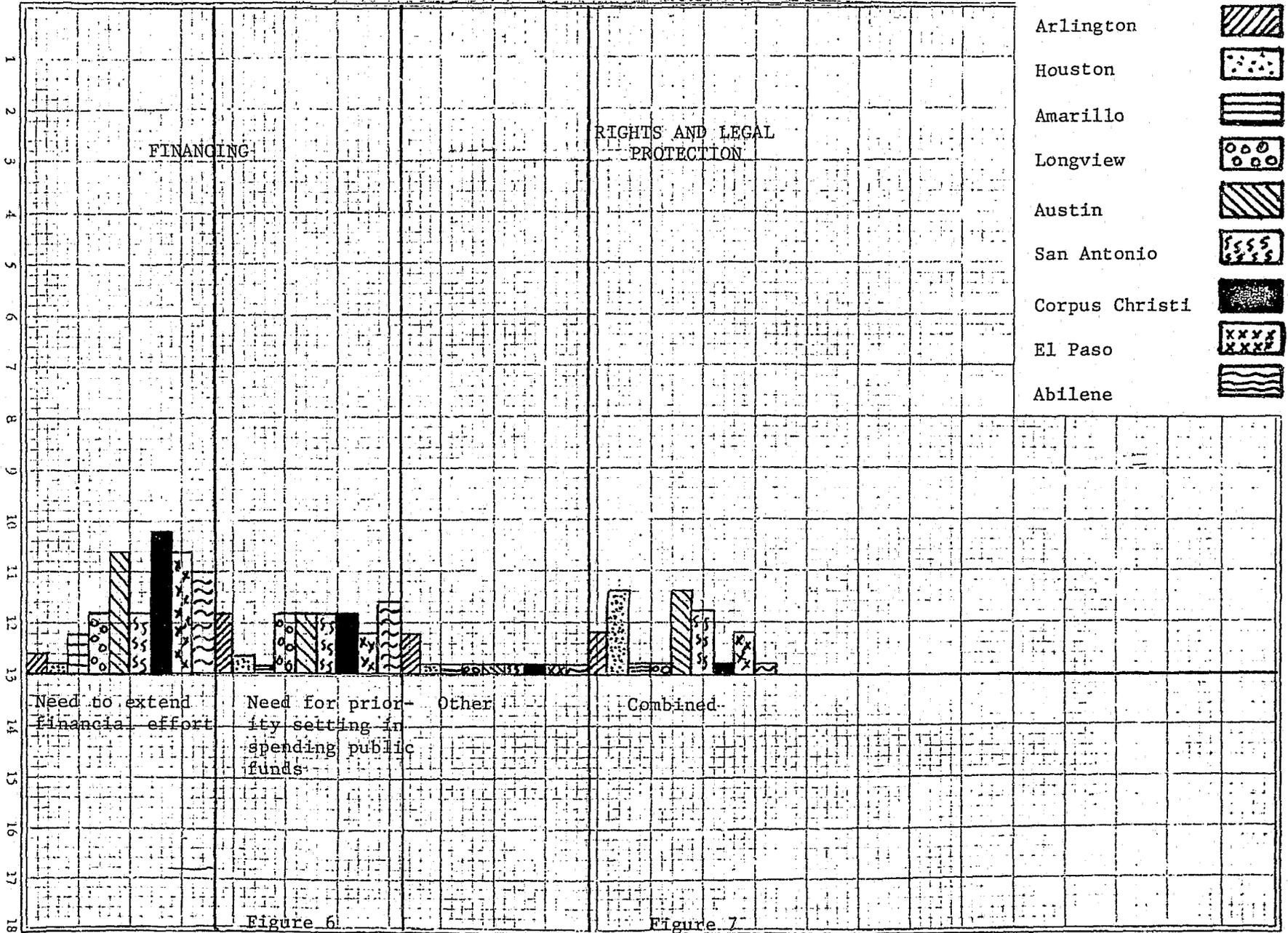


Figure 5

200
100



- Arlington
- Houston
- Amarillo
- Longview
- Austin
- San Antonio
- Corpus Christi
- El Paso
- Abilene

Figure 6

Figure 7

F
R
E
Q
U
E
N
C
Y

I
N
D
E
X

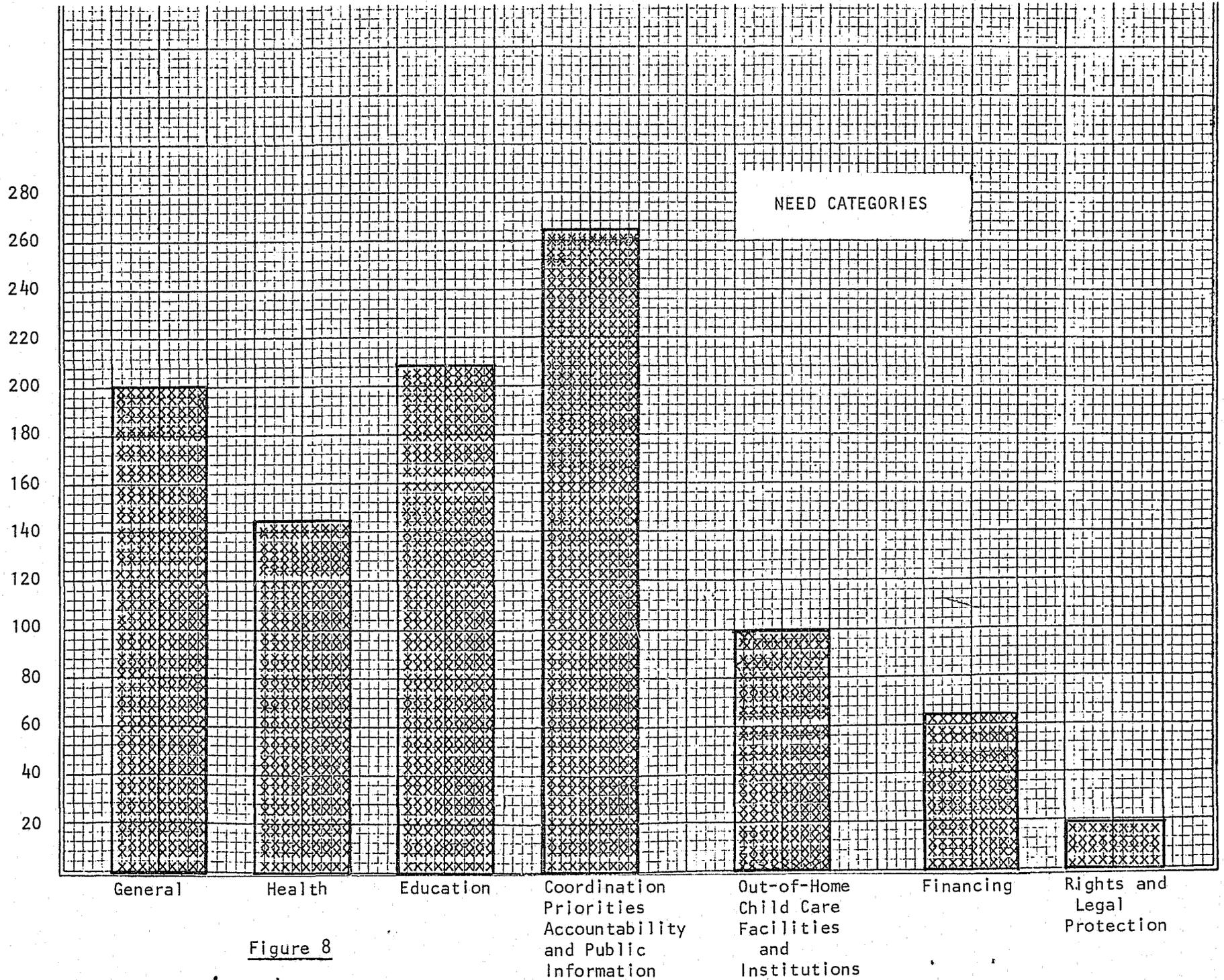
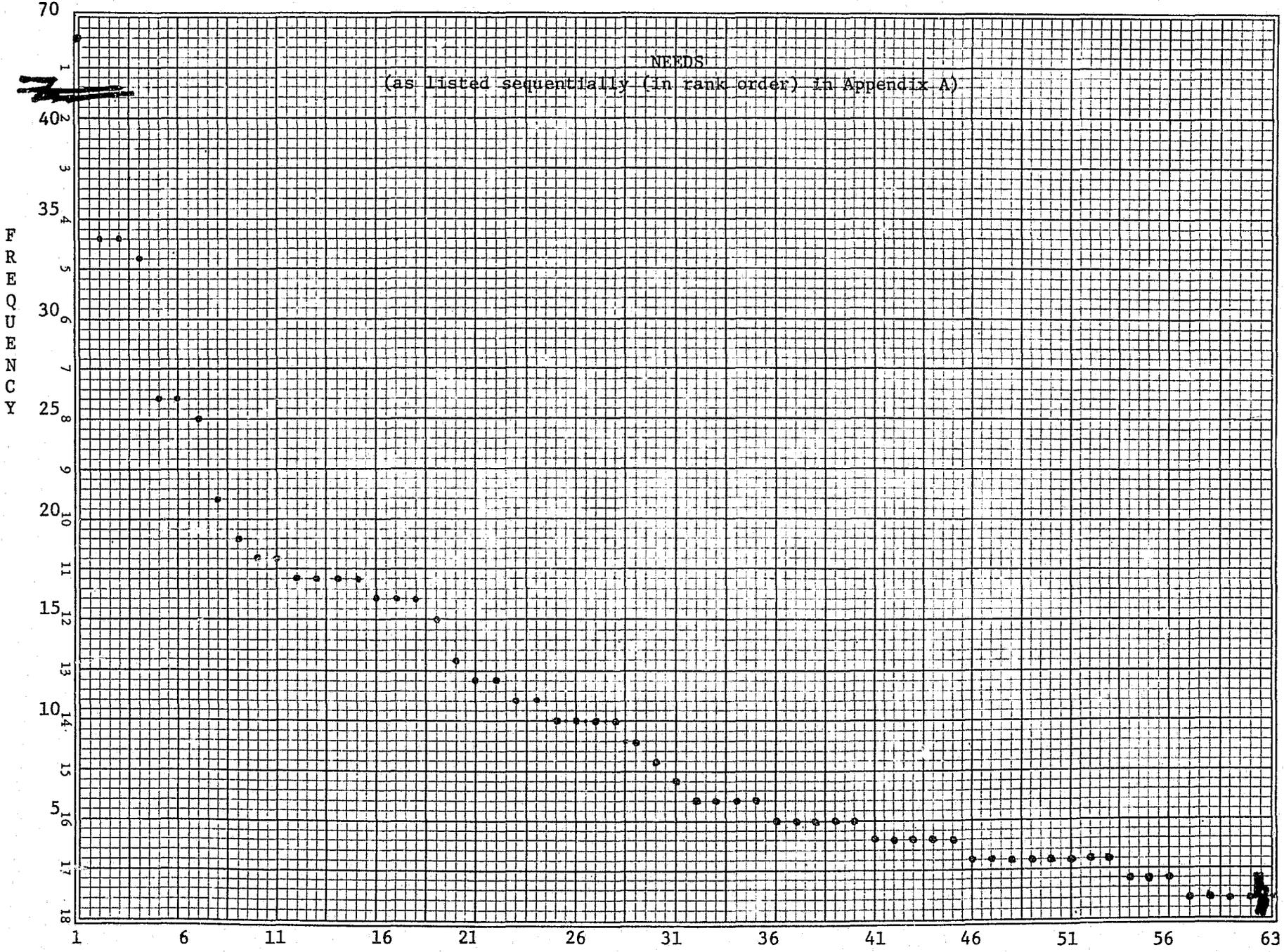


Figure 8



Statistical Analysis

One of our first areas of interest is the age, ethnic, economic level, employment and demographic profile of the forum participants. The data for this type of analysis is not available for the Arlington, Houston or Amarillo forums. However, Table 8 presents the data for the remaining forums. The table indicates some differences (in the percentage composition of participants in terms of the measured characteristics) between forums. A Chi squared (X^2) statistic was calculated to test for statistically significant differences (between frequency of occurrence of each characteristic) among the forum populations. Table 9 summarizes the results of these tests.

A second area of interest is the frequency of occurrence of each need category at each forum. Table 10 displays this data. At this point an important question can be asked: are there any significant relationships between forum participant characteristics and the frequency of occurrence of the need categories. In order to identify possibly significant relationships, correlation co-efficients between the frequency of occurrence of each of the participant characteristics and the frequency of occurrences of each of the need categories for each forum were calculated. Tables 11 through 15 show the results of these calculations. The test for choosing possible significant relationships was arbitrarily chosen as a correlation co-efficient greater than .80 or the highest two correlations, or when more than two variables correlate above .80, .85 was taken as the cutting point. Table 16 lists the highest correlates for each need category. Multiple linear regression techniques were applied to test the statistical significance of the relationships indicated in Table 16. An explanation of this technique and the actual models, and tests conducted can be seen in Appendix B. The null hypotheses generated and tested along with the test results are presented in Table 17.

Another set of interesting questions can be asked with respect to the possible existence of differences in input between the forums. To answer these questions, the following two hypotheses were posed and a Chi squared statistic calculated (see Appendix B).

1. There is no statistically significant difference in perception (as measured by frequency of occurrence) of need categories between forums for which we have complete data (the last six forums).
2. There is no statistically significant difference in perception (as measured by frequency of occurrence) of need categories between the forums (all nine forums).

The first hypothesis was rejected and the second was also rejected. Table 18 summarizes the results.

	Longview		Austin		San Antonio		Corpus Christi		El Paso		Abilene	
	N	%	N	%	N	%	N	%	N	%	N	%
Attendance	68		120		121		130		108		90	
# of Questionnaires	22		69		55		16		63		37	
Employed	22	100	60	87	46	83.6	16	100	53	84	35	94.6
Unemployed	0	0	9	13	4	7.3	0	0	10	15	2	5.4
Female	11	50	40	58	33	60	12	75	41	65	20	54.1
Male	11	50	20	29	22	40	4	25	22	35	16	43.2
Average Age	NA		36.4		39.5		31.2		37.7		35.9	
State Employee	7	31.8	16	23	13	23.6	3	18.8	15	24	16	43.2
Federal Employee	1	4.5	2	2.9	3	5.5	1	6.2	4	6.3	1	2.7
County Employee	2	9.1	2	2.9	6	10.9	3	18.8	5	7.9	1	2.7
City Employee	2	9.1	4	5.8	5	9.1	1	6.2	2	3.2	2	5.4
Public School Employee	9	41	9	13.0	9	16.4	5	31.2	10	15.9	2	5.4
Privately Employed	1	4.5	27	39.1	13	23.6	1	6.2	17	27	15	40.5
Other Employment	0	0	0	0	2	3.6	2	12.5	8	12.7	0	0
American Indian	0	0	1	1.4	2	3.6	0	0	0	0	0	0
Black	5	23	5	7.2	1	1.8	1	6.2	3	4.8	2	5.4
Spanish Surname	0	0	4	5.8	11	20	8	50.0	11	17.5	2	5.4
Anglo	16	73	59	85.5	34	61.8	7	43.8	46	73	31	83.1
Other	1	4	0	0	1	1.8	0	0	2	3.2	1	2.7
Innercity	10	45	44	63.8	27	49.1	10	62.5	42	66.7	26	70.3
Suburban	4	18	17	24.6	20	36.4	5	31.2	13	20.6	9	24.3
Rural	8	36	6	8.7	8	14.5	1	6.2	6	9.5	1	2.7
Income												
0-6,000	4	18	14	20.3	4	7.3	5	31.2	17	27.0	12	32.4
6,001-8,000	2	9.1	4	5.8	9	16.4	1	6.2	7	11.1	4	10.8
8,001-10,000	7	31.8	17	24.6	8	14.5	1	6.2	7	11.1	4	10.8
Above 10,000	9	41	26	37.7	24	43.6	7	43.8	31	49.2	14	37.8

TABLE 8

X² TESTS FOR FORUM POPULATION DIFFERENCES

Characteristic	df	X ²	P	Difference Statistically Significant
Employed	5	8.63	.13	No
Sex	5	4.03	.55	No
Employer	30	55.93	.004	Yes
Ethnicity	20	48.3	.0007	Yes
Residence	10	22.36	.014	Yes
Salary	15	22.41	.086	No
Age	4	1.24	.87	No

TABLE 9

	1	2	3	4	5	6	7	8	9
	Arlington	Houston	Amarillo	Longview	Austin	San Antonio	Corpus Christi	El Paso	Abilene

Category

1. General Needs	13	18	15	9	13	25	18	18	12
2. Health & Nutrition	24	11	6	3	15	9	4	18	8
3. Education	15	15	9	6	14	16	9	38	19
4. Coordination	34	20	10	11	15	28	14	24	25
5. Out-of-Home Child Care Facilities & Institutions	5	7	10	5	6	10	11	5	6
6. Financing	6	1	1	2	6	6	6	9	7
7. Rights and Legal Protection	2	3	0	0	3	3	0	2	0

TABLE 10

CORRELATIONS

Employer

	State	Federal	County	City	Private	Public School
General Need	.02	.61	.89	.46	.06	.23
Health & Nutrition	.76	.80	.34	.33	.84	.44
Education	.60	.81	.45	-.01	.48	.22
Coordination	.62	.59	.54	.42	.38	-.11
Out-of-Home Care	-.51	-.12	.38	.12	-.36	-.23
Financing	.53	.62	.36	.00	.54	-.11
Rights and Legal Protection	.58	.74	.59	.85	.73	.65

TABLE 11

Ethnicity

	American Indian	Black	Mexican American	Anglo	Total Attendance
General Need	.65	-.73	.92	.06	.72
Health & Nutrition	.18	.21	.45	.90	.33
Education	-.11	-.12	.56	.54	.14
Coordination	.43	-.58	.56	.34	.22
Out-of-Home Care	.41	-.78	.50	-.46	.70
Financing	.00	-.43	.65	.48	.54
Rights and Legal Protection	.79	.10	.54	.79	.51

TABLE 12

Residence

	Innercity 19.	Suburban 20.	Rural 21.
General Need	.16	.61	.14
Health & Nutrition	.97	.66	.22
Education	.70	.37	.03
Coordination	.43	.62	.00
Out-of-Home Care	-.41	.10	-.28
Financing	.66	.43	-.35
Rights and Legal Protection	.76	.95	.58

TABLE 13

Salaries

	0 - \$6,000	\$6,001 - 8,000	\$8,001 - 10,000	Above 10,000
General Need	-.18	.69	-.13	.40
Health & Nutrition	.87	.58	.57	.94
Education	.78	.61	.04	.76
Coordination	.26	.85	-.11	.55
Out-of-Home Care	-.60	.01	-.40	-.30
Financing	.72	.49	-.05	.63
Rights and Legal Protection	.31	.75	.75	.86

TABLE 14

Sex
Females Males

	Females	Males
General Need	.39	.32
Health & Nutrition	.95	.79
Education	.69	.64
Coordination	.49	.67
Out-of-Home Care	-.24	-.38
Financing	.64	.47
Rights and Legal Protection	.89	.80

TABLE 15

NEED CATEGORY CORRELATES

Need Category	Correlates	r
General Needs	number of county employees	.89
	number with spanish surnames	.92
Health and Nutrition	number of females	.95
	number of anglos	.90
	number living innercity	.97
	number earning 0-\$6,000	.87
Education	number earning above \$10,000	.94
	number of federal employees	.81
Coordination and Public Information	number earning between 0-\$6,000	.78
	number earning between \$6,000 and \$8,000	.85
Out-of-Home Care Facilities and Institutions	number of males	.67
	total number of participants	.78
Financing	number of blacks	.70
	number living innercity	.66
Rights and Legal Protection	number earning between 0-\$6,000	.72
	number of females	.89
	number earning above \$10,000	.86

TABLE 16

HYPOTHESES AND RESULTS

Hypothesis	Result
Hypothesis 1. There is no significant relationship between frequency of occurrence of the general need category and the number of county employees attending.	Accepted
Hypothesis 2. There is no significant relationship between the frequency of occurrence of the general needs category and the number of participants with spanish surnames.	Accepted
Hypothesis 3. There is no significant relationship between the frequency of occurrence of the health and nutrition category and the number of anglos attending.	Accepted
Hypothesis 4. There is no significant relationship between the frequency of occurrence of the health and nutrition category and the number of participants living in the innercity.	Rejected
Hypothesis 5. There is no significant relationship between the frequency of occurrence of the health and nutrition and the number of participants with incomes between 0 and \$6,000.	Rejected
Hypothesis 6. There is no significant relationship between the number of females participating and the frequency of occurrence of the health and nutrition category.	Rejected
Hypothesis 7. There is no significant relationship between the frequency of occurrence of the health and nutrition category and the number of participants with incomes above \$10,000.	Accepted
Hypothesis 8. There is no significant relationship between the frequency of occurrence of the education category and the number of federal employees participating.	Accepted
Hypothesis 9. There is no significant relationship between the frequency of occurrence of the education category and the number of participants with incomes between 0 and \$6,000.	Accepted
Hypothesis 10. There is no significant relationship between the frequency of occurrence of the coordination category and the number of participants with incomes between \$6,001 and \$8,000.	Accepted
Hypothesis 11. There is no significant relationship between the frequency of occurrence of the coordination category and the number of males participating.	Accepted
Hypothesis 12. There is no significant relationship between the frequency of occurrence of the out-of-home care category and the number of black participants.	Accepted

TABLE 17(to be continued)

TABLE 17 continued

Hypothesis	Result
Hypothesis 13. There is no significant relationship between the frequency of occurrence of the out-of-home care category and the total number of participants.	Accepted
Hypothesis 14. There is no significant relationship between the frequency of occurrence of the financing category and the number of participants living in the innercity.	Accepted
Hypothesis 15. There is no significant relationship between the frequency of occurrence of the finance category and the number of participants earning between 0 and \$6,000.	Accepted
Hypothesis 16. There is no significant relationship between the frequency of occurrence of the rights and legal protection category and the number of city employees participating.	Accepted
Hypothesis 17. There is no significant relationship between the frequency of occurrence of the rights and legal protection category and the number of participants living in the suburbs.	Accepted
Hypothesis 18. There is no significant relationship between the frequency of occurrence of the rights and legal protection category and the number of participants with salaries above \$10,000.	Accepted
Hypothesis 19. There is no significant relationship between the frequency of occurrence of the rights and legal protection category and the number of females participating.	Accepted

TESTS FOR DIFFERENCES IN NEED
PERCEPTION BETWEEN FORUMS

Hypothesis	X ²	df	P	Results
1	45.17	30	.04	Rejected
2	79.53	48	.004	Rejected

TABLE 18

The last question to be asked is: Are the observed differences in perception of need (as measured by frequency of occurrence) statistically significant. The assumption is made that if the need categories were perceived to be of equal importance, the frequencies would be equal. We can attempt to answer the question by testing (with X² statistic) the hypothesis that the observed frequencies are not significantly different from equal frequencies. This hypothesis was rejected and the test results are summarized in Table 19.

TESTS FOR DIFFERENCES IN PERCEPTION
BETWEEN NEED CATEGORIES

X ²	df	P	Results
223.59	6	.0000	Rejected

TABLE 19

DISCUSSION

Because of the subjective nature of the classification of the data and the summarization process by which the data was gathered from group leader notes, written participant comments and written recommendations, the results of all quantitative statistics for significant differences and relationships must be regarded with caution. Inferences drawn from these tests must be considered tentative and subject to further testing.

Before we examine the needs identified, it is valuable to understand the general context in which the needs were identified. We need to know, for example, did the participants attending each of the forums have the same or different characteristics? The answers to this question are contained in Tables 8 and 9 in the previous Data Analysis section. It appears there were no significant differences with respect to the ratio of unemployed participants to employed participants, with the vast majority of participants being employed. There was no apparent significant difference in forum populations on the basis of female-male ratios (females being in the majority), salary range or average age. Apparent significant differences between forum populations did arise with respect to employer (city, state, federal, public school etc.), ethnicity and residential location (innercity, suburban, rural).

We also need to determine if there was a statistically significant difference between the forums with respect to the way the participants perceived the needs. The graphical presentations, figures 1 through 7, indicate differences. These indicated differences were tested (see Appendix B for test) and found to be significant (as indicated in Table 18). This indicates that although there was considerable overlap in perceived needs, there were some differences in needs perceived, and there were differences in the perceived magnitude of needs as indicated by the frequency of mention of each need.

Another important piece of background information concerns the relationships, if any, between the forum populations' characteristics and the need categories. Only three statistically significant relationships were identified (see Table 17). It was determined there is a strong, positive relationship between the frequency of occurrence of needs in the health and nutrition category and the number of participants with incomes between 0 and \$6,000, the number of participants who live in the innercity, and the number of female participants. Although none of the other indicated relationships (high correlations) proved statistically significant in this sample, it is still possible a relationship could exist and be more apparent if a larger sample were to be taken.

With the above information, a more meaningful discussion of the identified needs is possible. As can be seen from Figure 8, the need category "Coordination, Priorities, Accountability of Agencies and Public Information" has the highest frequency index. This category encompasses a large number of closely related specific needs. The first six needs in this category (Table IV) are particularly closely related. These first six needs emphasize local coordination, public information and education about available services and prevention of problems of children and youth, the use of the public schools as a focal point for coordination and communication between agencies. These expressions are instructive for several reasons, but one of the most instructive insights is into the "meaning" of coordination. From these expressions we can infer the participants see coordination as involving the following elements:

1. an exchange of information between service delivering agencies and the public, including a complete index of services and agencies,
2. communication between agencies,
3. public education programs, and
4. the public school system as the focal point and implementor of the coordination activities.

It should be pointed out here that there is no correlation between the number of public school employees attending, and this need category (see Table 11) so that we can assume these needs are not biased by the public school employees attending the forums.

The relationship of the coordination needs to the general needs category is also interesting to explore; particularly with respect to the first and sixth needs under general needs. It is not difficult to infer from these that a major cause of a lack of coordination activities is the excessively heavy caseload and demands placed on local workers and the resulting lack of time for other than high priority delivery activities. If this inference is correct, it would seem that expansion of personnel, services and a lightening of caseloads (as indicated under general needs) combined with the addition of coordination activities to the job descriptions of local workers and inservice training programs, including coordination techniques, for local workers would go a long way towards meeting the coordination needs.

It should be noted that neither the coordination category or the general need category was found to have a significant relationship to any of the measured population characteristics. However, there are some characteristics with high correlations to these categories (Table 16) which may become significant in larger samples. The highest correlate with the coordination category is the number of participants earning between 6,000 and 8,000 dollars; the highest correlates with the general needs category are the number of participants with Spanish

surnames and the number of county employees participating. It might be inferred from these correlates that those who feel the greatest need for coordination, expansion of services and lighter caseloads are those working at the local level in the consumer-delivery system interface. They seem to be telling us they have neither the time nor the resources to completely meet the demands placed upon them.

Education and Educational System needs are an interesting category. First, it is important to note that there is no correlation between the number of public school employees attending and the frequency of needs expressed in this category. Again, no statistically significant relationships between this category and any of the population characteristics were identified. However, it is interesting to note that the highest population characteristic correlates with this category is the number of federal employees attending and the number of participants earning \$6,000 or less. An inspection of the specific needs in this category, indicates that many are related to social change. It can be inferred from this that many federal employees and low income individuals see the schools as having a role as a tool for social change.

Indeed, the inspection of these educational needs reveals an expanded role for the schools that has not been recognized in the currently, generally accepted goals and objectives of our public schools. Another visible trend which can be discerned, is one towards individualization. Many of the expressed needs seem to reflect a desire for the schools to provide individualized learning experiences for all children to meet individual needs as opposed to group needs (i.e. handicapped, average, gifted, etc.).

The health and nutrition category is the only category for which statistically significant relationships with forum participant characteristics were found. The frequency with which needs in this category were expressed was strongly related to the number of innercity participants, the number of participants earning \$6,000 or less, and the number of female participants. It is not difficult to infer from this data that these needs are acutely felt by low income and poverty level individuals and those who live or work in low income areas (i.e. innercity). This category is the only one for which it can clearly be inferred (from the forum data) that the service consumers, as a group, perceive it strongly as a need category. The strongest expressed need in this category was for programs for preventive and early identification of problems. Of course, many of the other less frequently expressed needs in this area are related to this, but are more specific (i.e. a need to supply the basics of health care and nutrition).

The next two categories, out-of-home care and financing, deal largely with services already in existence, but in need of expansion and extension, hence, a high degree of overlap with the categories of general needs, health and nutrition and education. The out-of-home care category correlates most

highly with general needs, and financing correlates most highly with education. Although no statistically significant relationships between these categories and forum participant characteristics were identified, there were some high correlations (see Table 16) which may indicate the possibility of identifying significant relationships in larger samples. The highest correlate of out-of-home care was the number of black participants. However, the correlation is negative, meaning the higher the number of black participants, the lower the frequency of expression of needs in the out-of-home care category. It could be inferred from this that black participants do not perceive this area as a need or they do not see out-of-home care as a preferred means of treating problems. This aspect of the results deserves further investigations, as it may have implications as to planning programs for different geographic areas and population segments; the need and content of public education programs; and real differences in population groups which require different approaches to solving the same basic problem.

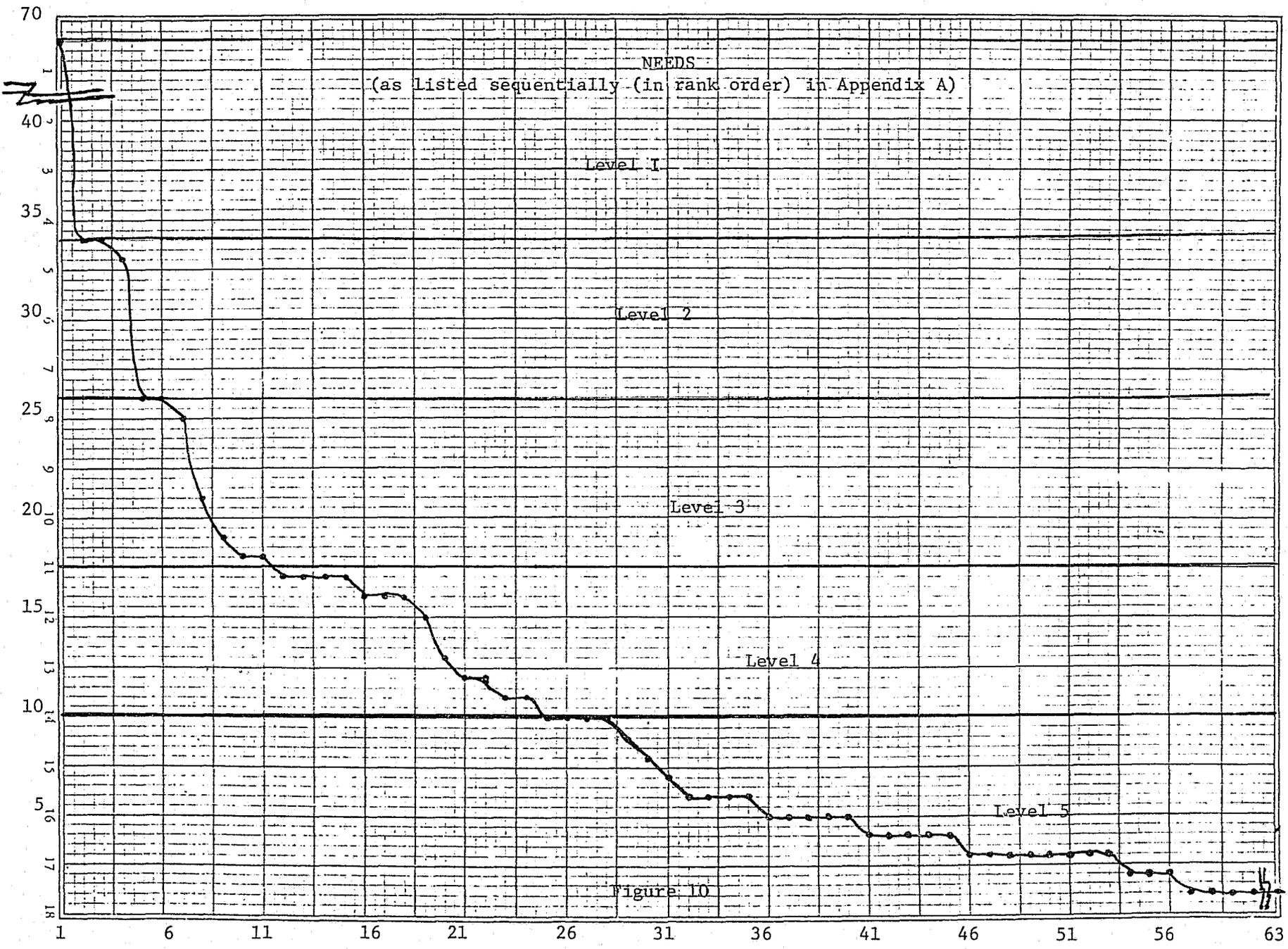
The highest participant characteristic correlate of the finance category was the number of participants earning \$6,000 or less. When it is taken into consideration that this category also correlates highly with the education category and that this income level individual is apt to live in poorer school districts, it is not difficult to understand this correlation.

Rights and legal protection is the category with the lowest frequency. It is also important to note that this is the only category without a specific need ranked in the top 10. The highest participant characteristic correlate is the number of female participants and the second highest is the number of participants earning above \$10,000. One or both of the two possible conclusions can be inferred from these results:

1. that individual rights and legal protections are currently at least adequately provided for, and/or
2. that needs in other categories are perceived as much greater and of a higher priority.

It would seem this aspect of the forum results needs further investigation. If the first inference is correct, we may have no problem; but, if the first inference is not correct, and the latter inference is, we may have discovered another area of great concern: a potential willingness to sacrifice rights in order to meet other needs and solve social problems.

There is one last aspect of data which we shall consider. It has been pointed out that the subjective aspects involved, make it difficult to attach quantitative significance to the perceptions of individual needs. However, it is possible to make qualitative judgments and perceive indicated relative magnitude relationships. Some additions to the graph shown in Figure 9 can be used to graphically show the relative magnitude relationships. Figure 10 shows these additions as boundaries identifying quantum levels of need. The boundaries are drawn along plateaus in the frequency curve.



If we interpret these quantum levels as priority levels, we obtain the following results:

Priority Level 1

- A. A general need to expand existing services and fill existing gaps.

Priority Level 2

- A. A need to coordinate the efforts of the different agencies, particularly at the local level.
- B. A need for preventive and early identification programs for health, learning and behavioral problems.
- C. A need to educate the public about services for children and youth to both inform the public and influence attitudes.

Priority Level 3

- A. A need for more foster homes, half-way houses and other temporary or transitional residential facilities.
- B. A need for parenting education.
- C. A need to extend the financial effort of the State to provide necessary services.
- D. A need to treat the total family in cases of disabilities and/or behavioral problems of children.
- E. A need for every child to have the opportunity for free public education in a pattern that meets his needs.
- F. The public schools should be made a focal point for a coordination function to serve families and service agencies.
- G. A need to compile and distribute to all persons dealing with young children, an index of available services at the local level.

Using the graph in Figure 10, and the need table in Appendix A, the reader can determine the remaining priority levels if it is of interest to him.

RECOMMENDATIONS SUBMITTED BY INTERESTED GROUPS

The following recommendations have been submitted to the Texas Commission on Services to Children and Youth by the Texas Association for Services to Children, The Austin Cerebral Palsy Center and Miss Sara E. Ward, American Association of Social Workers. These recommendations have contributed to the findings of the forums, and will be given consideration when the Commission drafts its final recommendations to the Legislature and Governor.

Austin Cerebral Palsy Center

NADEA GIZELBACH
Executive Director

May 13, 1974

Texas Commission on Services to Children and Youth
Room 2-26
611 South Congress Avenue
Austin, TX 78704

Dear Sirs:

I attended a forum which was held in January for the Texas Commission on Services to Children and Youth. A list of needs which are of concern to the parents of handicapped children is being enclosed in response to your request for information. It is hoped that the Commission will carefully and seriously consider these items during the investigation.

Needs as parents see them:

1. Physicians need to realize the importance of early diagnosis and referral to an agency.

2. The state should have a Central Information Service so that duplication of services could be avoided. Physicians could refer parents to this central agency which, in turn, would secure proper placement for the child. This central agency would also be responsible for the dispersal of staff and monies so that all areas of the state would receive funds. No children should be "lost between the cracks." The Financial Section needs to have a short circuit system from the point where money is allocated to the point where it is utilized. (Less money should be spent on fancy offices and push button phones - more on actual services!)

3. The staff should be trained to deal with multiply handicapped children. Experience in working with the children under the direction of a professional should count as training. The deaf-blind units need many more staff members than the universities are graduating at the present time.

More universities should be encouraged to offer programs which deal with working with the multiply handicapped child.

4. All people who major in education should be exposed to special education and to the area of multiply handicapped children. With Plan A in effect, all teachers need to know how to relate to these children.

Practical experience should be part of the curriculum. Workshops should be held to aid those teachers who are already out of college.

512 478-2581 919 WEST 28½ STREET AUSTIN, TEXAS 78705

A UNITED FUND AGENCY

Austin Cerebral Palsy Center

NADEA GIZELBACH
Executive Director

5. The Texas Education Agency should care for children between the ages of "0 and 3." Early intervention is so important. More therapy should be available through the schools. The public schools should have classes for the multiply handicapped and should provide an adequate teacher-student ratio.

6. Financial aid may be needed by "higher income" families. The cost of caring for any handicapped child is exorbitant since so many specialists are involved.

7. Agencies should emphasize parent education on a statewide basis. The professionals only have the children a minimal amount of time. The parents must understand the child's condition and do therapy at home in order to see progress. If the parents understand they can help the children do the same. Therefore, professionals should have periodic workshops for parents in addition to the usual conferences.

8. There seem to be only a limited number of vocational sheltered workshops for adolescents. These need to be available both on a residential and non-residential basis. Industry needs to be more involved in hiring the handicapped.

9. There is a desperate need for Day Care Services which are equipped to care for handicapped children.

10. All counties need to have the same regulations regarding foster care of children.

11. Emergency housing and/or short-term residential care should be made available to parents.

12. A report on the services to the handicapped should be available to anyone. Not only the heads of the Special Education departments in the public schools, but administrators of programs and parents should be informed on where funding comes from, how money is dispersed, etc. The central agency should provide information on all services which exist in the state.

Thank you for your consideration in these matters.

Sincerely,

Sandy Barber
Sandy Barber
Social Worker

SB:bn

512 478-2581 919 WEST 28½ STREET AUSTIN, TEXAS 78705

RECOMMENDATIONS TO GOVERNOR'S COMMITTEE ON SERVICES TO CHILDREN & YOUTH

I. PERTAINING TO FOSTER CARE

At the local level it is becoming more and more difficult to maintain enough foster homes to meet the needs of children referred for foster care. Some of the difficulties in recruiting foster homes are the small monetary reimbursement in contrast to present cost of living; the absence of any liability coverage should injury occur to the foster child while he is in the care of foster parents; the expense of annual physical examinations required for foster parents and the requirements for a two-parent family with a mother who does not work outside the home.

As the new Family Code has been interpreted, it is necessary for infants awaiting adoption to remain in foster care much longer than previously. In the years prior to 1974, we were able to place the healthy caucasian infant born to a femme sole mother by the time the child was a month old. Under the present law, the child must remain in foster care until the petition to terminate the parent-child relationship has been adjudicated. A time span of two to three months seems to be the average wait at present, although we have requested an early setting on the court docket.

Another solution to the need for foster homes would be a homemaker service. If trained mature women were available from some reputable provider, and could be placed in families where the mother is temporarily unable to perform her duties, the children in that family could remain at home and avoid foster care. Other values to homemaker service would include the avoidance of separation of the children, a change in schools and the trauma of moving to an unknown family.

A third solution to the deficit of foster home spaces would be the establishment of a receiving home or emergency shelter. Many children remain in foster care for brief periods of time; i.e., the child who is referred because his parents have been jailed. If there were a temporary facility available, the child could be cared for until he could be returned to his family or, if longer foster care is indicated, an assessment could be made as to which foster home would best meet his needs. With this additional knowledge in the decision-making process, it is hoped moves from one foster home to another could be avoided.

March 4, 1974

Miss Sara E. Ward, ACSW
Supervisor II

II. PERTAINING TO INSTITUTIONS

The outstanding, imperative and immediate need is for a child-caring facility to provide for youth who do not meet admission criteria of the traditional institution. Children who are dangerous to themselves and others, children in need of supervision, chronic runaways, truants, and emotionally disturbed children need a structured residential setting where they can be contained long enough to respond to case-work services.

An institution or several group homes is essential to provide facilities to maintain those who will not be able to remain voluntarily.

A facility with professionally trained mental health staff being the house-parents could provide the therapy needed by the mentally ill child too disturbed to live in a conventional setting.

A children's home with several "layers" of protection could be utilized for 1) the child who must be restrained; 2) the child whose ego is developing but still needs to be reinforced by firmness and 3) the child who has worked through the first and second stages and can be expected to return to a conventional care plan.

March 4, 1974

(Miss) Sara E. Ward, ACSW
Supervisor II

TASC IS AN EXPRESSION OF TEXAS' CONCERN FOR HER CHILDREN

3626 No. Hall St., Suite 720
Dallas, Texas 75219

May 31, 1974

Dr. Thomas D. Horn, Chairman
Texas Commission on Services to Children and Youth
611 S. Congress, Room 2-26
Austin, Texas 78704

Dear Doctor Horn:

The Mental Health Association of Dallas County, after completing a comprehensive study of mental health services for children in Dallas County, has made several very important recommendations to the Governor's Task Force on Youth Care and Rehabilitation.

The Association has determined that residential mental health treatment programs here in the community for children under 12 years of age are the top priority need and urges that such residential treatment programs take precedence over the in-patient unit in Terrell State Hospital which serves Dallas. Parents are reluctant to use institutional treatment facilities way out in the boondocks for little children, and youngsters are reluctant to be far away from their homes. Their needs could far better be served by local treatment facilities here in Dallas.

In addition, the Mental Health Association of Dallas County has recommended that the Texas Youth Council place heavy emphasis upon having a variety of community-based services for treating children and adolescents. This would be furthered by removing the line item budget appropriation for the Texas Youth Council, which is a barrier to treating children in the community. A specific concern is the very successful program of the Girls Adventure Trails, a year-round community service for emotionally disturbed girls ages 10 to 15. The Mental Health Association has recommended that Girls Adventure Trails be brought under the auspices of the Texas Youth Council.

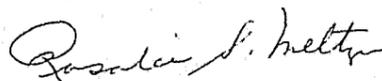
The North Texas chapter of the Texas Association of Services for Children is an association of 48 individual and 20 agency members who are directly involved in serving children. We are all deeply concerned with the needs of children in this area.

We have carefully considered the recommendations made by the Mental Health Association and they speak to the same needs and problems that we have been concerned about for some time.

Page 2

We heartily agree with the Mental Health Association on all of its recommendations and we strongly endorse the concept of a variety of locally based mental health treatment facilities in preference to out-of-town institutional treatment. Many local programs of different types are functioning successfully to help children in or near their homes. We agree that this is the best way to help children, and we urge the Texas Commission on Services to Children and Youth to use all the resources at its disposal to encourage the implementation of these recommendations.

Respectfully,



Rosalie S. Meltzer, ACSW
President
North Texas Chapter

RSM:eg

cc: Sam J. Castleberry

PROPOSAL

CENTER FOR SERVICES TO CHILDREN AND YOUTH

Presented to

Texas Commission on Services to Children & Youth
August 16, 1973

CHAIRMAN, CURRICULUM & INSTRUCTION 41	
Acknowledged.....
REC'D AUG 23 1973	
Refer to.....
Please Answer.....	in. only.....
Retain.....	Return.....

Members of the Commission, it is a pleasure to be able to join you today and to have the opportunity to express my personal feelings concerning services to children and youth.

Let me preface my remarks by saying that I am by no means an expert in this field, but let me also say that my interest in youth is genuine and is a integral part in my life. So that you can better understand me and my suggestions let me give you just a very brief outline of my involvement with children and youth.

A number of years ago I served on the Tarrant County Grand Jury and thus was responsible for numerous indictments returned against young individuals for drug abuse. After my term I decided there was bound to be a better way and that perhaps even though I was not a lawyer, doctor, or law enforcement officer, there was some way I could help.

For three years I spoke extensively on the subject of drug abuse to both young and old alike. Also during this time I worked with many young addicts and runaways. I advocated a Drug Treatment Center where these individuals could go day or night to receive professional medical attention and yet their confidence would be maintained. I am pleased to say that the Drug Treatment Center has been in operation for the past three years and now has a number of outreach programs in the black, chicano, and middle white communities. There is also a therapeutic community due to open in the near future.

CENTER FOR SERVICES TO CHILDREN & YOUTH
Page 2
8/16/73

I served in the 62nd Legislature as a member of the Texas House of Representatives. One of the committees to which I was appointed was juvenile crime and delinquency. I authored and passed legislation for young people including the establishment and phase one construction of the new Mental Health Mental Retardation facility to be located in the southern part of Tarrant County.

Last year I attended a child abuse conference which was also held here in Arlington. Through my interest I became a member of the Children's Committee of the Tarrant County Mental Health Association. It was through this committee that I learned of my personal knowledge what I feel are the fallacies involved with the services to children and youth.

We have literally hundreds of agencies here in Tarrant County designed to assist and render services to this vital area. Through many hours of research I have itemized each of these agencies and the services they provide. To read the list would take the rest of the afternoon and part of tomorrow. I feel the best way to approach a problem is directly.

What is the problem? The problem is that certain needs of children and youth are not being met here in Tarrant County. For example: You have on the one hand, children who are mentally retarded and on the other extreme, you have children who are criminally involved but somewhere in the middle are the children and youth who are "emotionally disturbed" thus, they slip through existing programs because there is nothing designed to meet their needs and assist them in their very difficult adjustments. To further define the problems:

CENTER FOR SERVICES TO CHILDREN & YOUTH
Page 3
8/16/73

- A. Service agencies, even United Fund, are in need of coordinating assistance.
1. Communication between and among them are very poor.
 2. Available data is inadequate for understanding needs and available resources.
 3. We lack a central register or record system of child abusers and other family assisted needs.
 4. We lack joint administrative planning.
 5. We lack joint staff handling of clients (Team Approach).
 6. We lack sufficient funds for service delivery systems.

Here is my suggestion to a possible solution to some of these problem areas: I advocate the establishment of a CENTER FOR SERVICES TO CHILDREN AND YOUTH to which hereafter will be referred to as the CSCY. This Center would act as the nucleus of a total network of services. Basically its function would be:

1. Intake
2. Assessment and Determination
3. Action to Insure Delivery of Services
4. Follow-up

Inclusive would be:

- A. A 24 HOUR EMERGENCY CLINIC which would be manned by at least one RN at all times and a Doctor on 24 hour call.

- B. A 24 HOUR NURSERY also manned by professional staff.
- C. The 24 HOUR EMERGENCY SHELTER which is already functioning.
- D. A 24 HOUR OPERATOR which could possibly be the existing Crisis Intervention Program.
- E. A possible suggestion for the central record system for child abusers and other family assisted needs could be the utilization of the County's recently purchased computer.

The CSCY could eliminate certain duplication of services, utilize a joint effort to secure funding from whatever feasible source is available, and be in a position to readily handle virtually any situation concerning children and youth in Tarrant County. This Center would be especially useful in providing the emergency services needed for abused children which we all agree Tarrant County has had its share; perhaps more than its share. The CSCY would also have a task force which includes virtually every possible area where children and youth are involved.

The Center of which I speak at this time seems very remote, but at one time so did the Drug Treatment Center. To my mind the establishment of a CSCY would incorporate all of the existing services into one effective network. This network could then act as a "Safety Net" to catch all of the children who slip through the existing programs and thus become lost in the shuffle of life.

Prepared by
Mike Moncrief

CONCLUSIONS AND FINDINGS

Conclusions

As has been pointed out before, inferences and conclusions drawn from this data should be regarded with caution and an understanding that the subjective elements involved in the data analysis make precise quantitative conclusions impossible. The conclusions which follow are not unequivocal, proven fact, but inferences and interpretations based upon the available data. With the above in mind, the following are the conclusions drawn from the forum data.

The input received through the forums varied significantly in content and emphasis from forum to forum, leading us to believe there are regional and local differences in need perceptions, which must be taken into consideration in any needs assessment activity.

Some of the differences in need perception can be attributed to differences in participant characteristics between forums. The characteristics measured, which may influence the need perception are the kind of employment, salary level, ethnic background, sex, and location of home (i.e. innercity, suburb, rural). These variables should be controlled or allowed for in any needs assessment activity. All of the variability cannot be attributed to differences in participant characteristics; indeed, only three statistically significant relationships appeared between participant characteristics and need perception. These relationships were between the health and nutrition need category, and the characteristics of salary level, location of home and sex.

Based upon frequency of occurrence, the coordination priorities, accountability of agencies and public information category was most strongly felt. The education category was second, general needs third, health and nutrition fourth, out-of-home child care fifth, financing sixth and rights and legal protection seventh.

The most strongly felt specific need (again based on frequency of occurrence) is the general need to expand and extend currently existing services and fill gaps. Using the frequency data, it is possible to group the specific needs into priority levels. The first three priority levels are:

Priority 1

- A. A general need to expand existing services and fill existing gaps.

Priority 2

- A. A need to coordinate the efforts of the different agencies, particularly at the local level.
- B. A need for preventive and early identification programs for health, learning and behavioral problems.
- C. A need to educate the public about services for children and youth to both inform the public and influence attitudes.

Priority 3

- A. A need for more foster homes, half-way houses and other temporary or transitional residential facilities.
- B. A need for parenting education.
- C. A need to extend the financial effort of the State to provide necessary services.
- D. A need to treat the total family in cases of disabilities and/or behavioral problems of children.
- E. A need for every child to have the opportunity for free public education in a pattern that meets his needs.
- F. The public schools should be made a focal point for a coordination function to serve families and service agencies.
- G. A need to compile and distribute to all persons dealing with young children, an index of available services at the local level.

From the priority levels, it appears that the participants feel the services being rendered are directed at the proper needs, but are not meeting the current demand. The inferences are that greater funding, more caseworkers, and more liberal eligibility rules will go a long way towards meeting perceived needs and filling gaps.

From the analysis of the need categories, it appears that the participants view the important elements of local coordination to be information sharing between agencies and the public, public education programs, and communication between agencies.

The input from forum participants indicates a desire to expand the role of the public school beyond its current limits. The school is seen as having a major role in coordination of children and youth services, parenting education and as a tool for bringing about social change.

There appears to be a strong desire on the part of the participants to see our public schools move towards individualized instruction, eliminating labeling and grouping while providing a sufficient number of alternative paths through the educational system to meet individual needs and provide equal opportunity for each child to achieve his maximum potential.

Health and nutrition needs were acutely felt by low income and poverty level participants. The greatest expressed need was for preventive and early detection programs. The Commission currently has a special committee studying health, nutrition and early screening, and their report will contain detailed conclusions and recommendations.

The participants appeared to feel strongly that public education with respect to available services for children and youth and parenting education were much needed programs.

Findings and Directions

The Texas Commission on Services to Children and Youth finds the following to be indicated from the forum analysis:

1. That a high priority be given to identify expanding existing services of proven worth and effectiveness by increasing their financial resource allocation and making their eligibility requirements flexible enough to fill gaps in services which exist because some individuals are just outside eligibility requirements.
2. That coordination at the local level be encouraged by:
 - a. allocation of sufficient resources to lighten the case-loads of the local workers so that they have time to perform coordination activities.
 - b. service delivery agencies uniformly specify and make a part of the job descriptions of caseworker coordination activities.
 - c. inservice training programs be developed which include instruction on how to perform coordination activities.
 - d. employ evaluations for merit raises, based, in part, upon performance of coordination activities.
3. Since a special report from the Texas Commission on Services to Children and Youth committee on health, nutrition and screening will contain a detailed treatment of this subject, we will do no more here than to make a clear priority statement. Because the long-term and devastating effects of failure to meet these needs impacts upon individuals, families, society and the economy, we must place these needs of children and youth in the highest priority category of all State needs.
4. The apparent desire to expand the role of the public school system leads us to believe that a study should be undertaken to determine the current role and objectives of the local school system in Texas; if the role and objectives should be changed or expanded; and if so, how?
5. There appears to be a great need for parenting education. The apparent lack of effectiveness of alcohol education and drug abuse education in the public school curriculum leads us to believe that alternative means of implementing a parenting education program must be found. There is a need for one agency to be mandated and funded to plan, prepare and implement a parenting education program which has the following characteristics:
 - a. modular curriculum suitable for individualized, self-paced instruction or individual home study.
 - b. alternative curriculum modules utilizing modern technology (i.e. audio-tapes, slides, movies, video tape, programmed texts) and aimed to cover all levels with respect to reading level and language.
 - c. instructor's guides which would make it possible for local groups, public health nurses, extension agents

and others to initiate their own programs at the local level.

- d. that the program be made available through continuing education, adult education, public health, county agent and extension programs.
6. That the priority levels identified through the forums be used as a guide by the Legislative Budget Board and the Legislature in evaluating proposed programs and in setting priorities for the allocation of the State's financial resources.
7. That needs assessments of agencies be examined to determine that they have measured and taken into account during program planning the local and regional differences in needs.
8. Because of the current efforts already underway in the Governor's Office (OIS) to create a catalogue of available social health and rehabilitative services, this Office is in a strategic position to help implement a public education program about available services for children and youth. We recognize that some agency must be mandated and funded to plan and implement (utilizing the work and expertise of the Office of Information Services) such a public education program.
9. The TCSCY agrees with the forum participants' expressed desire for the public schools to move toward individualized instruction. We feel that the technology currently exists (i.e. television, audio tapes, video tapes, holography, computers, etc.) to design and implement a workable, individualized instructional system, which will optimize the effectiveness of the human elements of the system (i.e. the students and teachers). We feel that a system utilizing contingency management techniques, audio visual technology, computer aided instruction, computer managed instruction under teacher-student control is the most effective way to meet the individual needs of each student and provide alternative pathways through the curriculum and maturation process. Such a system should be designed so that grouping and labeling are no longer needed or used. Special needs, including those of the handicapped, the gifted, bilingual education, and youth requiring vocational training should be met on an individual basis. The need for physically different alternative schools and resulting defacto labeling and separation would be eliminated. The technology exists; the commitment of financial resources does not. We recommend that the Texas Education Agency be sufficiently funded and mandated to continue its efforts to develop an individualized system of instruction, and begin to pilot test and evaluate components of the system as they are developed.

Need	GENERAL NEEDS	Rank	Frequency Index
1.	a general need to expand existing services and fill existing gaps, largely community-based service facilities, residential care centers, health care, nutritional supplements, recreational facilities and employment opportunities (for children under 16)	1	100
2.	a need to coordinate the efforts of the different agencies particularly at the local level	2	50
3.	a need for preventive and early identification programs for health, learning and behavioral problems	2	50
4.	a need to educate the public about services for children and youth to both inform the public and influence attitudes	3	48
5.	a need for more foster homes, half-way houses and other temporary or transitional residential facilities	4	38
6.	a need for parenting education	4	38
7.	a need to extend the financial effort of the state to provide necessary services	5	37
8.	a need to treat the total family in cases of disabilities and/or behavioral problems of children	6	31
9.	a need for every child to have the opportunity for free public education in a pattern that meets his needs	7	28
10.	the public schools should be a focal point for a coordination function to serve families and service agencies	8	26
11.	a need to compile and distribute to all persons dealing with young children, an index of available services at the local level	8	26
12.	there is a need for alternative schools and/or courses of study	9	25
13.	there is a need for sex education, family planning and genetic counseling programs	9	25
14.	a need for priority setting in spending public funds	9	25
15.	a need for teacher training to include diagnostic skills for physical and emotional problems	9	25

(continued)

Need	Rank	Frequency Index
16. a need to extend the same level of services to rural citizens as to urban and suburban citizens	10	23
17. a need to decentralize and decrease distance between actual and institutional homes	10	23
18. a need for communication between agencies, particularly at the local level	10	23
19. a need for public education programs aimed at prevention of children and youth problems	11	22
20. a need for additional attention to treating and preventing problems leading to troubled, disturbed and neglected children and youth	12	19
21. a need for group or umbrella services based on consumer need	13	18
22. a need for study and research of the "drop-out" problem	13	18
23. a need for career education	14	16
24. a need for child advocacy	14	16
25. a need to supply the basics of health care and nutrition	15	15
26. a need for service to youth between 12 and 16 where there appears to be a large gap in services	15	15
27. a need to examine the minimum standards for child care facilities and personnel	15	15
28. a need to expand technical and vocational education programs while stressing career education	15	15
29. a need to form professional-consumer teams at the local level to determine needed services	16	13
30. a need to utilize out-of-home care as a preventive service	17	12
31. a need for after school involvement (supervision) of school children	18	10

(continued)

Need	Rank	Frequency Index
32. a need to provide more treatment and rehabilitation for children and youth with drug abuse problems	19	9
33. a need for a bilingual education program for all students initiated in a manner similar to kindergarten education	19	9
34. a need for a system of accountability for agencies	19	9
35. a need for a statewide plan for coordinating services to young children and their families	19	9
36. a need for day care facilities for children available to all mothers who want it	20	7
37. a need for increased effort in identifying and enriching programs for the gifted	20	7
38. a need for continued and extended support for special education programs	20	7
39. a need to develop a team approach by agencies to facilitate local coordination	20	7
40. a need to prevent mistreatment of children and youth while institutionalized	20	7
41. a need to decrease caseloads of caseworkers	21	6
42. a need to expand child development aid training programs	21	6
43. a need to prevent the isolation of exceptional and troubled children from normal children in schools and society	21	6
44. a need to develop other approaches in addition to the medical model (treatment aimed at the "sick" child) for helping disturbed, troubled and/or delinquent children	21	6
45. a need to refine and broaden legislation for legal protection of children	21	6
46. a need for transportation to service centers for rural residents	22	4
47. a need for additional day care facilities for handicapped children	22	4

(continued)

Need	Rank	Frequency Index
48. a need to prevent psychological problems evolving from an institution serving as a "home" for children and youth	22	4
49. a need to eliminate impediments to hiring youth between the ages of 16 and 18	22	4
50. a need for work level staff to be involved in agreements between agencies	22	4
51. a need for standardization of eligibility from agency to agency	22	4
52. a need to eliminate duplication of efforts and services	22	4
53. a need to specify rights and safeguards for individuals in computer data banks	22	4
54. a need for a bilingual staff to meet the needs of non-English speaking consumers	23	3
55. a need to protect the right of welfare mothers not to work rather than accept substitute child care	23	3
56. a need to avoid counseling students from minority groups into low status vocational or academic programs	23	3
57. a need to increase enforcement of immunization laws and extend them to pre-school age groups	24	1
58. a need to increase efforts to children of transient families	24	1
59. a need to establish a program for the very young emotionally disturbed	24	1
60. a need for fiscal accountability in the delivery of services	24	1
61. a need to stop funding of new or extended services unless coordination is planned and demonstrated	24	1
62. a need to lessen penalties for certain drug violations	24	1
63. a need for greater drug education	24	1

FREQUENCY OF OCCURRENCE BY FORUM

Need	Arlington	Houston	Amarillo	Longview	Austin	San Antonio	Corpus Christi	El Paso	Abilene
1	8	7	7	4	6	13	14	6	8
2	4	3	0	2	3	9	2	7	4
3	7	4	2	1	3	3	1	7	6
4	3	2	2	4	1	3	3	8	7
5	1	2	4	1	5	4	6	1	2
6	3	2	1	0	2	5	3	8	2
7	1	0	1	1	4	3	4	7	4
8	4	2	0	0	2	4	1	6	2
9	1	2	1	0	0	4	2	4	4
10	3	2	3	0	3	6	0	1	0
11	3	4	2	3	2	2	1	0	1
12	1	3	2	0	0	1	0	8	2
13	0	3	4	0	2	3	2	3	0
14	3	1	0	1	2	3	2	2	3
15	1	2	1	1	3	2	2	2	3
16	0	2	1	4	2	4	2	1	0
17	2	1	1	3	0	3	2	2	2
18	4	1	1	2	1	1	1	1	4
19	5	0	0	0	0	2	2	2	4
20	4	3	2	1	3	0	0	0	0
21	2	0	1	0	1	2	5	0	1
22	2	1	2	3	1	0	1	1	1
23	0	1	0	0	1	1	1	5	2
24	2	1	1	0	1	3	0	1	2
25	2	0	0	0	4	0	0	4	0
26	2	1	1	0	1	1	0	4	0
27	0	1	3	1	1	0	0	2	2
28	1	0	0	0	0	2	0	4	3
29	0	2	0	0	0	0	0	4	3
30	3	1	1	0	1	2	0	0	0
31	2	1	1	0	1	0	0	2	0
32	1	1	1	1	2	0	0	0	0
33	0	0	0	0	0	1	0	4	1
34	2	1	0	0	3	0	0	0	0
35	3	1	0	0	0	2	0	0	0
36	0	1	2	0	0	0	2	0	0
37	0	1	0	0	3	0	0	0	1
38	1	0	1	1	2	0	0	0	0
39	2	1	1	0	0	0	0	0	1
40	2	0	0	0	0	2	1	0	0
41	0	1	0	1	0	0	0	2	0
42	1	1	0	0	0	0	0	1	1
43	2	0	0	1	1	0	0	0	0
44	1	0	0	0	0	0	2	1	0
45	0	0	0	0	0	3	0	1	0
46	0	1	1	0	1	0	0	0	0
47	0	2	0	0	0	1	0	0	0
48	1	0	0	0	0	0	0	2	0
49	1	0	0	0	2	0	0	0	0
50	0	1	0	0	0	1	0	1	0
51	2	1	0	0	0	0	0	0	0
52	1	1	0	0	1	0	0	0	0

(continued)

(continued)

Need	Arlington	Houston	Amarillo	Longview	Austin	San Antonio	Corpus Christi	El Paso	Abilene
53	1	1	0	0	1	0	0	0	0
54	0	1	0	0	0	0	0	0	1
55	0	2	0	0	0	0	0	0	0
56	0	2	0	0	0	0	0	0	0
57	1	0	0	0	0	0	0	0	0
58	0	0	0	0	0	1	0	0	0
59	1	0	0	0	0	0	0	0	0
60	1	0	0	0	0	0	0	0	0
61	1	0	0	0	0	0	0	0	0
62	0	0	0	0	0	0	0	1	0
63	1	0	0	0	0	0	0	0	0
TOTAL	100	74	51	36	72	95	60	114	75

Texas Commission on Services to Children and Youth

PARTICIPANT QUESTIONNAIRE

As you know, this forum is conducted for the purpose of identifying problems and seeking suggested solutions to these problems. Based upon the information gathered at this and other forums, the Texas Commission on Services to Children and Youth will make recommendations for legislation to our Governor and state Legislature.

When these recommendations are made, it will be important that we be able to describe the cross section of people who participated in these forums. To help us in this description, we ask that you complete the following questionnaire. Please do not sign or give your name; we wish that the data be completely anonymous.

At the end of the questionnaire, there is space for you to write any comments or recommendations you have. We ask that you hold your questionnaires until the end of the forum, and at this time, complete the last portion of the questionnaire.

PARTICIPANT QUESTIONNAIRE

Check the appropriate response to fill in the blank.

Employed Yes No

Occupation _____
 Female Male

Salary \$0 to \$2,000
 \$2,001 to \$4,000
 \$4,001 to \$6,000
 \$6,001 to \$8,000
 \$8,001 to \$10,000
 above \$10,000

Ethnic Background
 American Indian
 Black
 Spanish Surname
 Anglo
 other (specify) _____

Location of Home
 Innercity or town
 suburb
 rural

Name of city or town _____
 Name of closest city or town _____

Employer
 State
 Federal
 County
 City
 Public School System
 Private
 Other (specify) _____

Age _____

Comments or Recommendations: _____

TO THE READER:

If you wish to receive any of the Commission's other reports, please check:

Health, Nutrition and Screening _____

Status Report on the Recommendations of the
~~1970 Governor's Conference on Children and Youth~~ _____

The Texas Commission on Services to Children
 and Youth Annual Report _____

If you have checked any of the above reports, return this coupon to the Commission Office at this address:

Texas Commission on Services to Children and Youth
 P. O. Box 13166
 Capitol Station
 Austin, Texas 78711

Name: _____

Street: _____

City or Town: _____ State _____

Zip Code: _____

END