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WEST REGION

Juvenile Justice Continuum of Care Report

A Playbook for Advancing Diversion & Keeping Youth Closer to Home

DECEMBER 2025



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This report was developed by the Meadows Mental Health Policy Institute in close partnership with TJJD as part of a collaborative statewide effort to assess regional strengths, identify service gaps, and support the ongoing development of a stronger youth justice continuum of care across Texas.

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TEXAS JUVENILE JUSTICE CONTINUUM OF CARE

WEST REGION

KEY FINDINGS & STRATEGIC PRIORITIES



REGIONAL SNAPSHOT

One of Texas' largest and most geographically dispersed regions with 52 counties and 27 juvenile departments.

Anchored by El Paso County, the region includes a mix of urban hubs, mid-sized communities, and vast rural/frontier counties.

Long travel distances and limited provider capacity shape access to services and system design.

Smaller departments rely on innovation, partnerships, and shared resources to serve youth and families.

WEST REGION COUNTIES



ABOUT THE CONTINUUM OF CARE (CoC) PROJECT

The Continuum of Care (CoC) Project, led by the Texas Juvenile Justice Department in partnership with Meadows Mental Health Policy Institute, engaged youth, families, system leaders, and community partners across Texas to assess strengths, identify gaps, and build a shared vision for a coordinated, community-based system of care.

The goal is to ensure youth have access to the right support, in the right place, at the right time—reducing unnecessary justice system involvement and improving outcomes.



WANT TO READ MORE?

Dive deeper into data, resources, and recommendations in the full West Region CoC Report.



SCAN HERE

to access the full regional report

KEY FINDINGS: STRENGTHS, CHALLENGES & OPPORTUNITIES



1. STRONG LOCAL INNOVATION & PROBLEM-SOLVING

- Departments adapt services creatively despite limited resources.
- Direct contracts with local providers and university partnerships (e.g., Texas Tech).
- Growing use of telehealth and flexible service models.



2. EMERGING BEHAVIORAL HEALTH PARTNERSHIPS

- Existing relationships with universities and providers (Charlie Health, Texas Tech).
- Early examples of shared or rotating clinicians across counties.



3. MOMENTUM FOR REGIONAL COLLABORATION

- Strong interest in pooling resources and working across counties.
- Engagement from probation, schools, LMHAs, and law enforcement.
- Shared appetite for regional solutions and pilots.



4. SCHOOL-BASED DIVERSION FOUNDATIONS

- Existing First Offender and deferred prosecution models.
- Opportunities to scale consistent diversion approaches across ISDs.



5. LIMITATIONS & ACCESS CHALLENGES

- Heavy reliance on justice system entry to access care.
- Gaps in crisis services, outpatient care, and ongoing treatment.
- Geographic & transportation barriers limit access.



6. INCONSISTENT SYSTEM COORDINATION

- Variation in diversion pathways across counties and schools.
- Limited formal coordination between probation, schools, DFPS, and LMHAs.
- Reliance on informal relationships.



WHAT YOUTH & FAMILIES SAID

- "We were asking for help way before probation."
- Transportation is a major barrier to accessing services.
- Schools often escalate behavior instead of diverting.
- Lack of safe spaces and structured activities increases risk.
- Frustration with systems asking for input but not acting on it.



TOP CHALLENGES IDENTIFIED



STRATEGIC PRIORITIES FOR ACTION

1



Build Regional Behavioral Health Infrastructure

Shared clinicians, telehealth expansion, and university partnerships to grow workforce and capacity.

2



Formalize Regional Collaboration

Create a West Texas Regional Services Compact to coordinate staffing, contracts, and shared priorities.

3



Expand School-Based Diversion

Standardize ISD-probation MOUs and scale First Offender and deferred prosecution models.

4



Strengthen Cross-System Coordination

Formalize partnerships with DFPS and LMHAs and establish regular cross-system case coordination.

5



Launch Regional Assessment & Diversion Center

Create a multi-agency hub for crisis response and screening—an alternative to detention.

IMMEDIATE NEXT STEPS



0-6 MONTHS

- Share report and align regional priorities
- Launch regional collaboration structure
- Begin planning for shared clinician pilot



6-12 MONTHS

- Pilot shared behavioral health staffing
- Develop school diversion MOUs
- Begin cross-system coordination frameworks



12+ MONTHS

- Launch assessment / diversion center pilot
- Scale regional service-sharing models
- Sustain long-term infrastructure

Project Overview & West Region Context

Project Overview and West Region Context

The **Texas Juvenile Justice Continuum of Care (CoC) Project** is a statewide strategic initiative focused on strengthening regional and local systems of care for youth at risk of entering or already involved in the juvenile justice system. Led through a partnership between the **Texas Juvenile Justice Department (TJJD)** and the **Meadows Mental Health Policy Institute** (Meadows Institute), the project was designed to assess existing service capacity, identify system strengths and gaps, and support the development of stronger, more coordinated pathways for prevention, diversion, intervention, and successful community reintegration for youth across Texas.

About the Meadows Institute

The [Meadows Mental Health Policy Institute](#) is a nonpartisan, nonprofit organization that works to improve mental health services through policy and practice innovation. In Texas and beyond, the Meadows Institute works with public agencies, providers, school systems, and community organizations to implement evidence-based strategies that improve outcomes for children, youth, and families.

The Meadows Institute brings deep expertise in systems mapping, behavioral health policy, and juvenile justice reform. In recent years, it has conducted dozens of regional and county-level assessments across Texas focused on school discipline, child welfare, mental health, and juvenile justice, identifying actionable solutions to strengthen community supports and reduce unnecessary system involvement.

Project Overview and Scope

This statewide and regional effort is designed to improve public safety and youth outcomes by diverting youth with lower risk profiles, especially those with unaddressed behavioral health needs, to alternative systems of support. This will not only improve child and youth wellbeing, but also allow the juvenile justice system to better specialize and provide more intensive supervision and services to youth with higher complexity and those who pose greater risks to the community. The overall goal is to build a comprehensive, community-grounded juvenile justice continuum of care model that prioritizes positive youth development, prevention, diversion, and access to high-quality treatment and supports.

The CoC initiative includes three primary deliverables:

1. A Statewide Findings and Recommendations Report
2. A region-specific “playbook” for each of TJJD’s seven regions (this report)
3. Implementation and sustainability tools to guide short- and long-term action

This report reflects the work completed in the TJJD West Region and is intended to serve as a planning tool for local and regional leaders, county departments, and cross-sector partners.¹

Methodology

On May 7, 2025, the Meadows Institute convened a West Region site visit and mapping session in Ector County as part of the statewide CoC initiative (see Appendix A for a list of participants and the event agenda). This regional session brought together juvenile probation chiefs and their staff from counties in the region to identify gaps, challenges, and priorities in diversion, intervention, and reentry.

The insights gathered during this convening formed the foundation for this report. To deepen the analysis, the project team also conducted additional research and data collection through:

- **Stakeholder interviews** with juvenile justice practitioners, school staff, mental health providers, and law enforcement
- **Focus groups** with youth and caregivers to capture firsthand experiences with the juvenile justice system led by the [Texas Network of Youth Services](#) (TNOYS)
- **Quantitative data analysis** of arrest and referral rates, supervision, recidivism, school discipline, and child welfare trends
- **Surveys** assessing the availability of local services, cross-system coordination, and barriers to care
- **Landscape and program reviews** including inventories of juvenile department services, behavioral health capacity, and cross-system programs
- **Best practice research** on evidence-based models for diversion, crisis response, and community-based alternatives

The findings presented in this report reflect the insights of more than a dozen county departments, multiple agency partners, and families and youth directly impacted by the system. All quotes and data are drawn from the West Region unless otherwise noted.

How to Use This Report

This regional report is part of a broader statewide assessment and should be read alongside the Texas Statewide Continuum of Care Findings and Recommendations Report and the Implementation and Sustainability Plan.

Each section of this document is designed to support different audiences:

¹ The West Region is described in detail below.

- **TJJD leadership, Regional Continuum of Care Coordinators, and regional support teams** can use the findings to align regional staffing, prioritize funding, and guide policy decisions.
- **County juvenile departments** can identify actionable strategies for expanding diversion, strengthening cross-system collaboration, and addressing service gaps.
- **Cross-system partners** in education, child welfare, behavioral health, and the nonprofit sector can use the analysis to strengthen coordination and better support shared youth populations.
- **Funders and policymakers** can draw from the data and recommendations to invest in sustainable, scalable strategies to reduce youth justice involvement and improve outcomes.

Taken together, the data snapshots, inventory tables, and regional recommendations are designed to be both informative and practical, offering a clear roadmap to build a more coordinated, community-based youth justice system across the West Region.

County Juvenile Justice System in the West Region

The West Region is one of [seven juvenile justice regions](#) established by TJJD through its [Regionalization Plan](#) to help keep youth closer to their homes and communities by strengthening local options and reducing reliance on state facilities. Within this area, juvenile justice services are organized into 27 county-based juvenile departments. Each department is anchored in one county but may serve surrounding counties, as well. In total, these 27 departments provide coverage for all 52 counties in the West Region (shown in Figure 1). This report focuses on the 27 “lead” counties where the departments are based.

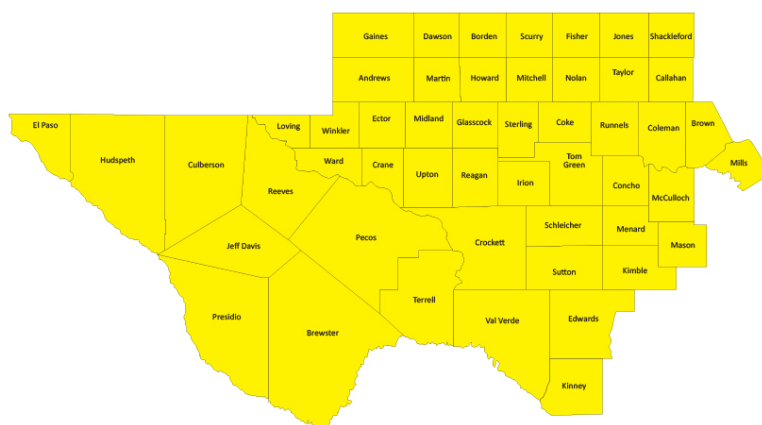


Figure 1. TJJD West Region

TJJD classifies juvenile departments as large, medium, or small, depending on the population served.² The West Region has one large department, four medium-sized departments, and 22 small departments (see Table 1).

² A department population size is large if their juvenile age population is 80,000 or more, medium if 7,500 to 79,999, and small if less than 7,500.

Table 1: Juvenile Departments in the West Region³

Size	#	County Juvenile Departments = 27
Large	1	El Paso
Medium	4	Ector, Midland, Taylor, Tom Green
Small	22	Andrews, Brewster, Brown, Callahan, Coke, Coleman, Crane, Culberson, Dawson, Gaines, Howard, Jones, McCulloch, Nolan, Pecos, Reeves, Scurry, Sutton, Upton, Val Verde, Ward, Winkler

Because some counties in the West Region are rural with smaller youth populations, a few departments serve multiple counties through a shared judicial district. In these cases, one lead county houses the department, which also provides services for the other counties in the district. For example, the 32nd Judicial District Department is based in Nolan County but also serves Fisher and Mitchell Counties. A full list of these multi-county arrangements is provided in the following table.

Table 2. Shared Judicial Districts in the West Region⁴

Judicial District	Counties Included (Lead County Listed First)
32ND	Nolan , Fisher, Mitchell
63RD/83RD	Val Verde , Kinney, Terrell
118TH	Howard , Glasscock, Martin
132ND	Scurry , Borden
259TH	Jones , Shackelford
452ND	McCulloch , Edwards, Kimble, Mason, Menard

Geographic Context of the West Region

TJJD's West Region spans the most expansive and sparsely populated area of the state, encompassing counties that reflect the geographic, cultural, and economic diversity of the Texas frontier. The region is anchored by El Paso County, the sole large urban county in the area, which sits on the U.S.–Mexico border and serves as a major international port of entry, cultural crossroads, and regional economic driver. El Paso's location presents both unique opportunities and distinct challenges, including binational youth movement, immigration-related service needs, and overlaps with federal and state agencies.

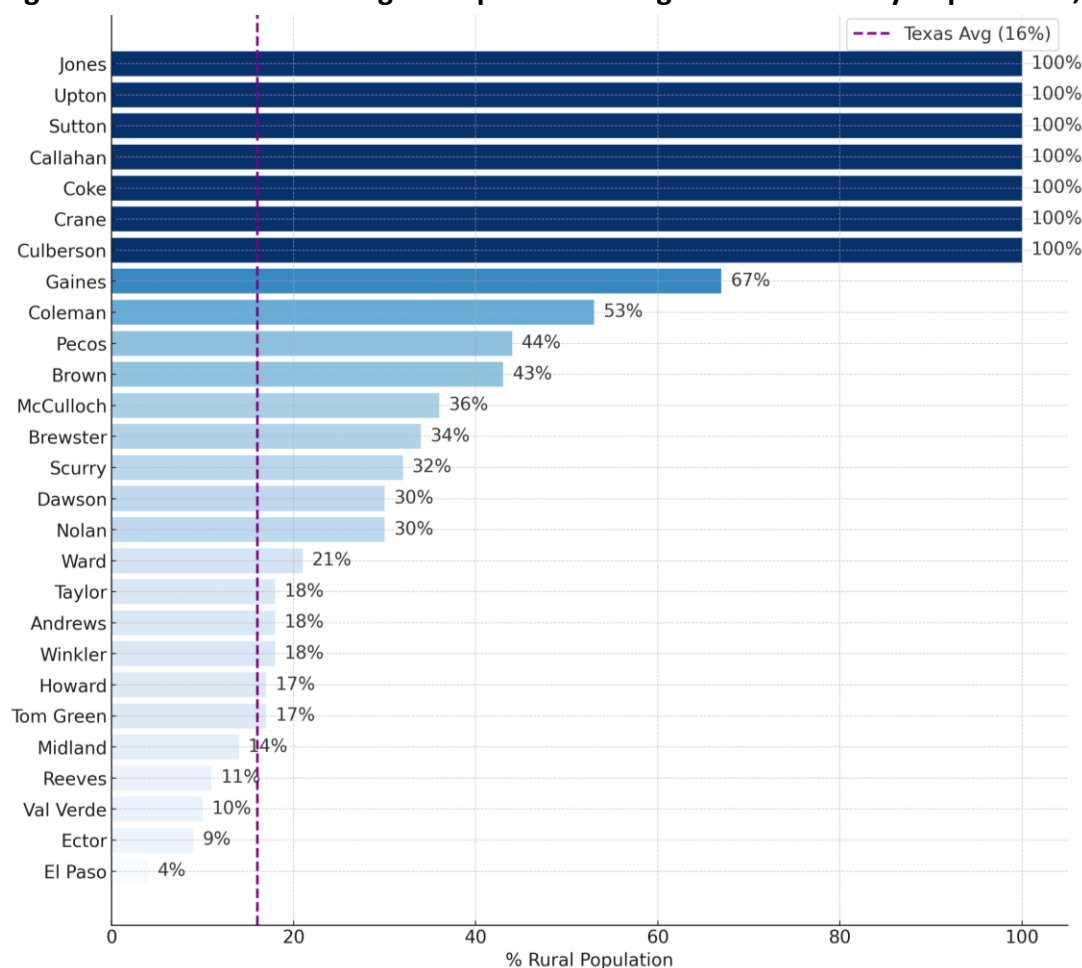
³ Texas Juvenile Justice Department. *County Profiles by Region, 2024*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

⁴ Texas Juvenile Justice Department. *County Profiles by Region, 2024*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

In addition to El Paso, the region includes a set of four medium-sized counties in the northeast quadrant—Ector, Midland, Taylor, and Tom Green—that function as regional hubs for health care, behavioral health, education, and juvenile justice operations. These counties serve large geographic catchment areas and often host the infrastructure that smaller, surrounding counties depend on for specialized services. Several are home to oilfield-driven economies, which brings a level of economic volatility and rapid population shifts that impacts housing stability, school enrollment consistency, and access to youth services during economic downturns.

The majority of the region consists of small, rural counties such as Brewster, Culberson, Reeves, and Upton, where services are limited by distance, workforce shortages, and geographic isolation (see Figure 2).

Figure 2. Percent of West Region Population Living in Rural Areas by Department, 2020⁵



⁵ Decennial Census Demographic and Housing Characteristics File, 2020. Retrieved from *County Health Rankings and Roadmaps, 2025 Texas Data*, University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

In many of these counties, youth must travel long distances to attend alternative education programs, meet with probation officers, or receive mental health treatment. Juvenile probation departments in these areas may consist of only one or two staff, limiting capacity to develop or sustain diversion programs or serve youth with complex needs.

Border and immigration dynamics also shape the region in profound ways. Val Verde, Presidio, El Paso, and Brewster counties which border Mexico, for example, face unique pressures due to federal immigration enforcement and Border Patrol activity, which can affect both family systems and the availability of community services. Youth in these areas may experience system involvement not only through juvenile justice pathways, but also through immigration systems and family separation due to deportation.

At the same time, strong community identity, interagency collaboration, and innovative rural service models have emerged as bright spots in the region, particularly where mobile services or regional collaboratives are used to stretch limited resources across wide geographies. Counties like Tom Green (San Angelo), Ector (Odessa), and El Paso are near or adjacent to military installations, and many families have military ties, shaping local culture and sometimes system expectations around discipline and structure. West Texas counties are deeply rooted in local values of self-reliance, faith, and tight-knit networks which can be a strength for community-based programming.

Chiefs in this region have a track record of working together informally to share transport, contract for services regionally, or co-train staff. The scale, isolation, and complexity of the West Texas Region require a tailored Continuum of Care that leverages regional partnerships, mobile and virtual delivery models, and state-level support to address gaps that small counties cannot fill alone.

West Region Resource Inventory & Gap Analysis

Regional Resource Inventory and Gap Analysis

This section provides a snapshot of the juvenile justice, behavioral health, prevention, education, and cross-system resources available across the West Region. Drawing on a landscape scan and local insights, the inventory highlights existing programs, services, facilities, and infrastructure that support youth diversion and treatment. It also surfaces structural and geographic disparities between urban and rural counties that contribute to uneven access to care. The analysis is organized by major resource categories, including juvenile justice department services, mental health and cross-system youth supports, and education and workforce assets. This inventory lays the groundwork for identifying both gaps and actionable strategies to strengthen the region's continuum of care.

Juvenile Justice Service Landscape in the West Region

The snapshot below reflects a portion of the infrastructure currently available within the juvenile justice system across the West Region. It highlights select programs in the local juvenile departments, ranging from in-house clinical staff and interventions to specialty courts.

Juvenile Department Services in the West Region

While not universally available, the table below includes select programs and interventions that are directly operated, contracted, or coordinated by county juvenile departments, as well as those supported through partnerships with courts and prosecutors. Isolating these justice-led programs from broader state agency initiatives helps clarify what is currently available within the system itself, where gaps remain, and where additional investment or cross-system collaboration may be needed to expand the continuum of care. A brief description of each program is provided in Appendix C.

Table 3. Select Juvenile Department Services in the West Region⁶

Program or Service	#	County/Provider
Alternative Referral Agreement with Prosecutor on File with TJJD, Texas Family Code 52.031(d)	1	Tom Green
Dialectical Behavior Therapy (DBT) Implementation	1	Ector
First Offender Programs, Texas Family Code 52.031	2	El Paso, Midland
Juvenile Justice Alternative Education Programs (JJAEPs)	2	El Paso, Taylor

⁶ This is not an exhaustive list. Additional programs and services also play a vital role in supporting youth and families but may not be captured here. As a next step, TJJD's Continuum of Care Coordinators will connect with every county in the West region to verify available programs and gather additional services not yet captured in this table. Their outreach will help ensure a more complete, regionwide inventory of department-led programs.

Program or Service	#	County/Provider
Special Needs Diversionary Programs (SNDP)	2	El Paso, Tom Green
TCOOMMI Detention Diversion Pilot Project	1	Ector
TJJD-Funded Prevention and Intervention Programs	2	El Paso, Tom Green
Trust Based Relational Intervention (TBRI) Implementation	2	Ector, El Paso, Tom Green
Youth Sequential Intercept Model (SIM) Mapping Completed	2	El Paso, Tom Green

Juvenile Specialty Courts in the West Region

The table below lists the three counties in the West Region with juvenile specialty courts, which provide targeted therapeutic responses for youth with complex needs such as substance use, mental health challenges, or high-risk behaviors.

Table 4. Juvenile Specialty Courts in the West Region⁷

Department	#	Specialty Courts
El Paso	2	1. El Paso County Juvenile Drug Treatment Court 2. Project HOPE Mental Health Court
Tom Green	1	1. Tom Green County Juvenile Drug Treatment Court
Val Verde	2	1. Juvenile/Mental Health Specialty Court 2. Val Verde County Juvenile Drug Treatment Court

In-House Mental Health Workforce in the West Region

Table 5 provides a snapshot of the type of licensed behavioral health professionals employed directly by juvenile probation departments across the West Region, reflecting the most recent self-reported data submitted to TJJD as of July 2024 (see Appendix D for a glossary of acronyms). These in-house clinicians play a critical role in delivering timely behavioral health services. However, only six departments were identified as having in-house clinicians at the time of data collection.

Table 5. Juvenile Department In-House Licensed Professionals in the West Region^{8,9}

⁷ Office of Court Administration. *Registered Specialty Courts*. Retrieved July 1, 2025 at <https://www.txcourts.gov/about-texas-courts/specialty-courts>

⁸ Texas Juvenile Justice Department. *Mental Health Professionals at Juvenile Probation Department County Directory*. Received by Meadows Institute from TJJD email communication on June 23, 2025. Note: data are self-reported as of July 2024 and may not capture contracted or informal arrangements.

⁹ See Appendix D for a glossary of acronyms.

Department	#	In-House Licensed Professionals
Ector	1	LPC-S
El Paso	10	LMSW, LCSW, LPC, LPC-A, LSOTP
Gaines	1	LCDC
Midland	1	LBSW
Taylor	1	LPC
Tom Green	2	LPC, LCSW

This inventory highlights wide variation in what supports are available to youth and families. Larger counties such as El Paso and Tom Green are able to offer a more comprehensive range of in-house programs, from specialized caseloads to evidence-based counseling and treatment. By contrast, many medium and small counties provide only the core probation services, relying on outside providers or neighboring counties when youth need more intensive or specialized interventions.

This uneven distribution of services underscores a key challenge: youth in smaller or rural counties often have fewer opportunities for diversion, treatment, or community supports close to home. Additionally, in some counties, basic prevention and family support programs are available only through schools or nonprofits, creating inconsistent access depending on geography and local partnerships.

Several departments have piloted innovative programs, such as Socorro ISD's First Offender Program to address felony THC vaping referrals by school-based law enforcement in El Paso County that could be replicated or shared regionally. Departments like Tom Green that have established Alternative Referral Agreements with prosecutors demonstrate how collaboration can expand diversion options even without new funding.¹⁰ Ector and Tom Green County departments have set up intern programs for master's level students pursuing licensure, helping build a local workforce pipeline.

Taken together, the service data suggest that building a more consistent continuum of care will require addressing two key needs: bolstering the service capacity of smaller departments while also expanding regional collaborations and shared contracts to ensure youth in every county can access core diversion, mental health, and family support services.

¹⁰ An Alternative Referral Agreement is a prosecutor-approved informal diversion allowed under Texas Family Code § 52.03(a)(2)(A), permitting a case to be handled by the juvenile department without formal court referral when the youth and family agree to specified conditions.

Discretionary State Aid (DSA) in the West Region

TJJD's [Discretionary State Aid](#) plays a pivotal role in building out the local continuum of care by enabling innovation at the county level to test and scale promising practices. DSA grants fill gaps where base funding is insufficient or restricted and supports cross-system collaboration (e.g., school-based, behavioral health, or regional service models). It also allows departments to tailor services to specific populations, such as girls or youth with complex needs. DSA investments reflect where counties are prioritizing need and where the state has an opportunity to support and sustain successful models. Tracking and analyzing these awards regionally can help identify both emerging best practices and areas that may require additional support or technical assistance.

The table below highlights DSA awards made to juvenile probation departments across the West Region between 2020 and 2024. DSA funds are awarded annually for up to six years.

Table 6. DSA Awards in the West Region, FY 2020-24¹¹

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year ¹²
El Paso	El Paso Challenge Academy	Residential Expansion	\$1,095,456	2024	8
El Paso	Restorative Circles	Prevention and Intervention	\$21,558	2022	50
Tom Green	6-Bed Pre-Adjudication Expansion	Detention Expansion	\$644,064	2024	6
Tom Green	Parent Mentoring Program	Prevention and Intervention	\$73,117	2022	50
Tom Green	Parent Mentoring Program	Community	\$106,550	2023	25
Total	5		\$1,940,745		

In July 2025, juvenile probation departments in the West Region submitted three applications for new DSA funding, requesting a combined total of \$657,676 to support local innovations, diversion programs, and community-based services. One was awarded for a total of \$114,908 to the region in 2025 (see Table 7).

¹¹ Texas Juvenile Justice Department. *Closer to Home Regionalization Plan*, December 2024.

<https://www.tjjd.texas.gov/wp-content/uploads/2024/11/TJJD-Biennial-Regionalization-Plan-2024.pdf>

¹² This data point was projected by the grantee during the grant application process and/or during the performance management process.

Table 7. DSA Applications Submitted in the West Region in 2025¹³

Applicant	Type	Description	Requested	Awarded
El Paso	Community	First Offender Program	\$114,908	\$114,908
Tom Green	Community	Early Intervention and Family Preservation	\$272,906	<i>Not awarded</i>
Tom Green	Community	Expand Existing Prevention Program	\$269,862	<i>Not awarded</i>
Total	3		\$657,676	\$114,908

Across all seven TJJD regions, there has been a notable increase in juvenile probation department interest in diversion and community-based alternatives. In July 2025, TJJD received over \$7 million in DSA funding requests for community and residential projects, but had only \$2.45 million available to distribute.¹⁴ This significant gap between demand and available resources highlights both the momentum behind local innovation and the financial constraints that limit broader implementation. With expanded DSA funding that prioritizes regional collaboration, more counties could replicate and scale promising models to serve a wider range of youth across the continuum.

Juvenile Justice Facilities in the West Region

Understanding where beds for youth are available at various juvenile justice intercepts (pre- and post-adjudication) and whether facilities share residential space through contracts with other counties has implications for regional capacity and access to services. It also surfaces opportunities to shift resources away from detention and into diversion, treatment, and community-based supports, and highlights areas where facility-based programming may be expanded or replicated in other locations. The table below provides an overview of juvenile facilities in the West Region. A glossary of facility types can be found in Appendix C.

Table 8. Juvenile Correctional Facilities in the West Region^{15,16,17}

County	Juvenile Justice Facility	Populations Served and Special Programs
Pre-Adjudication Detention Facilities		

¹³ Texas Juvenile Justice Department. *DSA Grant Applications, 2025*. Received by Meadows Institute from TJJD email communication on August 1, 2025.

¹⁴ Texas Juvenile Justice Department. *DSA Grant Applications, 2025*.

¹⁵ Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, CY 2024*.
<https://www2.tjjd.texas.gov/publications/other/searchfacilityregistry.aspx>

¹⁶ Texas Juvenile Justice Department. *Closer to Home Regionalization Plan, December 2024*.

¹⁷ Texas Juvenile Justice Department. *Facility Handbook, Version Four, September 2025*.
<https://www.tjjd.texas.gov/wp-content/uploads/2025/08/FacilityHandbook-V4.pdf>

County	Juvenile Justice Facility	Populations Served and Special Programs
Brown	Ray West Juvenile Justice Center	None listed in registry
Ector	Ector County Youth Center	None listed in registry
El Paso	El Paso County Juvenile Detention Center	None listed in registry
Midland	Barbara Culver Juvenile Detention Center	None listed in registry
Taylor	Taylor County Juvenile Detention Center	None listed in registry
Tom Green	Tom Green County Juvenile Detention Center	None listed in registry
Val Verde	Val Verde County Juvenile Detention Center	None listed in registry
County Secure Post-Adjudication Facilities		
El Paso	Samuel F. Santana Challenge Program	Males/Females
Private Secure Post-Adjudication Facilities		
Brown	The Oaks Brownwood	Males

The West Region's facility landscape is limited and geographically dispersed, with seven detention centers spread across a vast area. Post-adjudication capacity is even more constrained. El Paso operates the region's only county-run secure post-adjudication program and the region has no nonsecure post-adjudication options and only one private secure program which serves only male youth and offers limited specialization. As a result, many West Region youth requiring placement must be sent out of region, disrupting family engagement and continuity of care. Both Ector and Midland counties are planning for new facility builds in the near future.

Table 9. Summary of Juvenile Justice Infrastructure in the West Region¹⁸

Regional Resource	#	Details
DSA Grants Awarded (2020-24)	5	5 active projects, \$1,940,745 awarded per year
DSA Grants Awarded (2025)	1	1 award, \$114,908 awarded
Post-Adjudication Facilities	2	149 beds total (rated capacity from Facility Registry)
Pre-Adjudication Detention Facilities	7	206 beds total (rated capacity from Facility Registry)
Regional Diversion Alternatives (RDA) Applications in 2023	33	26 approved, 27 youth placed

¹⁸ Texas Juvenile Justice Department. *Closer to Home Regionalization Plan*, December 2024.

Regional Resource	#	Details
TJJD Program Registry Listings ¹⁹	173	56 contract, 70 in house, 9 LMHA, 11 private, 27 other

Behavioral Health Service Landscape in the West Region

Access to timely, high-quality behavioral health services is a cornerstone of an effective continuum of care. In the West Region, juvenile departments identified mental health and substance use treatment capacity as both a critical need and a persistent challenge. This section examines the availability of community-based behavioral health providers, including Local Mental Health Authorities (LMHAs), Local Intellectual and Developmental Disability Authorities (LIDDAs), and complementary public resources such as Federally Qualified Health Centers (FQHCs).

LMHAs and LIDDAs in the West Region

Juvenile probation departments in the West Region fall within the service areas of seven LMHAs and LIDDAs. The table below maps each department to the provider responsible for coordinating and delivering community-based mental health and IDD services for eligible youth and families in that area. Because LMHA and LIDDA service areas do not align with TJJD regional boundaries, several of these organizations also serve counties in other TJJD regions.

Table 10. LMHAs and LIDDAs Serving the West Region^{20,21}

LMHA/LIDDA	West Region Departments Served
Betty Hardwick	Callahan, Jones, Taylor
Concho Valley	Coke, Tom Green
Center for Life Resources	Brown, Coleman, McCulloch
Emergence Health Network	El Paso
Hill Country MHDD Center	Sutton, Val Verde
PermianCare	Brewster, Culberson, Ector, Midland, Pecos

¹⁹ Texas Juvenile Justice Department. *Program Registry: West Region Programs*. Data exported Aug. 1, 2025. <https://www2.tjtd.texas.gov/ProgramRegistryExternal>

²⁰ HHSC Behavioral Health Services, Center for Health Statistics Agency Analytics Unit. *Local Mental Health Authority Map and Directory*, September 2023. <https://www.hhs.texas.gov/sites/default/files/documents/services/mental-health-substance-use/local-mental-health-authority-service-areas.pdf>

²¹ HHSC Service Locations. *Local Intellectual and Developmental Disability Authorities Online Directory*. Retrieved on April 1, 2025 at <https://resources.hhs.texas.gov/directories/lidda>

LMHA/LIDDA	West Region Departments Served
West Texas Centers	Andrews, Crane, Dawson, Gaines, Howard, Nolan, Reeves, Scurry, Upton, Ward, Winkler

Behavioral Health Providers in the West Region

Access to timely, community-based behavioral and pediatric health services is foundational to effective diversion and treatment. Youth in or at risk of involvement with the juvenile justice system often require intensive and coordinated care. Table 11 highlights the overall number and rate of behavioral health providers (to residents) across TJJD's West Region for 2024. Compared to statewide averages, the West Region has a substantially lower provider availability across most specialties, reflected in higher residents-per-provider ratios. The region faces especially large gaps in access to behavioral health physicians, psychologists, and marriage and family therapists. The only exceptions are with licensed chemical dependency counselors and psychiatric and substance use registered nurses, where provider availability is roughly comparable to the state.

Table 11. Number of Behavioral Health Care Providers in the West Region (2024) ^{22,23,24,25}

Provider Type	West Region		Texas (Statewide)	
	Number of Providers	Average Residents / Provider	Number of Providers	Average Residents / Provider
Licensed Behavioral Health Physicians²⁶	122	14,000	3,671	7,500
Children and Youth Behavioral Health Physicians	36	9,000	1,034	5,000
Psychiatrists	116	15,000	3,470	8,000
Non-Physician Providers²⁷				
Licensed Psychologists	121	14,000	5,069	5,500
Licensed Clinical Social Workers	1,077	1,600	21,309	1,300
Licensed Professional Counselors	1,198	1,400	25,396	1,100
Licensed Specialists in School Psychology	110	16,000	3,268	8,500
Licensed Marriage and Family Therapists	117	15,000	3,284	8,500
Licensed Chemical Dependency Counselors ²⁸	607	2,800	9,510	2,900
Psychiatric Nurse Practitioners ²⁹	235	7,500	4,985	5,500
Psychiatric/Substance Use Registered Nurses ³⁰	665	2,600	10,232	2,700

²² All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.

²³ Population data was obtained from the U.S. Census Bureau. (2024, December). *American Community Survey 2019-2023 5-year estimates*. <https://www.census.gov/data/developers/data-sets/acs-5year.2023.html>

²⁴ The resident-to-provider rate represents the number of residents aged six and older for general providers and residents aged six to 17 for pediatric and child/youth specialties.

²⁵ Provider counts include trainees, such as associates and interns, when applicable.

²⁶ Texas Medical Board Open Records. (2024, April). *Licensed physician database*.

<https://orssp.tmb.state.tx.us/Main.aspx>. Providers were considered "behavioral health providers" if their primary or secondary specialty included: psychiatry, child and adolescent psychiatry, pediatric psychiatry, neurology and psychiatry, addiction medicine, addiction psychiatry, addictive diseases, addiction medicine – IM, addiction medicine – FP, forensic psychiatry, neurodevelopmental disabilities (psychiatry and neurology), geriatric psychiatry, pain medicine (psychiatry), internal med – psychiatry, family practice/psychiatry, developmental-behavioral pediatrics, psychoanalysis, psychosomatic medicine, and/or behavioral neurology. Physicians were geographically classified based on the address of the listed practice location. The reported provider numbers include trainees. As behavioral health physicians encompass more specialties than psychiatrists or children and youth behavioral health physicians, the sum of these respective rows will not equal the total number of behavioral health physicians.

²⁷ Unless otherwise noted, non-physician provider counts were obtained from Texas Behavioral Health Executive Council Records. (2024, April). Mailing lists for all registered Texas licensed behavioral health providers represent point-in-time estimates. The listed mailing address may differ from the provider's practice location. <https://bhec.texas.gov/open-records/>

It is important to note that access to qualified behavioral health providers is often constrained by family financial circumstances, meaning many youth do not receive needed care until they enter the juvenile justice system. Outside of LMHAs, some providers do not accept insurance, limiting them only to families who can pay for services fully out-of-pocket. Others choose not to work with Medicaid or the Children's Health Insurance Program (CHIP), creating additional barriers for youth and families in need of services.

Youth Behavioral Health and Crisis Services in the West Region

The table below highlights select state-funded programs available in the West Region that support youth in crisis or with behavioral health needs. These programs are operated or funded through the Texas Health and Human Services Commission (HHSC), and are typically accessed in partnership with LMHAs, school districts, juvenile probation departments, and HHSC's [Children's Mental Health Unit](#). While these services are not provided through the juvenile justice system, they are essential components of the broader continuum of care, especially for youth with complex needs who are involved in or at risk of entering the justice system. A brief description of each program is provided in Appendix C. For a full list of services that every LMHA should be offering children, youth, and their families, such as Youth Empowerment Services (YES) Waiver and Family Partner Support Services, see HHSC's [Family Guide: Children's Mental Health Services, Texas Resilience and Recovery](#).

Table 12. Select HHSC Youth Behavioral Health and Crisis Services in the West Region³¹

Program	#	West Region Provider
Children's System Navigator Pilot	1	1. Emergence Health Network
Coordinated Specialty Care (CSC) <i>for First Episode Psychosis age 15+</i>	5	1. Emergence Health Network 2. PermianCare 3. West Texas Center 4. Betty Hardwick 5. Center for Life Resources
LIDDA Transitional Support Teams	1	1. Emergence Health Network
Mental Health Deputy Programs	3	1. MHMR Services for the Concho Valley

²⁸ Texas Health and Human Services. (2024, April). *Licensed chemical dependency counselor roster*. <https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program>

²⁹ Texas Board of Nursing. (2024, October). *APRN: Nurse practitioners by county and population focus*. https://www.bon.texas.gov/reports_and_data_nursing_statistics.asp.html

³⁰ Texas Board of Nursing. (2024, October). *RN by county and clinical practice area*. https://www.bon.texas.gov/reports_and_data_nursing_statistics.asp.html

³¹ Health and Human Services Commission. *Behavioral Health Services Snapshot, July 2024*. Retrieved at: <https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf>

Program	#	West Region Provider
		2. PermiaCare 3. West Texas Centers
Multisystemic Therapy (MST) Providers ³²	3	1. PermiaCare 2. Betty Hardwick 3. Emergence Health Network (TJJD-funded)
Outreach, Screening, Assessment, and Referral (OSAR) SUD Programs	3	1. Abilene Recovery Council 2. PermiaCare 3. Emergence Health Network
Residential Treatment Centers (RTCs)	0	None
Youth Crisis Outreach Teams (YCOT)	1	1. Emergence Health Network
Youth Crisis Respite Facilities	0	None

The West Region has a modest but geographically dispersed network of publicly-funded behavioral health services for youth, reflecting both the vastness of the region and the concentration of resources in a few urban hubs. Three MST teams operate across multiple counties, primarily anchored by PermiaCare in the Midland–Odessa area, Betty Hardwick in Abilene, and Emergence Health Network in El Paso, together covering a large swath of territory but leaving many rural and frontier counties without access to this intensive in-home model.

El Paso stands out as the only area with a YCOT, a Children’s System Navigator pilot, and a CSC program, making it the region’s primary behavioral health hub. The complete absence of Youth Crisis Respite Facilities or Residential Treatment Centers (RTCs) highlights a significant service gap for high-acuity youth, often forcing families and probation departments to look outside the region for placement or crisis stabilization.

Federally Qualified Health Centers (FQHCs) in the West Region

FQHCs are community-based providers that receive federal funding to deliver comprehensive primary care, behavioral health, and preventive services to underserved populations, regardless of a patient’s ability to pay. FQHCs care for people regardless of insurance status, with a focus on low-income, uninsured, Medicaid/CHIP-covered, and other people facing barriers to accessing care, making them a critical safety net for families with limited or no insurance coverage and a key resource for juvenile departments.

For youth and families at risk of involvement with the juvenile justice system, FQHCs can:

³² Meadows Mental Health Policy Institute. *MST Services in Texas, January 2024*. Retrieved at: <https://mmhpi.org/topics/policy-research/multisystemic-therapy-for-texas-youth/>

- Provide low- or no-cost medical care to address unmet physical health needs that often go untreated
- Offer limited, non-acute behavioral health services, including counseling, psychiatric care, and substance use treatment, reducing the need for multiple provider referrals
- Serve as centralized hubs for care coordination, connecting families to nutrition assistance, dental care, case management, and other wraparound supports
- Deliver care in community-based, non-stigmatizing settings, which can help reduce barriers to engagement
- Extend services into schools, juvenile facilities, and community programs through mobile clinics or co-located staff
- Partner with juvenile probation departments to fast-track appointments for youth on supervision or in reentry, helping to avoid service delays that can lead to probation violations

Because many FQHCs already maintain care teams and telehealth capabilities, they are well-positioned to integrate into the local continuum of care as an accessible multi-service resource for justice-involved youth and their families. However, they are often underutilized due to limited awareness among juvenile probation department staff about FQHC availability and the range of services they can provide. The following table provides a non-exhaustive snapshot of many FQHCs operating in the West Region. This information can help identify potential partners for expanding access to affordable, integrated medical and behavioral health services.

Table 13. Federally Qualified Health Centers (FQHCs) in the West Region³³

FQHC Provider/Organization	County	# Clinics
AccelHealth - Cross Timbers Health Clinics, Inc.	Brown	1
Centro De Salud Familiar La Fe, Inc.	El Paso	8
Centro San Vicente	El Paso	5
Combest Central Community Health Center - Texas Tech University Health Sciences Center	Taylor	1
Frontera Healthcare Network	Kimble, Mason, McCulloch, Menard	4
La Esperanza Clinic, Inc.	Tom Green	3
MCH Family Health - Ector County Hospital District	Ector	4

³³ Health Resources and Services Administration. *FQHC Database*. Retrieved on April 1, 2025 at <https://findahealthcenter.hrsa.gov/>

FQHC Provider/Organization	County	# Clinics
Midland Community Healthcare Services	Midland	4
Preventative Care Health Services, Inc.	Brewster, Presidio	4
Project Vida Health Center	El Paso, Hudspeth	29
ResourceCare - Shackelford County Community Resource Center	Callahan, Shackelford, Taylor	5
South Plains Rural Health Services, Inc.	Dawson, Howard	4
United Medical Centers	Kinney, Val Verde	6
WellMed - Cactus Health Services, Inc.	Pecos	1

Prevention and School-Based Service Landscape in the West Region

Prevention and early intervention programs are critical pillars in building a strong continuum of care, offering support to youth and families before needs escalate into deeper system involvement. In the West Region, a diverse array of state-funded programs and school-based services aim to identify and address early warning signs, reduce risk factors, and strengthen protective supports. These services not only reduce reliance on the juvenile justice system but also foster healthier outcomes across education, behavioral health, and family stability. The following section lists select prevention programs active in the region, as well as cross-sector service hubs and liaison roles that help bridge the gaps between systems.

Prevention Services in the West Region

In 2024, oversight for Texas's Prevention and Early Intervention (PEI) programs transitioned from DFPS to HHSC's [Family Support Services Division](#), but the purpose remains the same: to support youth and families before they come into contact with the justice or child welfare systems. Among these, four Family Support Services programs are particularly relevant for juvenile justice prevention:

1. **Community Youth Development (CYD):** Positive youth development programs in high-risk zip codes (available in the El Paso area).
2. **Family and Youth Success (FAYS):** A statewide crisis intervention and short-term counseling program for at-risk youth and families, available in all West Region counties. For youth referred to juvenile probation but not adjudicated, FAYS provides an alternative pathway that allows probation departments to defer or dismiss cases while addressing underlying family needs. Strategic use of FAYS – both prior to probation involvement and at early points of referral – can reduce unnecessary system entry and limit deeper justice involvement.
3. **Statewide Youth Services Network (SYSN):** Diversion and case management services for youth at risk of juvenile probation referral, available across the region.

4. **Supporting Mental Health and Resiliency in Texans Innovation ([SMART Innovation](#)):**
Grant program to promote identification of potential mental health needs and improve access to early intervention and treatment for children and families through community-based services. These programs vary across the state but are designed to reduce the need for future intensive care, the number of children at risk of placement in foster care or the juvenile justice system, and the demand for residential behavioral health facilities and State Hospitals beds. The West Region has one active SMART Innovation program.³⁴

Table 14 highlights these and other prevention-focused resources that juvenile departments can leverage to support youth across the region, including Opportunity Youth Hubs for emerging adults ages 16-24 that promote education reengagement and workforce development, Family Resource Centers that strengthen families through parenting education, basic needs support, and referrals to community-based services, and SUD Prevention Resource Centers that focus on substance use prevention education, early identification of risk, and community-level prevention initiatives.

Table 14. Select Youth Prevention Services in the West Region³⁵

Program	#	West Region Provider
Community Youth Development (CYD)	1	1. El Paso Human Services
Family and Youth Success (FAYS)	4	1. High Sky Children's Ranch 2. New Horizons Ranch and Center 3. Starry 4. El Paso Center for Children
Family Resource Centers (FRCs)	2	1. El Paso Center for Children Family Resource Center 2. New Horizons Family Resource Center, Taylor
Healthy Outcomes Through Prevention And Early Support (HOPES)	4	1. BCFS Health and Human Services 2. Ector County 3. El Paso Center for Children 4. Serving Children and Adults in Need
Opportunity Youth Hubs for emerging adults ages ~16-24	1	1. University of Texas at El Paso - El Paso Collaborative for Academic Excellence
SMART Innovation Grant Programs	1	1. Emergence Health Network (El Paso)
Statewide Youth Services Network (SYSN)	2	1. BBBS Lone Star 2. Texas Alliance of Boys and Girls Clubs

³⁴ Health and Human Services Commission. *SB 26 Supporting Mental and Emotional Resiliency in Texans (SMART) Innovation Grant Program, 2024*. <https://resources.hhs.texas.gov/rfa/hhs0013881>

³⁵ Health and Human Services Commission. *Behavioral Health Services Snapshot, July 2024*. <https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf>

Program	#	West Region Provider
SUD Prevention Resource Centers	3	1. Abilene Recovery Council 2. Permian Basin Regional Council on Alcohol and Drug Abuse 3. Aliviane, Inc.

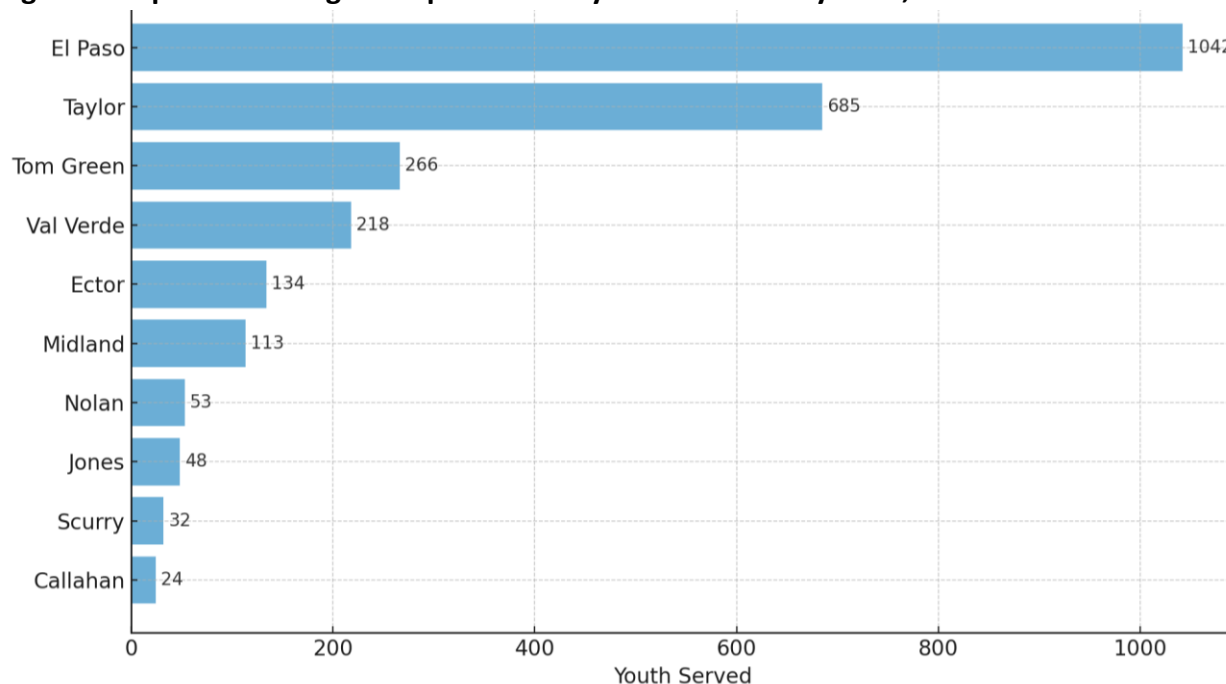
The table below summarizes outcomes for three of these statewide prevention programs in 2024, which served approximately 40,000 youth across Texas. A key performance measure for all three programs is the percentage of participants who are not referred to juvenile probation during or after program participation. As shown below, all three programs demonstrated high rates of success on this metric.

Table 15. Statewide Prevention Program Outcomes, FY 2024³⁶

Prevention Program	Youth Served Statewide	Average Monthly Participants	% Not Referred to Juvenile Probation
Family and Youth Success (FAYS)	20,774	6,818	93%
Community Youth Development (CYD)	16,715	6,771	98%
Statewide Youth Services Network	3,116	1,913	99%

While the statewide outcomes demonstrate strong overall performance across prevention programs, it is also important to understand where services are being delivered on the ground. The figure below highlights the top 10 West Region counties with the highest number of youth served through the FAYS program in 2024. As a flexible, front-end resource designed to help families address early warning signs before behaviors escalate to probation involvement, FAYS plays a critical role in diversion, particularly for younger youth and their siblings. Counties with low levels of FAYS engagement represent key opportunities for targeted outreach and service expansion.

³⁶ Texas Department of Family and Protective Services. *Prevention and Early Intervention (PEI): Outcomes, Outputs and Efficiencies*. DFPS Data Book, 2024.
https://www.dfps.texas.gov/About_DFPS/Data_Book/Prevention_and_Early_Intervention/Outcomes_Outputs_Efficiencies.asp

Figure 3. Top 10 West Region Departments by Youth Served by FAYS, FY 2024³⁷

Texas Child Health Access Through Telemedicine (TCHAT) in the West Region

TCHAT is a state-funded initiative that connects school districts with mental health professionals through telehealth to provide free early intervention, assessment, and short-term mental health services to students in need. Table 16 provides an overview of TCHAT program participation across the Education Service Centers (ESCs) serving the West Region departments. It shows the number of independent school districts (ISDs) in each ESC region and how many of those ISDs have active TCHAT services operating in schools.

Table 16. TCHAT Program Participation in the West Region³⁸

ESC Region	Juvenile Departments Served by ESC/TCHAT	# Students in ESC Region Overall	# Students with Access to TCHAT	Total # of ISDs	Active ISDs
ESC 14	Brown, Callahan, Coleman, Jones, Nolan, Scurry, Taylor	71,695	67,051	43	38
ESC 15	Coke, Dawson, McCulloch, Sutton, Tom Green, Val Verde	48,888	42,558	46	37

³⁷ Texas Department of Family and Protective Services. *Prevention and Early Intervention (PEI): Family and Youth Success Program (FAYS) Youth by Presenting Problem*. DFPS Data Book, 2024. https://www.dfps.texas.gov/About_DFPS/Data_Book/Prevention_and_Early_Intervention/FAYS_Youth_by_Presenting_Problem.asp

³⁸ Texas Child Mental Health Care Consortium. *TCHAT Interactive Service Map, 2025*. Retrieved on April 19, 2025 at: <https://tcmhcc.utsystem.edu/tchat/>

ESC Region	Juvenile Departments Served by ESC/TCHATT	# Students in ESC Region Overall	# Students with Access to TCHATT	Total # of ISDs	Active ISDs
ESC 18	Andrews, Brewster, Crane, Culberson, Ector, Gaines, Howard, Midland, Pecos, Reeves, Upton, Ward, Winkler	105,937	93,684	35	29
ESC 19	El Paso and surrounding areas	160,708	88,293	19	13

TCHATT represents a key upstream resource in the continuum of care, delivering early, school-based mental health support that can help prevent unnecessary referrals to the juvenile justice system. Participation in TCHATT expands access to care in rural and underserved areas, helps identify and stabilize students with emerging behavioral health concerns, and builds internal capacity for schools to respond to student needs without law enforcement or disciplinary action. Monitoring TCHATT implementation across the region provides insight into which communities have strong early mental health supports that juvenile justice leaders can tap into.

While TCHATT is designed primarily to serve students in public schools, there is potential to expand its reach to ensure justice-involved youth receive priority access. Juvenile departments can help build relationships with local school districts to encourage TCHATT participation, especially in counties or ISDs with limited uptake. They can coordinate with TCHATT administrators at the designated Health-Related Institution (HRI) to fast-track or streamline referral pathways for youth on probation, ensuring timely access to telehealth assessment and short-term intervention for those with the highest needs. Juvenile departments can also explore integrating TCHATT services directly into their facilities, such as detention, post-adjudication centers, and Juvenile Justice Alternative Education Programs (JJAEPs). TCHATT can also be used as a prevention/early intervention support for youth on supervision at risk of placement in Disciplinary Alternative Education Programs (DAEPs).

Cross-Sector Liaisons and Service Centers in the West Region

Juvenile departments in the West Region can benefit from engaging various cross-sector intermediaries that support coordination across behavioral health, education, child welfare, and justice systems. Table 17 lists entities that operate statewide or regionally and is intended as a navigation tool, not an exhaustive service map. It identifies key cross-sector liaisons and service hubs that juvenile departments and TJJD Regional CoC Coordinators may draw on to support coordination, referrals, and problem-solving across systems. Brief descriptions of each entity are provided in Appendix C.

Table 17. Cross-Sector Liaisons and Service Centers in the West Region

Liaison or Service Center	Provider/Contact
Child Psychiatry Access Network (CPAN) of the Texas Child Mental Health Care Consortium	Texas Tech University Health Sciences Center; Texas Tech Health El Paso: 888-901-CPAN (2726) extension 4 to enroll
Children's Advocacy Centers (CAC)	Directory of local CACs by county in the West Region
Community Resource Coordination Group (CRCG) Regional Liaison	Eira Aguilera, Eira.Aguilera@hhs.texas.gov
DFPS Juvenile Justice Liaison – Child Protective Services (CPS)	- DFPS Region 9, Reba Waller, (325) 657-8987 - DFPS Region 10, Jessica Perales, (915) 521-3908
DFPS Juvenile Justice Liaison – Child Protective Investigations (CPI)	DFPS Region 9 & 10, Marshall Davidson, (325) 267-0389
DFPS Community-Based Care (CBC)	DFPS Region 9 & 10: CBC Not Started
DFPS Transition Centers for homeless and current/former foster youth	Concho Valley Home for Girls PRIDE Center
Education Service Centers (ESCs)	ESC 14, 15, 18, 19
Law Enforcement Fusion Centers supporting school behavioral threat assessments and diversion	El Paso Multi-Agency Tactical Response Information eXchange (MATRIX) Texas Fusion Center 866-786-5972
LMHA + Education Service Center (ESC) Liaison : Behavioral Health Partnership Program	Liaison located at: - Betty Hardwick Center - My Health My Resources Concho Valley - PermiaCare - Emergence Health Network
Regional Council of State Governments (COGs)	- Concho Valley Council of Governments - West Central Texas Council of Governments - South Plains Association of Governments - Permian Basin Regional Planning Commission - Rio Grande Council of Governments
Regional Mental Health Policy Center	Paso del Norte Center at the Meadows Mental Health Policy Institute

Higher Education in the West Region

The table below highlights the West Region's network of higher education institutions, including public universities, private institutions, and community colleges. These play a critical role in the broader ecosystem of support for youth, offering not only educational pathways but also opportunities for post-secondary workforce development and reentry support. The region's access to higher education is also a valuable asset for the juvenile justice workforce.

These institutions can help build pipelines for new recruits and offer ongoing professional development for existing staff, particularly in behavioral health and case management.

In the context of this analysis, higher education institutions are strategic partners for advancing diversion, career readiness, and vocational programming for justice-involved youth. Many community colleges and universities offer career and technical education, job training, or reentry-friendly programs that can be leveraged in partnership with juvenile departments and local nonprofit organizations. Mapping these institutions across the region helps surface opportunities to expand access to employment programs for system-involved youth. This list includes those located in or serving the region's counties and may not be exhaustive.

Table 18. Select Institutions of Higher Education in the West Region

Public Universities	Location/County
Angelo State University	Tom Green
Sul Ross State University	Brewster
University of Texas Permian Basin	Ector
University of Texas at El Paso	El Paso
Private Universities	Location/County
Abilene Christian University	Taylor
Grand Canyon University	El Paso
Hardin-Simmons University	Taylor
Howard Payne University	Brown
McMurry University	Taylor
New Mexico State University	El Paso
University of Phoenix	El Paso
Community and Two-Year Colleges	Location/County
El Paso Community College	El Paso, Hudspeth
Howard College	Howard
Midland College	Midland
Odessa College	Ector
Western Texas College	Nolan, Scurry, Jones

The resource inventory presented in this section offers a high-level snapshot of the services, programs, and cross-sector infrastructure currently supporting youth and families across the West Region. From county-operated interventions to community-based supports and statewide initiatives, the inventory helps illustrate the range of assets that contribute to the region's continuum of care. The following sections provide a deeper look at the region's system data, including referral trends, offense types, supervision and placement patterns, and school and child welfare indicators, to further inform local planning and highlight where targeted investments may be most needed.

West Region Data Snapshot

West Region Data Snapshot

This section combines five interrelated data domains that collectively illuminate the pathways, pressures, and opportunities within the region's youth-serving systems. By examining these data sources in sequence from early school-based discipline through deeper system involvement we aim to provide a cohesive picture of the region's youth justice landscape, informed by both quantitative patterns and system-level context.

We begin with an analysis of **child welfare data**, recognizing the strong overlap between system-involved youth and those with histories of abuse, neglect, or family instability. We then move to **school discipline and arrest data**, which capture the front end of the pipeline where exclusionary practices and school-based law enforcement responses can initiate a trajectory toward deeper system involvement. We then turn to **juvenile justice referral and supervision trends**, which show how these early risks translate into formal system contact, including the use of diversion, probation, and placement. Finally, we present the regional responses to our **Juvenile Justice System Needs and Opportunities Survey**, sharing insight on the capacity, gaps, and emerging strategies used by local juvenile departments to meet the behavioral health needs of youth in their care.

Together, these data stories paint a picture of the conditions facing youth across the region, where early interventions may be needed, where systems are under strain, and where promising models can be scaled to build a more coordinated and preventive continuum of care.

Child Welfare Data Snapshot in the West Region

Child welfare involvement is a critical factor in understanding youth pathways into the juvenile justice system. Research consistently shows that youth with prior or current child protective services (CPS) contact are at higher risk for school instability, behavioral health challenges, and eventual system involvement.³⁹ A 2024 analysis of TJJD commitment data found that, among the 2,079 youth committed to state facilities in fiscal years 2022–2023, 329 youth (16%) had experienced substitute care through the Department of Family and Protective Services (DFPS) at some point in their lives.^{40,41} While this figure reflects only youth at the deepest end of Texas' juvenile justice system, it likely underestimates the broader overlap between child welfare and juvenile justice. Research has consistently shown that a substantial number of youth referred to

³⁹ Casey Family Programs (2022). *Crossover Youth: Examining the Relationship Between Child Welfare and Juvenile Justice*. <https://www.casey.org/crossover-youth>

⁴⁰ Substitute care includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes.

⁴¹ Texas Juvenile Justice Department. *History of Substitute Care for Youth at the Texas Juvenile Justice Department, January 2024*. https://www.tjjd.texas.gov/wp-content/uploads/2024/03/Report_on_TJJD_Youth_Ever_in_Substitute_Care_2022-2023.pdf

juvenile court have had prior involvement with both systems, with the prevalence of dual-system involvement estimated as upwards of 50%, depending on how broadly it is defined.⁴²

This section examines child welfare indicators for the West Region, including use of foster care and other placement types, child welfare staff turnover and caseloads, and Family Based Safety Service outcomes. This information can help juvenile justice stakeholders identify shared populations, assess service gaps, and highlight opportunities for cross-agency coordination.

Children in Substitute Care in the West Region

Table 19 presents a point-in-time snapshot of the number of children in substitute care in the West Region on August 31, 2024. This table highlights not only the volume of child welfare involvement, but also the utilization of local placement types, including kinship care, which is often more stabilizing for youth. See Appendix E for definitions of each placement type below.

Table 19. Children in Substitute Care by Placement Type on August 31, 2024 in the West Region^{43,44}

TJJD West Region Dept (Lead County)	Total in Substitute Care	Foster Home	Kinship Care	Residential Treatment Center	Emergency Shelter	General Residential Operation	Other
Andrews	9	0	6	0	0	2	1
Brewster	3	2	0	1	0	0	0
Brown	44	13	15	3	0	7	6
Callahan	19	13	1	2	0	2	1
Coke	1	0	0	0	0	0	1
Coleman	21	11	7	0	0	1	2
Culberson	12	10	2	0	0	0	0
Dawson	8	5	3	0	0	0	0
Ector	134	49	49	13	8	5	10
El Paso	233	109	68	19	13	5	19
Gaines	6	3	2	0	0	0	1

⁴² Halembe G., and Siegel, G. (2011). *Doorways to Delinquency: Multi-system Involvement of Delinquent Youth in King County*. National Center for Juvenile Justice, Pittsburgh, PA.

⁴³ Texas Department of Family and Protective Services. *CPS Conservatorship: Children in DFPS Legal Responsibility on August 31, 2024*. DFPS Data Book, 2024.

https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Activity_on_August_31.asp

⁴⁴ Crane and Sutton Counties were missing from the original data set.

TJJD West Region Dept (Lead County)	Total in Substitute Care	Foster Home	Kinship Care	Residential Treatment Center	Emergency Shelter	General Residential Operation	Other
Howard	29	10	10	2	3	1	3
Jones	11	7	0	2	0	0	2
McCulloch	18	8	6	1	0	1	2
Midland	40	18	12	4	0	2	4
Nolan	36	16	13	5	0	1	1
Pecos	31	5	23	1	0	1	1
Reeves	10	0	8	0	0	0	2
Scurry	30	16	10	1	0	3	0
Taylor	428	198	152	14	0	27	37
Tom Green	68	22	29	7	0	3	7
Upton	4	3	0	0	1	0	0
Val Verde	25	11	8	5	0	0	1
Ward	18	7	8	1	0	0	2
Winkler	5	0	5	0	0	0	0
Region Total	1,243	536	437	81	25	61	103
Statewide Total	16,069	7,195	5,534	1,101	303	750	1,186

Community-Based Care (CBC) and Texas Child-Centered Care (T3C)

Child Protective Services is in the midst of two major system-level transformations that are reshaping how foster care services are funded, organized, and delivered: the transition to Community-Based Care (CBC) and the rollout of Texas Child-Centered Care (T3C). These reforms are distinct in scope and timing but both have a significant impact on not only children in care and foster care providers, but on all community partners who interact with youth in care. CBC has been underway for more than a decade and focuses on who is responsible for managing foster care services and the network of providers delivering them, while T3C is a more recent initiative that changes how those services are defined, delivered, and reimbursed.

Community-Based Care

Beginning in 2013, DFPS began transitioning from a primarily state-operated foster care system to a new model known as Community-Based Care. Under the traditional (“legacy”) approach, DFPS CPS staff were responsible for most aspects of foster care, including placement, case management, and service coordination. CBC gradually shifts many of these responsibilities to a

local based lead agency known as a Single Source Continuum Contractor (SSCC), which oversees a network of community providers within a defined geographic area. Under this model, DFPS maintains core legal and oversight functions and DFPS' Child Protective Investigations (CPI) unit continues to investigate reports of abuse and neglect. The goal of CBC is to create a more flexible, locally driven system that can respond to the unique needs of children and families in each region. The transition to CBC is phased based in two important ways. First, it is being rolled out region by region across the state and in some cases only part of a DFPS region is included in an initial rollout. Second, within a regional rollout, responsibilities are transitioned in phases. This transition is actively occurring with a goal of having all of Texas served by CBC by 2029. The most up-to-date information regarding the status of the transition can be found on the [DFPS CBC website](#).

DFPS divides the state into [11 regions](#). Most counties in TJJD's West Region fall under DFPS Region 9 and 10, shown in Figure 4. These regions have not begun the transition to CBC.

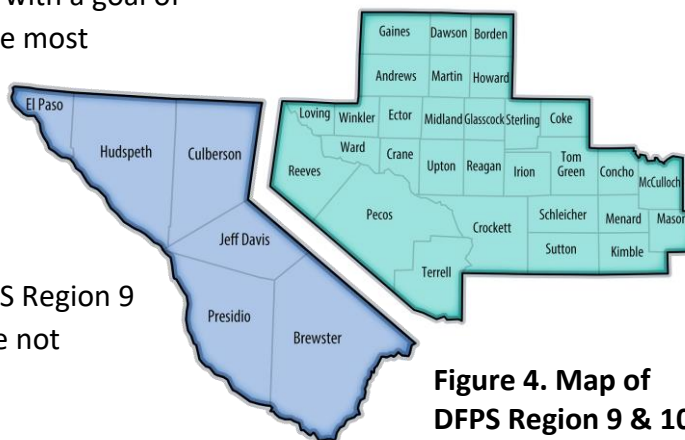


Figure 4. Map of DFPS Region 9 & 10

Texas Child-Centered Care (T3C)

T3C shifts the system to use a child-centered, needs-based approach that still relies on defined service packages, but with far more specificity about what services must be provided and to whom. Rather than paying primarily for a placement category, DFPS now reimburses providers based on a standardized assessment of each child's needs and the particular service package required to support safety, permanency, and well-being. These service packages include clearly articulated expectations for core components, trauma-informed practices, documentation, and performance. The intent is to better align funding with the actual level of care required, promote stability, and reduce reliance on high-intensity placements when less restrictive options are appropriate.

DFPS Workforce Capacity in the West Region

High caseloads and staff turnover in the region can lead to delays in service delivery and disruptions in coordination between CPS and juvenile probation officers for shared youth. As shown in the tables below, Region 9 experienced a decline in CPS and CPI staff turnover, from 22.6% in 2015 to 18.8% in 2024 and a 45.3% decrease in the average daily caseload. Region 10 experienced an increase in turnover, from 10.0% to 18.4%, while caseloads also fell, but less

dramatically.⁴⁵ Lower turnover coupled with smaller caseloads suggests that Region 9 may be positioned as a model for sustainable staffing practices in other regions.

Table 20. CPS/CPI Staff Turnover and Average Daily Caseload, DFPS Region 9, FY2015 & 24⁴⁶

DFPS Region 9	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	22.6%	18.8%	-16.8%
Avg Daily Caseload (cases/day)	23.2	12.7	-45.3%

Table 21. CPS/CPI Staff Turnover and Average Daily Caseload, DFPS Region 10, FY2015 & 24⁴⁷

DFPS Region 10	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	10.0%	18.4%	+84.0%
Avg Daily Caseload (cases/day)	14.5	11.7	-19.3%

DFPS Family Based Safety Services in the West Region

Family Based Safety Services (FBSS) is a program offered by DFPS to support families after abuse or neglect has been substantiated or when abuse or neglect has not been substantiated but there is still a high risk indicated, and before a child is removed from the home. The program aims to stabilize families through in-home case management, parenting supports, and referrals to services such as behavioral health or substance use treatment.

The following table shows the number of children who completed FBSS in DFPS Region 9 and 10 and their outcomes. Successful FBSS completion means a child was able to remain safely with their family, a critical protective factor against school removal, instability, and justice system contact. Unsuccessful completions, by contrast, often precede placement into foster care.

Both Region 9 and Region 10 experienced increases in FBSS participation from 2023 to 2024, suggesting a growing demand for in-home support services to stabilize families and prevent removals. FBSS is one of the most direct, upstream interventions that could stabilize families before youth end up in the justice system. For juvenile justice reform efforts, FBSS represents a vital intercept point for early intervention and strengthening family supports. Departments in the region should consider building formal bridges between FBSS providers, DFPS agency staff, and juvenile probation for families with risk of crossover into both systems.

⁴⁵ Texas Department of Family and Protective Services. *CPS/CPI Staff Turnover and Average Daily Caseload*. DFPS Data Book, FY 2015-2024.

https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Family_Preservation/Six-Month_One_Five_Year_Outcomes.asp

⁴⁶ Texas Department of Family and Protective Services. *CPS/CPI Staff Turnover and Average Daily Caseload*.

⁴⁷ Texas Department of Family and Protective Services. *CPS/CPI Staff Turnover and Average Daily Caseload*.

Table 22. FBSS Children Served and One-Year Outcomes, FY 2024 (Region 9, 10, Statewide)⁴⁸

DFPS Region	Children Served (Ages 6+)	% Change in Children Served (from FY 2023)	% Unsuccessful Completions (Ages 6+)
Region 9	452	36.6% increase	20.6%
Region 10	877	31.9% increase	21.9%
Statewide	13,736	17.8% increase	17.9%

It is important to note that, while FBSS is a central part of this work, it is not the only type of support available through DFPS or HHSC to support families and prevent removals and it's likely that some families are being served with similar services without formally entering the FBSS stage of service. The agencies also offer other preventive services, some of which are statewide while others are region or county specific. These include [Texas Family First pilots](#) in certain areas, [Alternative Response](#) programs, as well as support from CPI caseworkers which are often provided without the family having to be formally engaged in a program or FBSS stage of service. The data presented above reflects FBSS specifically but should be understood within this broader continuum of preventive supports. See Appendix C for a glossary of terms and descriptions of these programs.

School Discipline Data Snapshot in the West Region

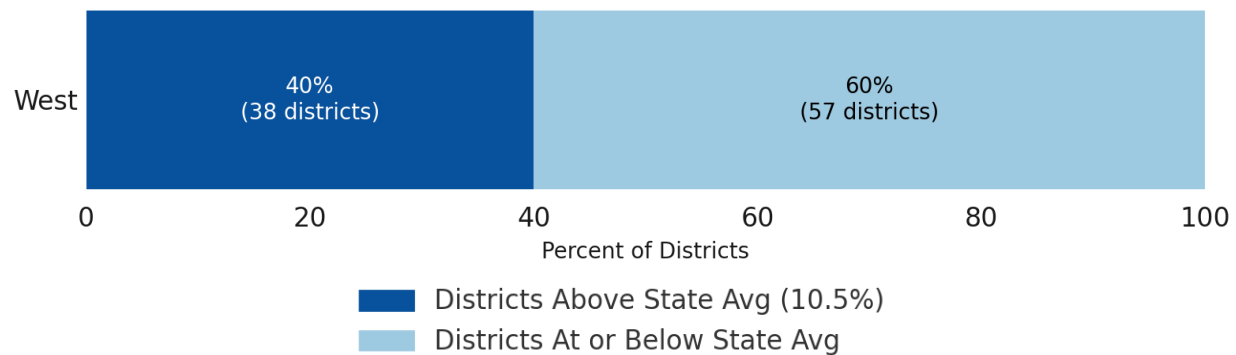
School discipline is a critical point of intersection between education and the juvenile justice system. In the West Region, exclusionary practices such as suspensions, expulsions, and alternative education placements are common responses to student misconduct. These measures often serve as the first step along a trajectory that can lead youth away from supportive learning environments and toward justice system involvement. Understanding these patterns is essential for designing preventive, community-based responses that keep students engaged in school and out of the justice system.

Exclusionary Discipline Rates in the West Region

In school year 2023–24, 40% (38 of 95) school districts in the West Region exceeded the statewide average suspension/expulsion rate of 10.5% (Figure 5).

⁴⁸ Texas Department of Family and Protective Services. *CPS Family Preservation: Six-Month, One-Year, and Five-Year Outcomes*. DFPS Data Book, FY 2024.

https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Family_Preservation/Six-Month_One_Five_Year_Outcomes.asp.

Figure 5. Percentage of School Districts Exceeding Statewide Suspension/Expulsion Rate in the West Region, 2023-24⁴⁹

The table below ranks the top 30 districts with the highest exclusionary discipline rates in the West Region. The highest rates cluster in West Central Texas and Permian Basin counties. Abilene ISD (17%) stands out among larger urban systems, and rural districts on the outskirts of El Paso (Fabens, Anthony, and Tornillo), also rank high.

Table 23. West Region Districts with Highest Suspension/Expulsion Rates, 2023-24⁵⁰

Rank	Department	School District	Rate
1	Jones	LUEDERS-AVOCA	18%
2	Howard	BIG SPRING ISD	17%
3	Brown	BANGS ISD	17%
4	Taylor	ABILENE ISD	17%
5	Scurry	SNYDER ISD	16%
6	Dawson	LAMESA ISD	15%
7	Tom Green	TEXAS LEADERSHP	15%
8	El Paso	FABENS ISD	15%
9	Taylor	MERKEL ISD	15%
10	Andrews	ANDREWS ISD	15%
11	Tom Green	GRAPE CREEK ISD	14%
12	El Paso	ANTHONY ISD	14%
13	Winkler	KERMIT ISD	14%
14	Nolan	SWEETWATER ISD	14%
15	Coke	ROBERT LEE ISD	13%

Rank	Department	School District	Rate
16	Taylor	TRENT ISD	13%
17	Howard	STANTON ISD	12%
18	Midland	MIDLAND ISD	12%
19	Reeves	PECOS-BARSTOW	12%
20	Ward	GRANDFALLS ISD	12%
21	Val Verde	SANFELIPE DELRIO	12%
22	El Paso	CLINT ISD	12%
23	Midland	GREENWOOD ISD	12%
24	Jones	HAWLEY ISD	12%
25	McCulloch	JUNCTION ISD	12%
26	Coke	BRONTE ISD	11%
27	Brown	MAY ISD	11%
28	Callahan	BAIRD ISD	11%
29	McCulloch	BRADY ISD	11%
30	El Paso	TORNILLO ISD	11%

⁴⁹ Texas Education Agency. *Discipline Reports: Annual District Summary, 2023-24.*

https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/Discipline_Summary_Download.html

⁵⁰ Texas Education Agency. *Discipline Reports: Annual District Summary, 2023-24.*

Education Service Centers (ESCs) in the West Region

Texas is divided into [20 ESC regions](#), each established by TEA to provide training, technical assistance, and shared resources to local school districts and charter schools. ESCs serve as intermediaries between the state and individual districts, helping translate statewide education policy into local practice and supporting areas such as instruction, special education, and behavioral interventions. Counties in TJJD's West Region fall under ESC Region 14, 15, 18, and 19, shown below. For juvenile departments and TJJD Regional CoC Coordinators, ESCs are a critical partner, offering a direct connection to school leadership, access to training infrastructure, and a strategic regional platform for strengthening school-based prevention, early intervention, and diversion supports.

Table 24. Education Service Centers (ESCs) Serving TJJD West Region Departments

ESC Region	#	West Region Departments Served
ESC 14	7	Brown, Callahan, Coleman, Jones, Nolan, Taylor, Scurry
ESC 15	6	Coke, McCulloch, Sutton, Tom Green, Dawson, Val Verde
ESC 18	13	Andrews, Brewster, Crane, Culberson, Ector, Gaines, Howard, Midland, Pecos, Reeves, Upton, Ward, Winkler
ESC 19	1	El Paso

The following subsections summarize Disciplinary Alternative Education Program (DAEP) and Juvenile Justice Alternative Education Program (JJAEP) trends for these two service regions.

DAEP Placements in the West Region

DAEPs are alternative instructional settings for students removed from class for misconduct. Between 2018–19 and 2023–24, DAEP placements rose across all four ESC regions. Region 14's 94% increase is the second largest statewide, well above the statewide average of 57%.

Table 25. DAEP Placements in the West Region⁵¹

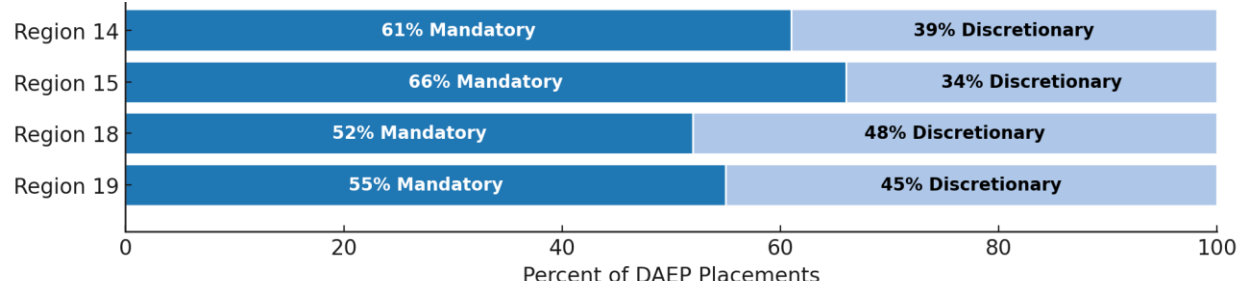
ESC Region	2018–19 Placements	2023–24 Placements	% Increase
Region 14	782	1,520	+94%
Region 15	912	1,371	+50%
Region 18	2,553	3,692	+45%
Region 19	3,361	4,827	+44%
Statewide	96,345	151,045	+57%

⁵¹ Texas Education Agency, *Disciplinary Data Portal: Region 14, 15, 18 and 19 DAEP Tab for 2018-19 and 2023-24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html

DAEP placements fall into two categories: mandatory and discretionary. Mandatory placements are required by state law for certain serious offenses, such as bringing a weapon to school, and are generally more objective and limited in scope. However, even mandatory placements require school administrators to consider mitigating factors (such as intent, disciplinary history, or disability status), meaning no placement is ever entirely automatic.⁵² In contrast, discretionary placements are determined by school personnel based on the district's local code of conduct for behaviors that are not legally mandated for removal, such as persistent misbehavior or repeated rule violations. This gives administrators significant discretion in deciding when and how to apply exclusionary discipline, contributing to wide variation in practice across districts.

While Figure 6 shows a majority of DAEP placements in the West Region were mandatory, a large portion were discretionary removals determined by local school personnel based on the school's code of conduct.

Figure 6. Proportion of Mandatory vs. Discretionary DAEP Placements in the West Region, 2023-24⁵³



Discretionary placements can indicate an overreliance on exclusion for non-criminal or lower-level behaviors, such as persistent classroom disruption, insubordination, or dress code violations, which is often influenced by local policy or lack of alternatives. High discretionary use is problematic because it increases the risk of inconsistent or subjective decision-making, especially in the absence of standardized criteria or adequate staff training.

JJAEF Expulsion Trends in the West Region

JJAEPs are specialized educational settings designed to serve students who have been expelled from their local school districts for serious or persistent misconduct, as defined in the [Texas Education Code, Chapter 37](#). JJAEPs are charged with providing academic instruction and behavioral support to help students continue their education while addressing the issues that

⁵² See Texas Education Code §§ 37.001, 37.006.

⁵³ Texas Education Agency, *Disciplinary Data Portal: Region 14, 15, 18 and 19 DAEP Tab for 2018-19 and 2023-24*.

led to expulsion. Under state law, counties in Texas with populations of 125,000 or more are required to operate a JJAEP, administered jointly by the county's juvenile probation department and local school districts, with oversight from TJJD.

Data provided by TJJD in Table 26 shows the number of expelled student attendance days at the two JJAEPs in the West region. *Note: JJAEP expulsion totals reflect raw counts and are not adjusted for county population or school enrollment size. Caution should be used when comparing across jurisdictions, as larger counties naturally report higher volumes.*

Table 26. Expelled Student Attendance Days at JJAEPs in the West Region, 2022-25⁵⁴

JJAEP Department	Mandatory Expelled Student Attendance Days			Total Days	Discretionary Expelled Student Attendance Days			Total Days
	22-23	23-24	24-25		22-23	23-24	24-25	
El Paso	1,205	260	702	2,167	312	0	0	312
Taylor	354	465	81	900	1,139	1,435	1,692	4,266

Looking ahead, the West Region is well-positioned to shift from school exclusion to early intervention by strengthening ESC-level technical assistance, expanding multi-tiered systems of supports (MTSS) in under-resourced districts, improving cross-system coordination with mental health and juvenile justice partners, and exploring opportunities to reduce discretionary DAEP placements and JJAEP expulsions.

The next section examines arrest trends across the West Region, highlighting how disciplinary issues can rapidly shift from schools into formal justice involvement.

Arrest Data Snapshot in the West Region

Understanding how youth enter the juvenile justice system is critical to identifying opportunities for early intervention and diversion. This section examines the sources of juvenile justice referrals in the West Region, highlights the role of law enforcement and probation departments, and then takes a closer look at school-based incidents, which is a significant driver of youth arrests that often remains hidden when only referral source data is considered.

TJJD data show most juvenile justice referrals in the West Region come from law enforcement agencies, which accounted for 67% of all referrals in 2022-2024. Schools were the second-

⁵⁴ Texas Juvenile Justice Department. *JJAEP Attendance, 2022-2025*. Received by Meadows Institute from TJJD email communication on November 5, 2025.

largest source, responsible for roughly 18% of referrals. Other sources, including probation departments, municipal courts, and TJJD, together made up 15%.⁵⁵

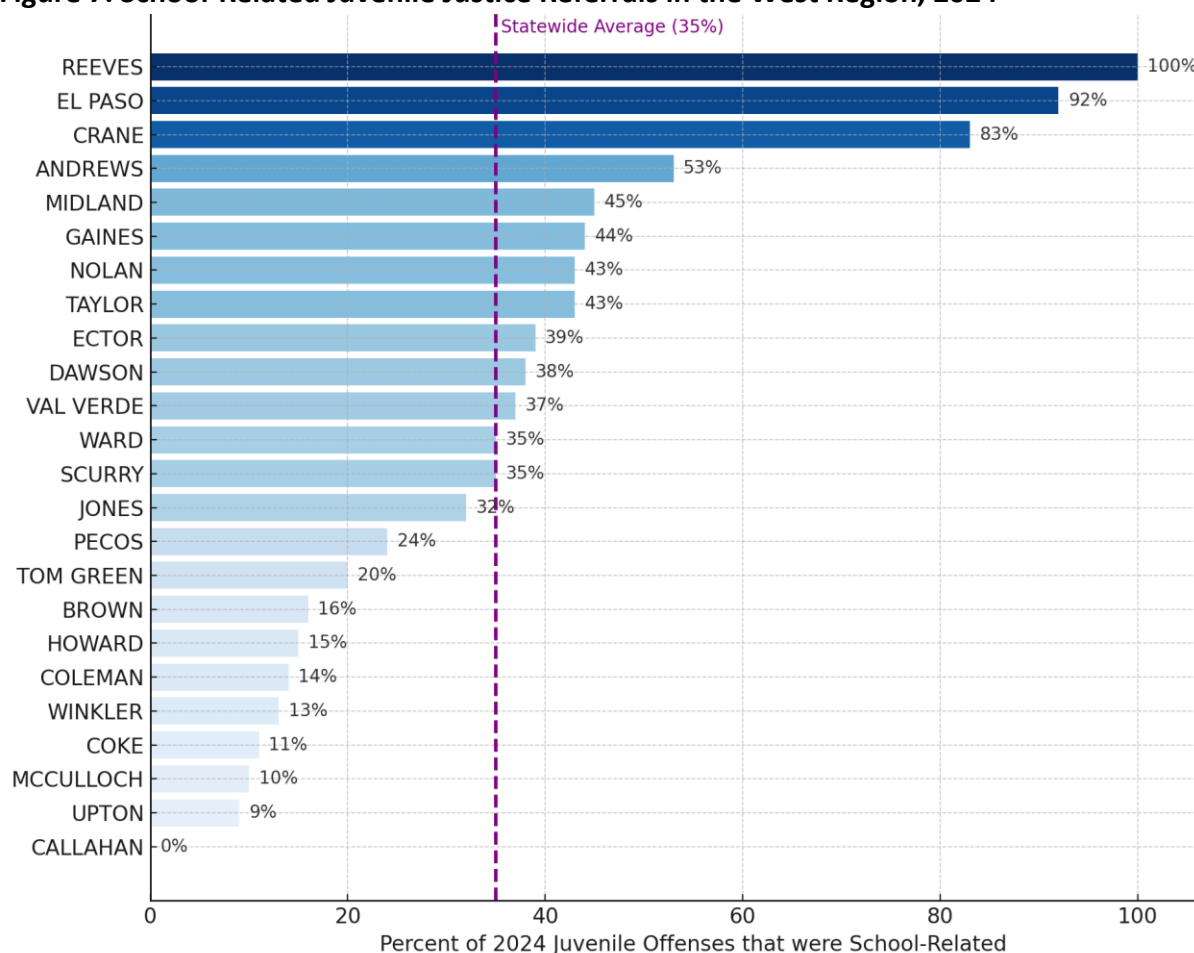
School-Based Arrests and Referrals in the West Region

At first glance, the small share of arrests attributed to schools suggest that schools play only a minor role in initiating referrals. However, this data is based on referral source, which categorizes the agency or entity making the referral. In practice, most law enforcement agencies that respond to school incidents and school resource officers (SROs) are coded by juvenile department staff as “law enforcement,” which can obscure the true scale of school-based arrests and understate the school pathway into the juvenile justice system.

When we instead examine location (where the alleged offense occurred), we see that a substantial share of juvenile justice referrals in the West Region are tied to school-linked incidents, whether they occur during the school day, at extracurricular events, or on school property after hours. These incidents often represent a critical intervention point where early diversion and school-based supports can prevent youth from deeper system involvement.

The figure below shows wide variation across counties, with some far exceeding the statewide average of 35%, including Andrews, Crane, El Paso, and Reeves. While a number of rural departments had low school-related arrests. Tom Green was the only mid-sized department to fall below the state average.

⁵⁵ Texas Juvenile Justice Department. *Juvenile probation department demographics - fiscal years 2022-2024*. Received by Meadows Institute from TJJD email communication on December 6, 2024.

Figure 7. School-Related Juvenile Justice Referrals in the West Region, 2024^{56,57}

These differences may reflect how school districts engage with school-based law enforcement and the degree to which schools rely on police and SROs to manage student behavior. Departments with a high proportion of school-related referrals may benefit from partnerships that engage SROs in diversion-focused roles, expanded use of school-based behavioral supports, and improved coordination with school leadership to ensure that non-criminal behavior is addressed through school discipline practices or administrator responses. Counties showing lower percentages may offer promising models or practices that could be shared across the region.

To better understand changes over time, Figure 8 presents the percentage of school-related offenses by county from 2019 to 2024. Each line connects two data points for each county: a

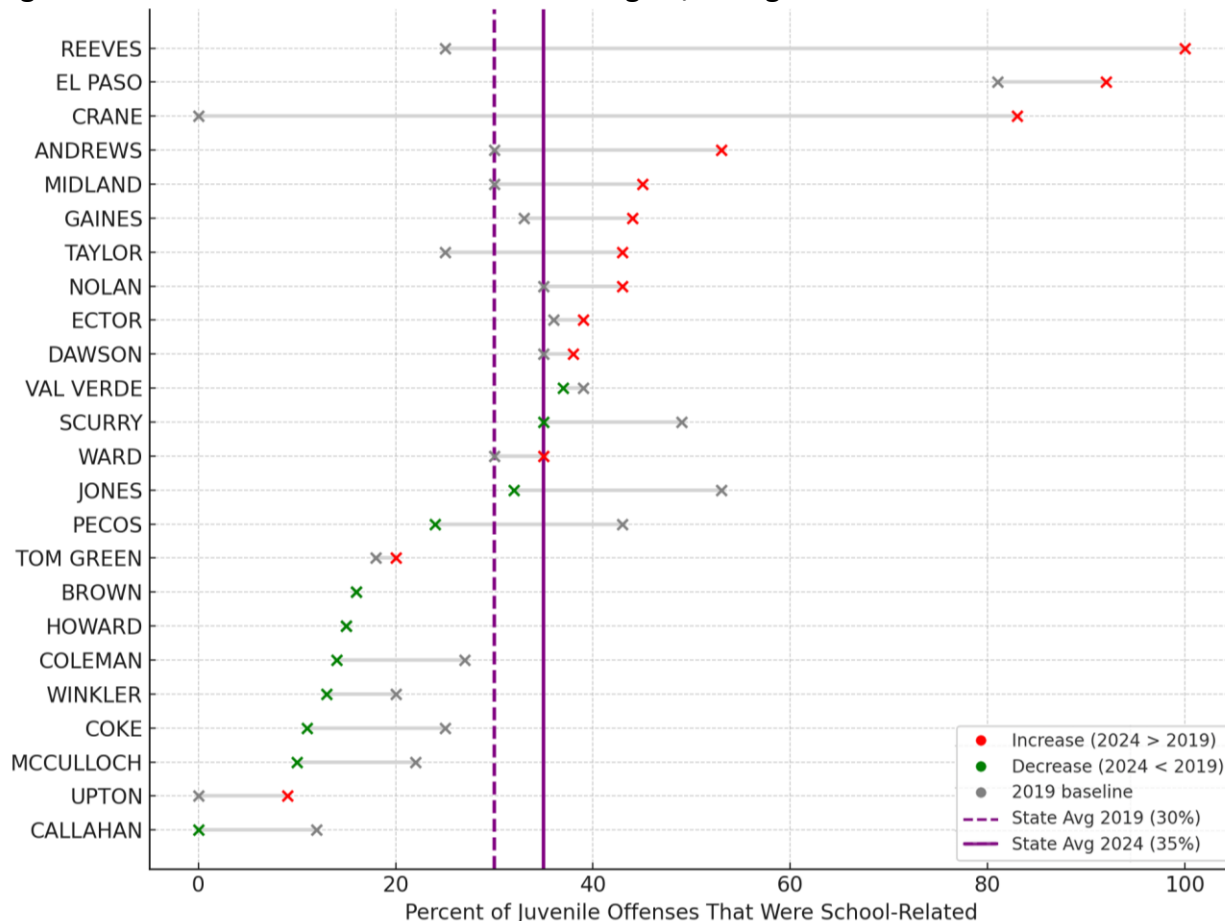
⁵⁶ Texas Juvenile Justice Department. *ECI Extract: CY19-24 Offenses at School*. Received by Meadows Institute from TJJJD email communication on August 6, 2025.

⁵⁷ Texas Juvenile Justice Department. *ECI Extract*.

gray “X” represents the 2019 baseline, while a second “X” shows the 2024 value, colored red if the percentage increased and green if it decreased.

Increases were observed in several counties, with the most dramatic spike in Reeves and Crane. El Paso County, which already had one of the highest proportions in 2019 (81%), increased further to 92% in 2024, reinforcing its consistently strong link between school settings and juvenile referrals.

Figure 8. School-Based Referrals in the West Region, Change from 2019 to 2024^{58,59}



Overall, the data reveal that school-related incidents are a significant driver of justice system contact for youth in the West Region. Based on these findings, juvenile probation departments (JPDs), schools, and cross-sector partners should consider the following:

- What school-based programs or diversion strategies are currently in place?

⁵⁸ Texas Juvenile Justice Department. ECI Extract. *CY19-24 Offenses at School*. Received by Meadows Institute from TJJD email communication on August 6, 2025.

⁵⁹ Brewster, Culberson, and Sutton are not included because their total referral number was below 3.

- Are there model partnerships between school police, JPDs, and ISDs that could be replicated or scaled?
- What services or supports are needed to prevent arrests in the first place?
- Are school-based incidents being flagged and reported consistently across counties?
- How did school referral practices change after COVID-19, and what accounts for county-level variation in their return?
- Are tiered interventions, mental health services, or trauma-informed supports available and accessible on campuses?

Juvenile Justice Data Snapshot in the West Region

This section presents an analysis of juvenile justice trends across TJJD’s West Region. While overall referral volumes and system contact levels vary widely across counties in the region, the data reveal important shifts in system responses. Commitments are declining, placements are low and stable, and youth behavioral health and trauma needs remain pressing. The following narrative examines key system touchpoints from initial referrals to supervision and reoffending, while offering insight into the conditions driving youth involvement and the system’s capacity to respond.

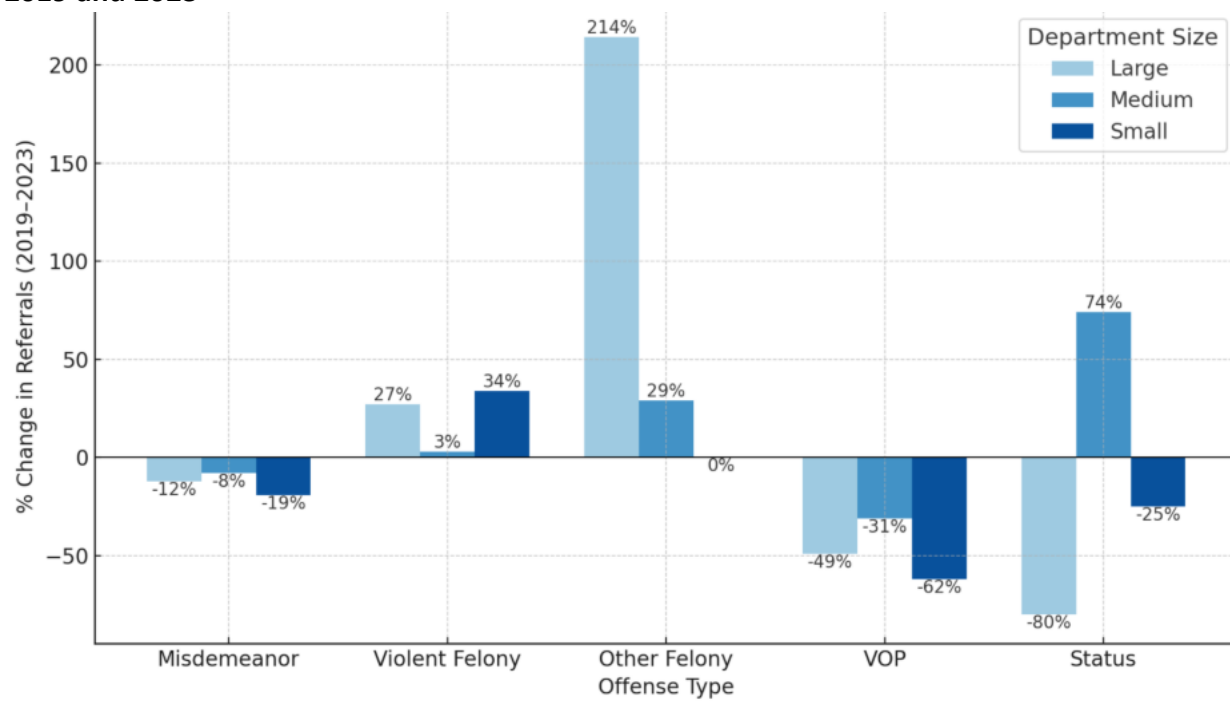
Referrals and Offense Types

 *Overall referrals have stayed flat, but felony cases are rising while misdemeanors fall.*

In 2023, the West Region reported 5,101 total juvenile referrals, a number that has remained relatively unchanged from 2019.⁶⁰ However, the nature of those referrals has shifted. Referrals for violent felonies and what TJJD categorizes as “Other Felony” offenses (e.g. burglary, theft, property, drug, weapons) rose across all county sizes, with medium-sized counties seeing a 97% increase. Stakeholders noted that increases in this category of referrals may have been influenced by an increase in the use of THC vape products by youth, which are now classified as felony offenses. Meanwhile, referrals for misdemeanors and probation violations declined across small, medium, and large departments, suggesting more use of alternatives for lower-level offenses. These trends are illustrated in Figure 9, which displays percent changes in referral rates by offense type across county sizes between 2019 and 2023.

⁶⁰ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Referrals tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

Figure 9. Juvenile Justice Referral Rates by Offense Type in the West Region, Comparing FY 2019 and 2023⁶¹

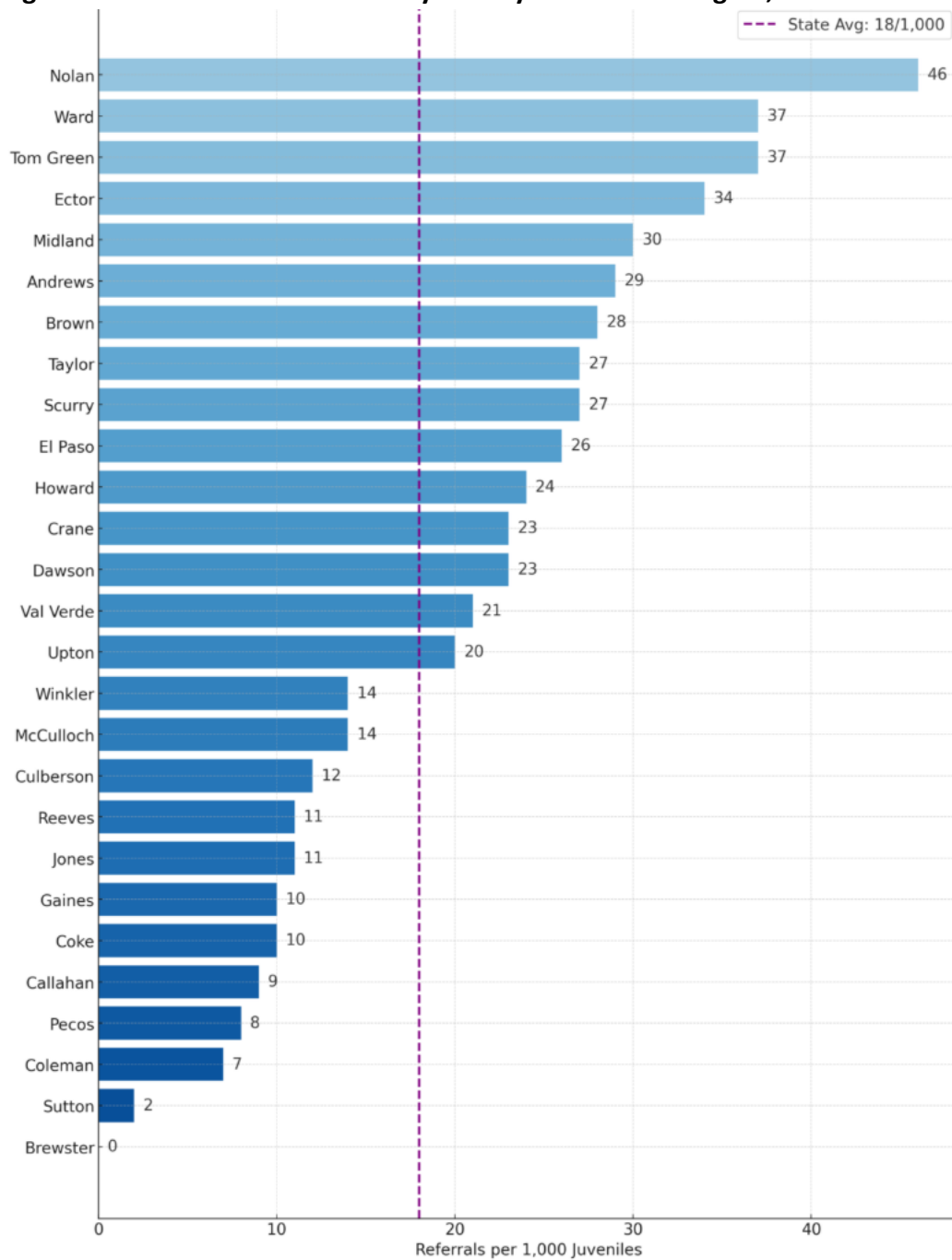


Referral Rates by County

 *Large local variation reveals different referral practices and service access.*

This chart shows the rate at which youth were referred to the juvenile justice system through arrests or probation violations in 2023. Large differences across neighboring counties suggest that referral rates are driven not only by youth behavior, but by local decisions about when law enforcement makes a formal referral versus using diversion or informal responses.

⁶¹ Texas Juvenile Justice Department. (2024, August). *Juvenile probation department profiles - fiscal years 2019-2023*. Received from email communication on July 31, 2024. In August and September 2024, the Meadows Institute analyzed and re-aggregated the juvenile probation department profiles provided by TJJD. The Institute converted TJJD's department-level data into region- and department size-based profiles by aggregating and averaging the individual department data. Additional information is available upon request.

Figure 12. Juvenile Referral Rate by County in the West Region, CY 2023⁶²

⁶² Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*. <https://www.tjjd.texas.gov/wp-content/uploads/2024/08/The-State-of-Juvenile-Probation-Activity-in-Texas-Calendar-Year-2023.pdf>

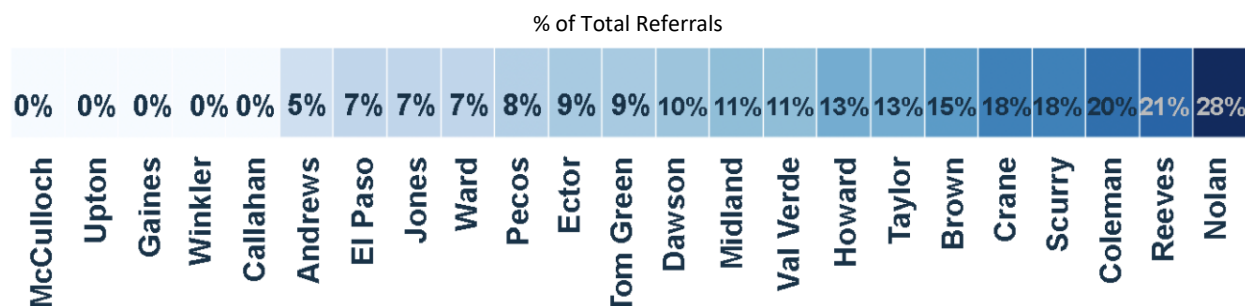
Share of Referrals Involving Violent Felonies

 *In some counties, referrals are more heavily concentrated in serious offense cases.*

Following the county-level referral rate analysis, the next figure shifts focus from how often youth are referred into the juvenile justice system to the types of cases being referred. Specifically, it shows the share of total juvenile referrals that involve violent felony offenses in each county. These measures are not directly comparable but are complementary: referral rates reflect how frequently youth are referred into the system, while the share of violent felony referrals reflects the composition of those referrals. Viewed together, the two figures provide insight into how counties differ in their use of the juvenile justice system, highlighting whether higher referral activity is driven primarily by lower-level behavior, more serious offenses, or a combination of both.

The West Region shows wide variation in the proportion of referrals involving violent felony offenses. For example, Nolan County reports both the highest referral rate in the region (46 referrals per 1,000 youth) and the highest share of violent felony referrals (28 percent), indicating elevated system involvement across both lower-level and more serious offenses. By contrast, counties such as Ward and Tom Green also have high referral rates but comparatively lower violent felony shares. This suggests law enforcement and probation may rely more heavily on formal referrals across a wider range of behaviors. At the other end of the spectrum, several counties with low or moderate referral rates show higher concentrations of violent felony referrals, including Coleman and Reeves, meaning that a larger share of the cases entering the system in those counties involve serious offenses. Together with referral rate data, this pattern may highlight differences in how counties use the juvenile justice system rather than differences in underlying youth violence or behavior. *Note: departments with 0% violent referrals had a very low volume of referrals overall.*

Figure 11. Juvenile Violent Felony Referrals as Percent of Total for West Region Counties, CY 2023^{63,64}



⁶³ Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.

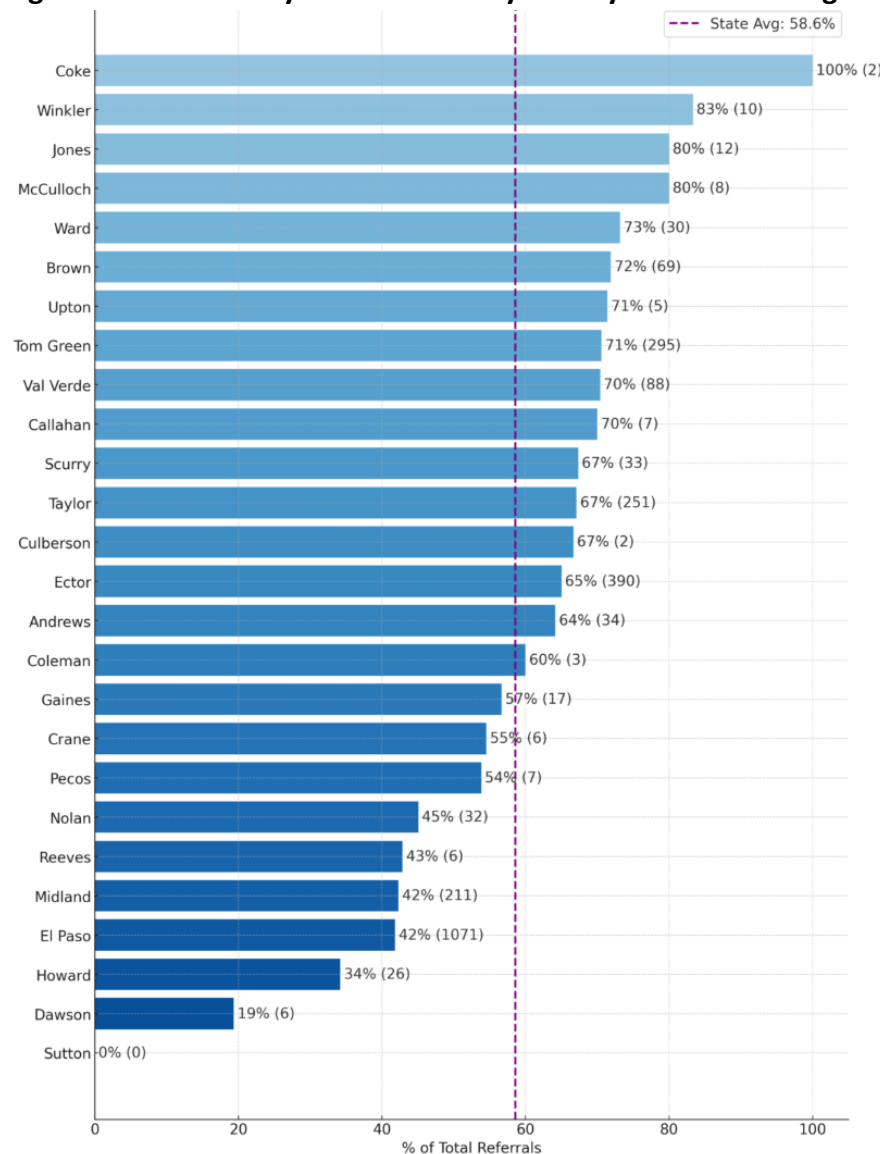
⁶⁴ Departments with three or fewer referrals were not included in this chart.

Non-Felony Referrals

 *Most youth are referred for non-felony offenses, signaling opportunities for diversion.*

Despite public attention on youth violence, most system involvement in the West Region is driven by non-felony offenses (misdemeanors, technical violations, or status offenses). These high numbers of lower-level referrals suggest that many youth could be better served through diversion, freeing probation resources to focus on youth who pose greater public safety risk and require more intensive intervention. County-level variation in these trends is visualized in the figure below, which maps non-felony referral rates across the region.

Figure 10. Non-Felony Referral Rate by County in the West Region, CY 2023⁶⁵

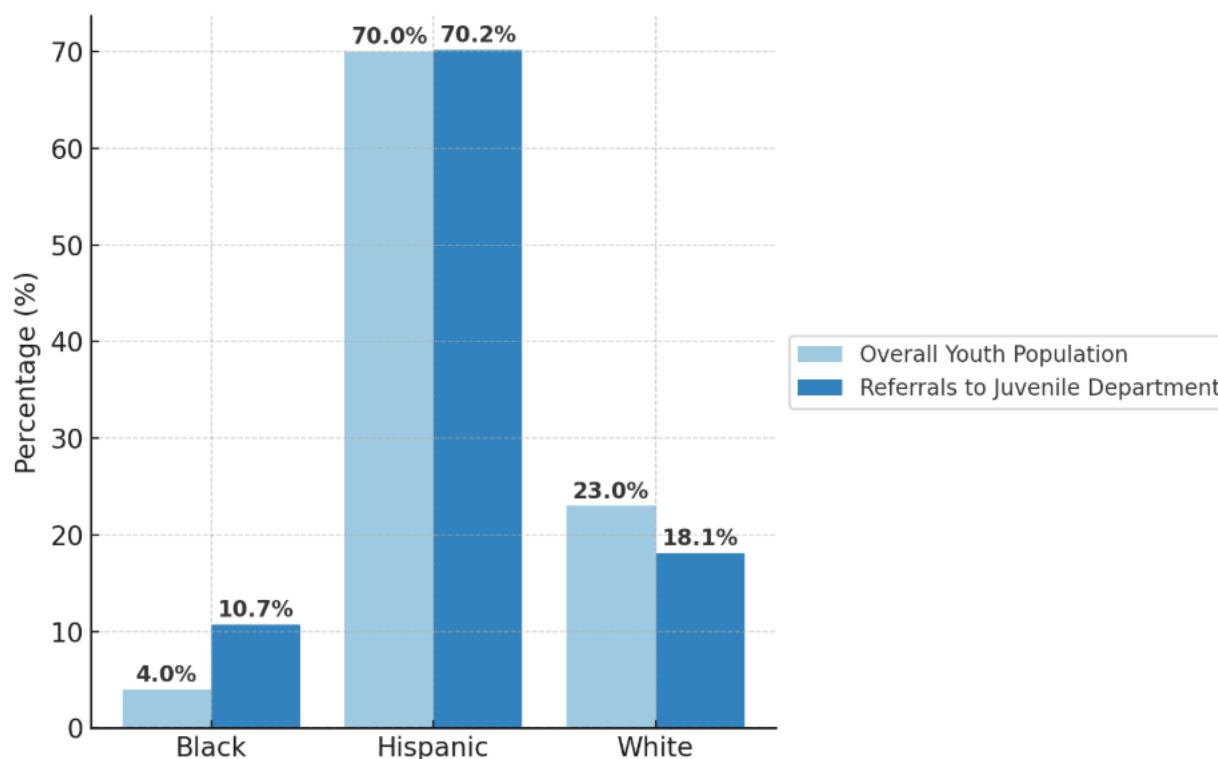


⁶⁵ Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.

Note: Count of referrals in parentheses.

This chart compares the demographic makeup of youth referred to the juvenile justice department to the overall youth population in the West Region.

Figure 13. Juvenile Referrals by Race in the West Region, FY 2022-2024⁶⁶



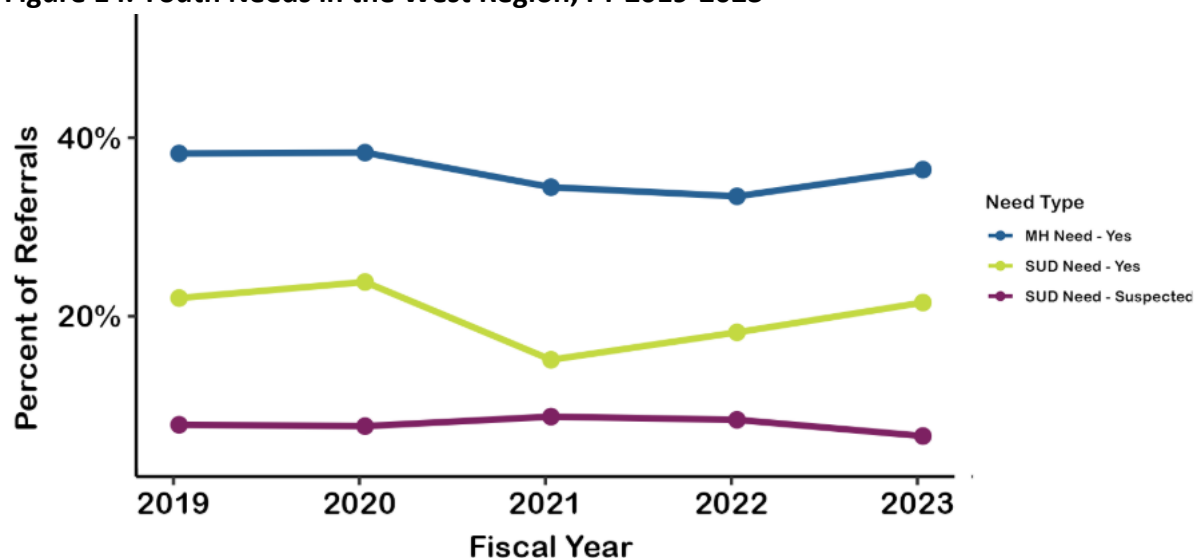
Justice-Involved Youth Needs

 *Behavioral health and trauma needs are widespread and likely underreported.*

Data from the [MAYSI](#) screener administered at intake by county departments show 62% of youth had experienced at least one traumatic event.⁶⁷ According to 2023 data from TJJD County Profiles shown in Figure 14, 31% of youth had a known or suspected substance use disorder (SUD) and 37% had reported mental health (MH) needs. However, probation staff have cautioned that these assessments are typically completed only at intake and rarely updated. As a result, behavioral health needs are likely underreported.

⁶⁶ Texas Juvenile Justice Department. *Juvenile probation department demographics - fiscal years 2022-2024*. Received by Meadows Institute from TJJD email communication on December 6, 2024.

⁶⁷ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: MAYSI tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

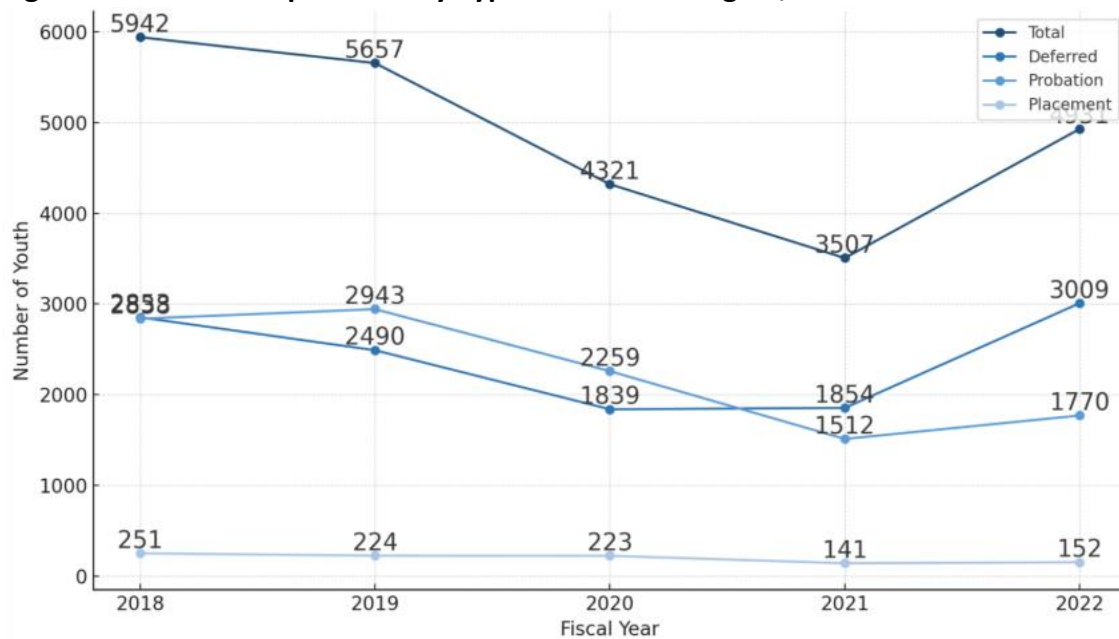
Figure 14. Youth Needs in the West Region, FY 2019-2023⁶⁸

Supervision and Placement

 *Both formal probation and placement have declined in the region.*

From 2018 to 2022, deferred prosecution was the most widely used form of supervision in the region, often serving as an alternative to deeper involvement, while formal probation and placements declined. While these declines are promising, they also raise important questions: Are youth who might previously have been placed now receiving adequate support in the community? And are local alternatives equipped to meet the needs of youth with complex challenges? The following figure provides a breakdown of supervision types over time.

⁶⁸ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Youth Needs tab.*

Figure 15. Juvenile Supervision by Type in the West Region, FY2018-2022⁶⁹

TJJD Commitments

Commitments are down in small and medium counties.

From 2019 to 2023, TJJD commitments fell by 75% in small departments and 45% in medium departments in the West Region. Department staff attribute this to deliberate efforts to reduce deep-end placements and the growing use and effectiveness of TJJD's Regional Diversion Alternatives (RDA) program.

Table 27. TJJD Commitments in the West Region, Comparing FY 2019 and 2023⁷⁰

Department Size	Youth Committed to TJJD in 2019	Youth Committed to TJJD in 2023	% Change
Small	12	3	-75%
Medium	40	22	-45%
Large	9	14	+56%

Recidivism

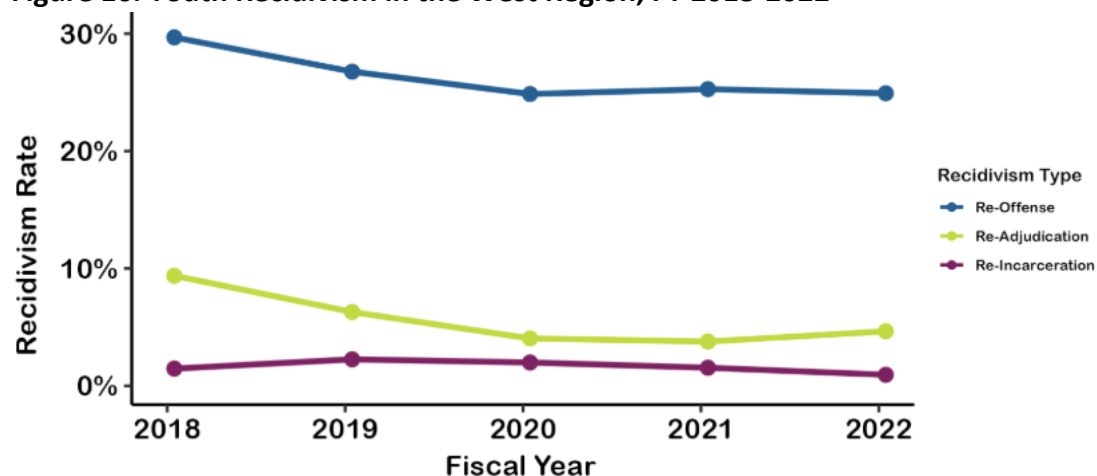
Re-offense, re-adjudication, and re-incarceration declined slightly between 2018 and 2022.

⁶⁹ Texas Juvenile Justice Department. (2024, August). *Juvenile probation department county profiles - fiscal years 2018-2022: Supervision tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

⁷⁰ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Commitment tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

Recidivism outcomes as measured by re-offense, re-adjudication, and re-incarceration have shown modest but encouraging improvements, declining slightly between 2018 and 2022. The following figure illustrates these trends across the five-year period. Refer to Appendix F for details on the recidivism calculation methodology used by TJJD.

Figure 16. Youth Recidivism in the West Region, FY 2018-2022⁷¹



The West Region is making progress in reducing overall system involvement, especially through declines in TJJD commitments, out-of-home placements, and formal probation. Trauma and behavioral health needs remain high and under-reported. One of the most striking findings is the predominance of non-felony offenses, which continue to make up the majority of referrals. This signals an opportunity to expand diversion strategies and strengthen community-rooted support systems that can meet underlying needs outside of the juvenile justice system, freeing probation resources to focus on youth who pose greater public safety risk and require more intensive intervention.

Juvenile Justice System Needs and Opportunities Survey

As part of this assessment, the project team distributed a statewide *Juvenile Justice System Needs and Opportunities Survey* (see Appendix G) to all juvenile departments in July 2025. The survey included both close-ended and open-ended questions, providing a blend of quantitative data and qualitative insights from local practitioners. The graphs below present survey results from West Region respondents only (n = 10). While the survey received 98 total responses statewide, the figures shown here reflect perspectives specific to the West Region and are

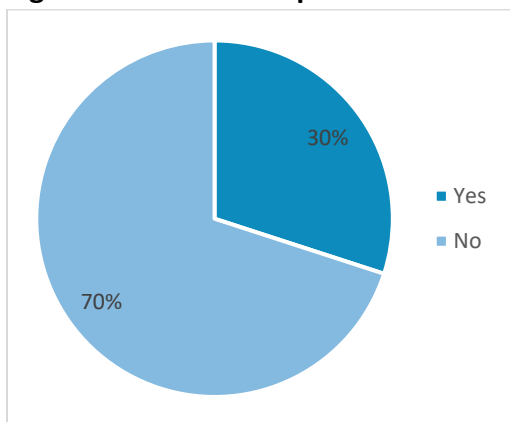
⁷¹ Texas Juvenile Justice Department. (2024, August). *Juvenile probation department profiles - fiscal years 2018-2022: Recidivism tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

intended to highlight region-specific strengths and areas for improvement (items with zero responses were excluded).

Quantitative Survey Results for the West Region

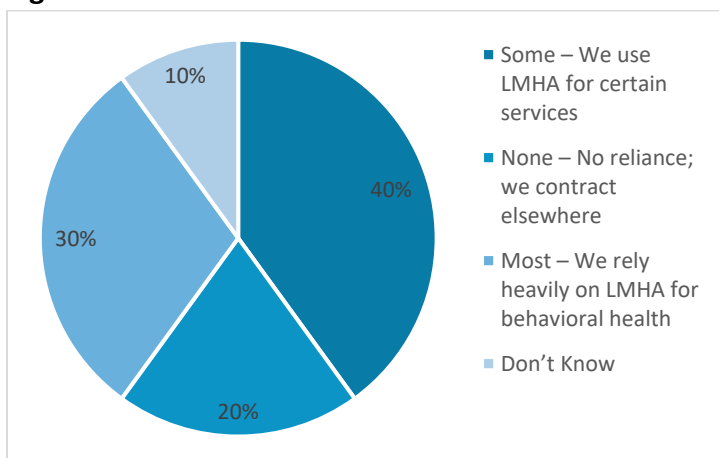
Most responding departments indicated they do not have in-house mental health staff.

Figure 17. Juvenile Department In-House Mental Health Staff

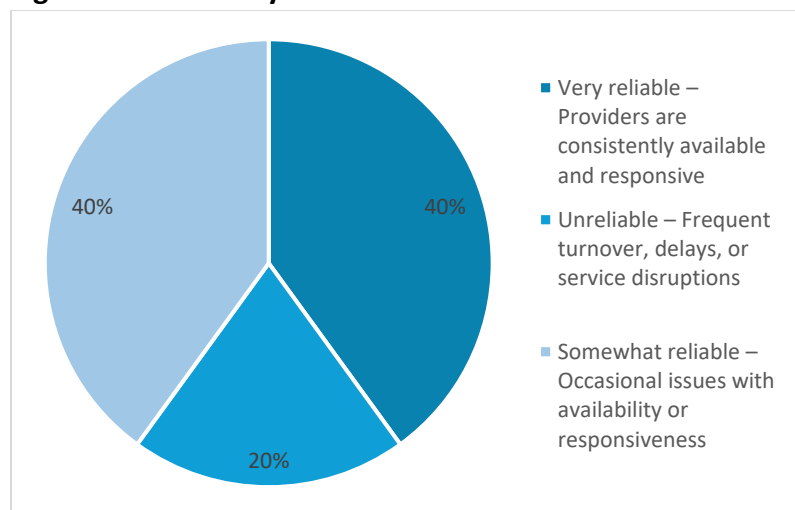


Most respondents reported at least some reliance on their Local Mental Health Authority (LMHA), with many relying heavily on LMHAs as the primary provider of youth behavioral health services.

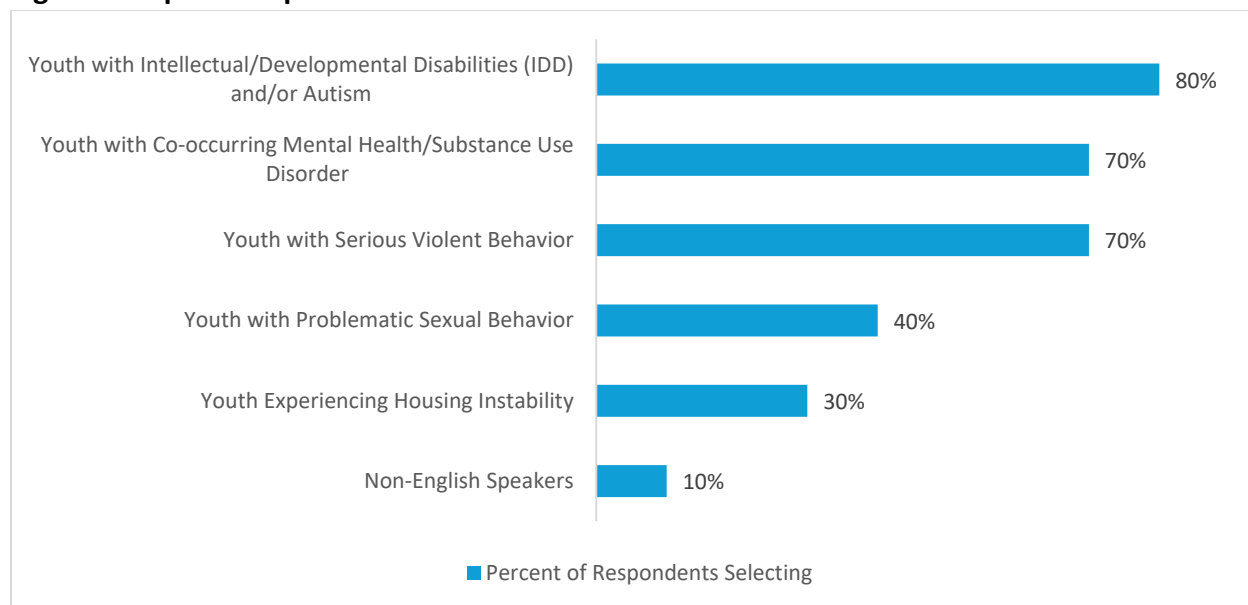
Figure 18. Reliance on LMHAs for Behavioral Health Services



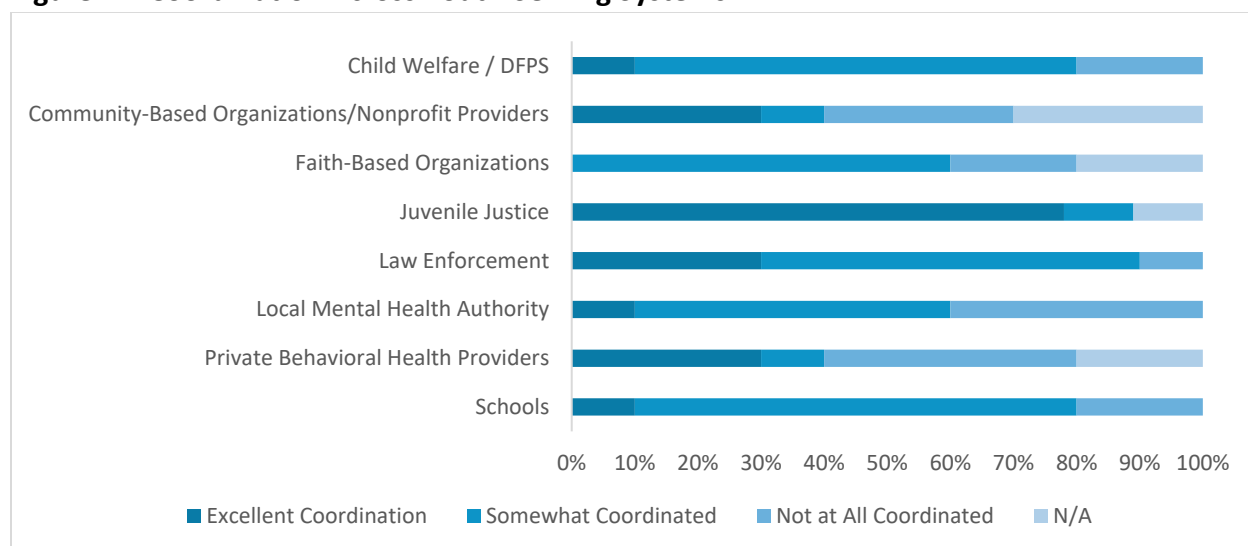
Responses suggest that while some provider partnerships are considered reliable, many counties face inconsistencies, delays, or disruptions in care.

Figure 19. Reliability of External Behavioral Health Partnerships

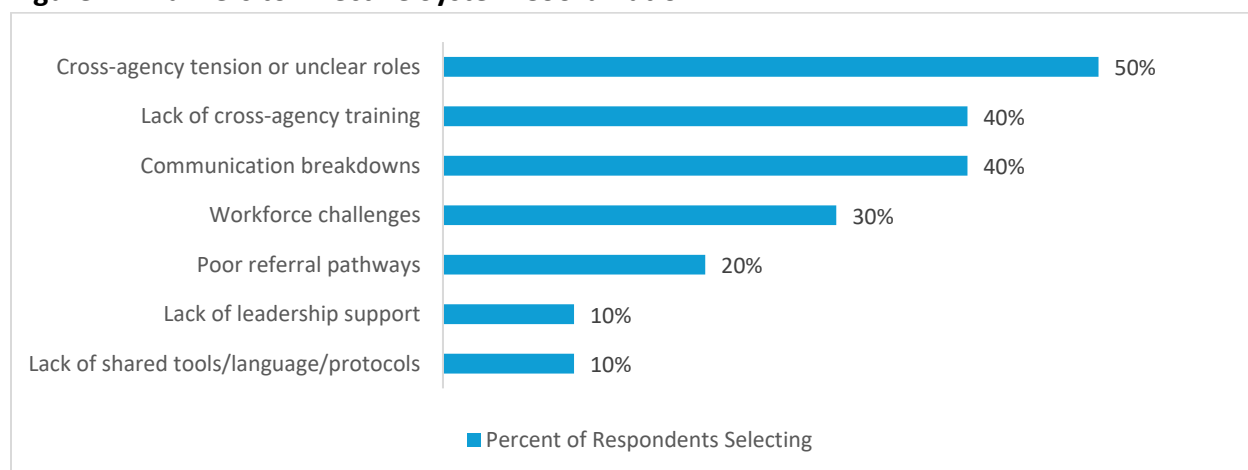
Youth with IDD/Autism were most cited as having the greatest unmet needs, while youth with co-occurring mental health and substance use issues and serious violent behavior were also high on the list.

Figure 20. Special Populations with Greatest Unmet Needs

Juvenile justice and law enforcement were rated highest for coordination, while private behavioral health providers and local mental health authorities received lower coordination scores.

Figure 21. Coordination Across Youth-Serving Systems

Top barriers to collaboration were cross-agency tension or unclear roles, followed by lack of cross-agency training and communication breakdowns.

Figure 22. Barriers to Effective System Coordination

Qualitative Survey Results for the West Region

As part of the survey, juvenile department leaders across the state were invited to share open-ended reflections on the greatest behavioral health needs, coordination challenges, and promising innovations in their counties. Although the survey received 98 responses statewide, the qualitative findings presented here reflect only the West Region responses (n = 10), which were reviewed and coded to identify common themes across participating jurisdictions.

In response to questions about service gaps and challenges in providing behavioral health care to youth, West Region respondents highlighted the following issues:

1. **Workforce shortages and turnover** – Respondents cited the lack of psychiatrists, licensed clinicians, and specialized service providers as one of the region’s most critical barrier.
2. **Limited crisis and inpatient options** – Youth in crisis are often stabilized in detention due to the absence of local psychiatric beds or mobile crisis response.
3. **Geographic and transportation barriers** – Families and staff travel long distances for services, often resulting in disengagement or inconsistent follow-up.
4. **Cross-system coordination limitations** – Respondents expressed that LMHAs, schools, and CPS remain disconnected, requiring probation to bridge communication gaps.
5. **Family engagement and special-population needs** – Youth with co-occurring disorders, trauma histories, or family instability face exclusion from existing services and limited local support options.

Table 28. Most Commonly Reported Gaps Across the West Region

Challenge	# Counties Reporting
Workforce shortages and turnover	7
Crisis and inpatient capacity shortage	6
Geographic isolation and travel barriers	5
Cross-system coordination failures	5
Special-population service gaps	4

In response to the survey question about bold or promising ideas that could benefit their counties, West Region respondents highlighted the following:

- **Regional crisis hubs and diversion centers** – Proposed shared facilities or co-located stabilization programs to reduce detention-based crisis management.
- **Telehealth expansion** – Strengthening broadband access and establishing hybrid clinical models to reach rural youth.
- **Shared workforce models** – Respondents proposed regional staffing pools or traveling clinician teams to maximize scarce capacity.
- **Community mentoring and prevention programs** – Emphasis on youth engagement through local partnerships, sports, and leadership programs.
- **Family and caregiver involvement** – Several respondents suggested structured family-support programs to improve outcomes and engagement.

When asked to identify key external providers and exemplary local practices, West Region respondents pointed to the following:

- **Cross-county partnerships** – Departments in Midland, Ector, and Andrews collaborate on clinician contracts and crisis coordination.
- **Trauma-informed and family-centered supervision** – Counties apply trauma-informed principles to probation supervision and staff wellness.
- **Community-based collaboration** – Departments work with churches, schools, and nonprofits to extend youth support beyond system walls.
- **Continuous workforce development** – Ongoing investment in staff training despite resource limitations.

Survey respondents described several supports and resources they believe are necessary to advance innovative strategies at the county level, including:

- **Regional youth crisis and stabilization facilities** to prevent detention-based crisis care.
- **Rural workforce incentives** such as housing stipends, loan forgiveness, and telehealth funding.
- **Transportation and broadband infrastructure** to expand access to remote counties.
- **Flexible funding models** to sustain shared staffing and mobile service delivery.
- **Specialized programming** for co-occurring, IDD, and trauma-impacted youth.

From Data to Action

The preceding analysis offers a detailed snapshot of how the juvenile justice system is functioning across the West Region, highlighting where progress has been made, where disparities persist, and where urgent needs remain unmet. To translate these insights into meaningful change, the next section synthesizes key themes from the data into a summary of the region's most pressing strengths and challenges. It then offers a set of findings and recommendations designed to support local leaders, agencies, and communities in strengthening the continuum of care for youth across West Texas.

West Region Findings & Recommendations

West Region Findings and Recommendations

This final section summarizes what we learned in the West Region, highlighting what's working and opportunities for improvement. It spotlights local strengths and innovative programs, distills the most urgent challenges raised by stakeholders and illuminated through the data, and lays out practical, ready-to-implement recommendations. Together, these insights offer a clear roadmap for counties, partners, and state leaders to strengthen prevention, diversion, and reintegration supports across the region.

Strengths and Assets in the West Region

The West Region spans vast geography anchored by El Paso and four mid-size hubs (Ector, Midland, Taylor, Tom Green), surrounded by 22 small, largely rural departments. Data show placements remain low and stable while formal supervision is trending downward, with recidivism also declining. Yet behavioral health need is high and access is thin across frontier counties. The assets and promising practices below reflect a region that solves problems pragmatically by sharing transport, contracting directly for care, and leaning into diversion, even as distance, workforce gaps, and cross-system hand-offs strain capacity.

Culture of local problem-solving and informal collaboration.

Chiefs repeatedly describe “making it work” across huge distances by sharing transport, co-training, and tapping hubs even outside the TJJD region when needed. Despite the awkward fit of regional lines, collaboration has increased since the regions were formalized.

Low reliance on placement and recidivism trending down.

Out-of-home placements remain low and stable across department sizes, while re-offense and re-adjudication declined from 2018–2022, evidence of counties prioritizing community-based responses.

Direct contracting to close mental health access gaps.

When LMHA pathways stall, departments (especially in the mid-sized hubs) directly contract with providers (e.g., Texas Tech, Charlie Health) and juvenile department staff stand in as behavioral health navigators to fill gaps.

Emerging regional capacity anchored in hubs.

El Paso, Ector/Midland, Taylor, and Tom Green function as service anchors with in-house clinicians and specialty options that can be shared outward, important in a region of one large, four medium, and 22 small departments.

Willingness to pilot innovations.

Hubs are already using new expansion beds; chiefs discussed regional hub models (assessment, crisis diversion, shared clinicians, transport coordination) as feasible “next pilots.”

Promising Programs in the West Region

Despite vast distances and limited infrastructure, the West Region has developed creative and pragmatic solutions to keep youth in their communities. These models span early diversion, behavioral health coordination, and shared regional capacity, illustrating how departments across vastly different geographies are adapting to serve youth close to home.

Diversion and Early Intervention Pathways

West Texas departments often prioritize diversion before formal adjudication. El Paso’s First Offender Program, paired with prosecutor “alternative referral” agreements, ensures youth with low-level offenses receive counseling or brief monitoring rather than court processing. Several rural counties report diverting up to 80-90% of youth to deferred prosecution, often in coordination with schools for vaping cases. Midland and Tom Green are piloting stronger partnerships with local ISDs to handle minor incidents through school counselors, probation liaisons, or restorative interventions rather than court.

Programs

- El Paso County First Offender Program (Texas Family Code §52.031)
- High Deferred Prosecution Use across small counties (e.g., Nolan, Coleman, Andrews)
- School-based partnerships for early intervention in Midland and Tom Green

Behavioral Health and Clinical Access Models

Facing chronic LMHA waitlists and staff turnover, West Region probation departments have become creative in securing timely mental health care. Midland and Ector contract directly with Texas Tech psychiatry and telehealth providers like Charlie Health to deliver therapy and medication management without long eligibility delays. El Paso employs its own licensed staff who provide both therapy and screening within the department, shortening service timelines and avoiding unnecessary placements.

Programs

- Direct Mental Health Contracting by Midland and Ector JPDs (Texas Tech University Health Sciences Center; Charlie Health tele-therapy network)
- In-House Clinician Teams – El Paso (10 licensed clinicians), Tom Green (contracted LCSW), and Taylor (Betty Hardwick Center partnership)

Specialty Behavioral Health and Crisis Response Programs

These programs provide critical supports for youth with acute behavioral health needs, often preventing placement or hospitalization. SNDPs link probation and LMHAs in shared caseloads with regular joint staffing. YCOT mobile teams respond to crises 24/7, offering de-escalation and referral options for law enforcement who previously had “no safe drop-off” alternatives. CSC programs bring specialized clinical support to transitional-age youth showing early psychosis symptoms.

Programs

- Special Needs Diversionary Program (SNDP) – El Paso and Tom Green
- Youth Crisis Respite and YCOT coverage – Emergence Health Network (El Paso) and PermianCare (Midland/Odessa)
- Coordinated Specialty Care (CSC) for first-episode psychosis – Betty Hardwick (Abilene hub) and Emergence Health Network (El Paso)

Family Engagement and Navigation Supports

Families in West Texas face unique challenges, including vast distances, bilingual communication needs, and confusion navigating fragmented systems. El Paso’s Children’s System Navigator pilot embeds trained family partners within the LMHA and JPD to guide caregivers through referrals, court, and behavioral health services. Midland and Taylor are incorporating family check-ins and parent classes into their diversion programs, improving follow-through and reducing revocations.

Programs

- Children’s System Navigator – Emergence Health Network (El Paso)
- Parent Education and Support incorporated into diversion in Midland and Taylor counties

Regional Collaboration and Shared Capacity

Given small population sizes and long travel distances, single-county programs are rarely sustainable. Chiefs expressed strong interest in regional solutions, including shared detention and assessment beds, pooled clinician contracts, and coordinated transport networks. The El Paso SIM Mapping report and West Region site visit discussion reflect widespread support for a regional hub model that could serve as a centralized intake and diversion point.

Programs

- Regional Detention and Residential Expansion Beds (e.g., Taylor County pilot, El Paso use agreements)
- Shared Clinician and Transport Agreements discussed by chiefs during regional workshop

- Assessment and Crisis Diversion Center concept raised during El Paso SIM mapping

Education, Workforce, and Training Innovations

The region's workforce shortage of licensed clinicians and bilingual service providers has prompted creative partnerships with local universities. Probation and LMHAs have begun hosting graduate interns for counseling, psychology, and social work rotations. Autism/IDD response training has helped probation and law enforcement safely manage youth with developmental disabilities.

Programs

- Intern and University Partnerships – UTPB (Odessa), Angelo State (San Angelo), Tech University Health Sciences Center El Paso (El Paso)
- Emerging Workforce Pipelines through Texas Tech School of Social Work and Angelo State's psychology practicum placements

Key Themes and Findings in the West Region

The themes below capture the most pressing challenges, opportunities, and patterns identified through the West Region site visit, breakout discussions, survey responses, and stakeholder interviews. They reflect perspectives from probation leaders, behavioral health providers, law enforcement, educators, and youth advocates across an area that spans more than a third of Texas. Despite its vast geography and service deserts, the region demonstrates a strong ethic of collaboration, pragmatic leadership, and commitment to local solutions. The findings that follow point to urgent needs in mental health, workforce, and school diversion, along with actionable opportunities to build shared capacity and coordination across county lines.

Theme 1: Vast Geography and Rural Isolation Limit Access to Core Services

Challenge: The West Region's sheer size and sparsity of providers make it hard to deliver consistent behavioral health or specialized programming in most counties. Families in places like Brewster, Sutton, and McCulloch may drive hours for counseling, or have no youth-appropriate service within 200 miles. Even when LMHAs cover multiple counties, waitlists stretch for months and youth with justice involvement are often deprioritized.

Opportunity: Develop a regional service-sharing framework anchored in hub counties such as El Paso, Ector/Midland, Taylor, and Tom Green, to provide telehealth coverage, mobile clinicians, and crisis response teams that reach rural departments. Shared contracting and tele-rotation models could reduce cost and travel barriers for small counties.

"For our small counties, there's just nothing local. If the LMHA can't take them, there's nowhere else to go."

"We have kids sitting in detention waiting for a mental health bed that doesn't exist anywhere near us."

Theme 2. Behavioral Health Access Gaps Force Probation to Act as the De Facto Provider

Challenge: Departments across the region, especially Midland, Ector, and Taylor, described acting as "the mental health provider of last resort." LMHAs face chronic staff shortages, frequent turnover, and narrow eligibility criteria. Youth wait months for psychiatric evaluation or counseling, and probation staff are left coordinating medication, crisis transport, and therapy referrals directly.

Opportunity: Create formal MH coordination and shared contracting mechanisms between JPDs and LMHAs, allowing counties to purchase or share clinicians collectively. Expand existing direct-provider models (Texas Tech psychiatry, Charlie Health teletherapy) across the region under a standardized reimbursement structure.

"Our LMHA has good intentions, but by the time they can see a kid, the crisis has passed or the kid's already in detention."

"We contract our own counselor now because otherwise the kids don't get seen."

Theme 3. Limited Placement and Treatment Options for High-Need Youth

Challenge: Counties repeatedly cited the lack of residential or step-down programs for youth with high behavioral health, IDD, or co-occurring substance use needs. The closure of private and state-run facilities has left West Texas with almost no appropriate placements, forcing youth to stay in detention for stability or be sent hundreds of miles away.

Opportunity: Leverage current detention/residential expansion projects in Taylor and El Paso as pilots for regional step-down and stabilization beds or a new Residential Treatment Center. Develop cross-county MOUs for shared access and cost-sharing to ensure smaller departments can utilize those resources.

"We're holding kids in detention because no placement will take them."

"Private providers refuse our justice kids, especially if they have mental health."

Theme 4. Strong Local Leadership and Collaboration Culture, But No Formal Infrastructure

Challenge: Across all counties, department staff described a high degree of informal collaboration by sharing transport, clinicians, and training, but no standing framework or administrative structure exists to coordinate regionally. Without a regional plan, opportunities to share funding and staff are missed, and initiatives depend on personal relationships rather than policy.

Opportunity: Establish a formal West Region collaborative or "Regional Services Compact" among the 27 departments to manage joint contracts, training, and shared metrics. TJJD could

support facilitation and technical assistance for this structure, modeled after similar interlocal agreements in other regions.

"We work together all the time.. If somebody needs help, we figure it out."

Theme 5. School Referrals and Early Justice Involvement Drive Caseloads

Challenge: School-based referrals remain a leading entry point into the system, often for vaping or minor classroom behaviors. Chiefs noted that while some districts have strong partnerships, others continue to default to law enforcement or probation. Small rural districts lack counselors or behavioral health supports, while larger districts struggle with consistent protocols.

Opportunity: Create regional school-based diversion MOUs and standard referral thresholds across ISDs. Expand school-based First Offender Programs (El Paso model) and short-term paper supervision for low-level incidents. Embed probation liaisons or LMHA clinicians in schools with high referral rates.

"We're still getting too many referrals from schools for things that could've been handled on campus."

"If they're in school and not homeschooled, we have a chance. Schools are removing them because of their behavior and discipline problems. And so, they're homeschooling that kid."

Theme 6. Transportation Challenges and Workforce Shortages

Challenge: Transportation emerged as a major limiting factor for both youth and staff. Many families lack reliable vehicles, making consistent attendance at probation, therapy, or court appointments difficult. Similarly, clinician travel time and probation coverage across large counties lead to staff burnout. The workforce shortage in West Texas, particularly of bilingual clinicians, exacerbates these challenges.

Opportunity: Develop mobile service teams and stipends to offset travel for youth and staff. Partner with universities (UTPB, Angelo State, Texas Tech) to create field placements and hybrid work models for clinicians. Explore shared transport coordination among small counties for appointments, court, and facility transfers.

"Some families can't afford the gas to get to counseling...it's that simple."

"We drive hundreds of miles a week just to cover our counties."

Theme 7. Need for Integrated Crisis Response and Assessment Hub

Challenge: Stakeholders identified the absence of a coordinated front door for crisis and diversion. Youth in mental health crisis are often taken to detention because law enforcement lacks drop-off options. Chiefs and partners supported the idea of a regional assessment or crisis center that could stabilize youth and coordinate services pre-adjudication.

Opportunity: Pursue development of a West Texas Youth Assessment and Diversion Center, potentially piloted in El Paso or Tom Green, as a regional entry point for screening, crisis stabilization, and warm handoffs to community programs. This concept aligns with the broader statewide continuum effort and addresses multiple systemic bottlenecks.

“Every time we talk about diversion, we come back to: we need a center.”

“We need some kind of regional residential...somewhere safe for kids in crisis.”

Priority Recommendations for the West Region

The recommendations that follow translate the West Region’s key themes, stakeholder insights, and regional data into a focused set of strategies designed to strengthen the continuum of care across a vast and resource-challenged geography. They are grounded in what local leaders emphasized most during the site visit, breakout discussions, surveys, and the “Design a Pilot” activity: the need for consistent behavioral health access, earlier diversion from schools and law enforcement, stronger cross-system coordination, and shared regional solutions that small counties cannot build alone. Each recommendation builds on existing assets, such as strong informal collaboration among chiefs, innovative local MH contracting, and El Paso’s integrated behavioral health model, while addressing the structural barriers that most impact youth and families. Together, these priorities offer a practical roadmap for expanding community-based options, reducing detention driven by service gaps, and creating the infrastructure necessary for sustainable, region-wide improvement.

Develop a Shared Behavioral Health and Clinical Access Network		
Finding 1: Counties across West Texas are contracting individually for mental health services due to LMHA workforce shortages and long waitlists. This patchwork approach leads to inefficiencies and inconsistent access for smaller departments.		
Recommendation 1: Create a regional shared-provider network that pools funding to contract clinicians, psychiatrists, and telehealth providers under a unified framework, anchored in mid-sized, centrally located hub counties.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Inventory existing county contracts (Texas Tech, Charlie Health, local therapists) and identify overlapping providers.	- Negotiate a shared contract rate and credentialing process for use across multiple counties. - Pilot in the Midland–Ector corridor.	Formalize the West Texas Behavioral Health Provider Network under a regional services agreement, with opt-in participation for smaller JPDs.
Existing Local Assets to Build On		Lead Partners
El Paso’s in-house clinicians; Texas Tech psychiatry partnerships; Charlie Health tele-therapy agreements; PermianCare and Betty Hardwick LMHAs		County JPDs, LMHAs, Texas Tech Health Sciences Center, TJJD, regional university partners

Rating: Medium Feasibility / High Impact / Moderate Cost

Directly addresses the region's most cited gap. Requires coordination and pooled funding but builds from successful existing contracts. High return in reduced detention holds and travel costs.

Strengthen Early Diversion and School-Based Deflection

Finding 2: Schools remain a leading referral source across the region, often for low-level behaviors such as vaping.

Recommendation 2: Standardize First Offender Program (FOP) and school-based diversion protocols across the region using El Paso's model and deferred prosecution templates from small counties.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
- Collect all current diversion policies - Form a small workgroup of chiefs to draft a regional FOP template	- Develop ISD-JPD diversion MOUs defining on-campus versus formal referral criteria - Potential pilot in Midland and Tom Green ISDs	- Train SROs and probation liaisons across all counties - Establish data tracking for pre-referral diversion outcomes

Existing Local Assets to Build On	Lead Partners
El Paso FOP; deferred prosecution programs in Nolan, Coleman, and Andrews; emerging school partnerships in Midland and Tom Green	TJJD, County JPDs, ISDs, ESCs, LMHAs, County Attorneys

Rating: High Feasibility / High Impact / Low Cost

Builds on proven diversion tools and strong local buy-in. Key need is standardization and shared tracking, not new funding.

Formalize Cross-System Coordination for Dual-System and High-Need Youth

Finding 3: Youth with overlapping CPS, behavioral health, or probation involvement experience fragmented care. Counties report poor communication and “handoffs” between systems that delay services or placement.

Recommendation 3: Develop formal interagency MOUs between JPDs, DFPS Regions 9 and 10, and LMHAs outlining joint staffing, referral timelines, and cost-sharing.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
- Map shared caseloads between DFPS and probation - Designate points of contact in each hub county	- Convene regional DFPS–JPD–LMHA coordination meetings quarterly - Draft a model MOU	Implement a dual-system liaison structure under the West Region collaborative, tracking shared outcomes (time-to-service, placement length, reunification)

Existing Local Assets to Build On	Lead Partners
Tom Green and El Paso SNDP programs; DFPS participation in the El Paso SIM Mapping process; existing informal coordination among chiefs	TJJD, DFPS Regions 9 & 10, LMHAs, County JPDs
Rating: Moderate Feasibility / High Impact / Moderate Cost	
<i>High potential to close cross-system gaps. Requires DFPS commitment and data sharing but builds on existing coordination from El Paso and Tom Green pilots.</i>	

Expand Regional Crisis Response and Mobile Service Capacity		
Finding 4: Law enforcement and probation frequently detain youth in crisis because there are no safe drop-off locations or mobile clinical teams available. YCOT and Youth Crisis Respite coverage remain limited outside El Paso and Midland.		
Recommendation 4: Expand 24/7 crisis response capacity across the region through new YCOT teams, tele-triage, and shared transportation support.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
- Identify coverage gaps - Document crisis call data and detention diversions	Secure HHSC funding for one additional YCOT or mobile crisis team serving the southern corridor (Val Verde to Tom Green)	Establish regional MOUs for cross-county crisis response and build a shared dispatch coordination line
Existing Local Assets to Build On		Lead Partners
Emergence Health Network YCOT (El Paso); PermianCare mobile response; Youth Crisis Respite in El Paso and Abilene; LMHA tele-triage experience		HHSC, LMHAs, JPDs, law enforcement, TJJD regional support team
Rating: Medium Feasibility / High Impact / Moderate-High Cost		
<i>Infrastructure-heavy but transformative. Builds on existing crisis teams; expansion mainly requires funding and coordination to reach unserved areas.</i>		

Create a West Texas Regional Services Compact and Learning Collaborative		
Finding 5: Counties collaborate informally to share staff, training, and resources, but additional support is needed for structured regional coordination.		
Recommendation 5: Establish a West Texas Regional Services Compact, formalizing shared contracting, training, and data collection across JPDs.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Convene chiefs from all 27 departments to develop Compact principles and shared priorities	- Adopt an interlocal agreement or MOU - Pilot shared staff (e.g., clinician or transport)	Launch a formal West Region Learning Collaborative hosted quarterly by TJJD and Meadows to track progress,

	coordinator) across 3–5 counties	share data, and coordinate funding
Existing Local Assets to Build On		Lead Partners
Active coordination through the Chiefs Association; regional detention/residential expansion pilots in Taylor and El Paso; growing partnerships with universities and LMHAs; TJJD Regional support staff		TJJD Regional CoC Coordinators and Regional Managers, County JPDs, Meadows Institute, Regional Funders
Rating: High Feasibility / Moderate Impact / Low Cost		
<i>Highly feasible with strong local interest. Low cost to initiate, primarily coordination and facilitation. Sets foundation for future regional grants and service-sharing.</i>		

Design and Pilot a Regional Youth Assessment and Diversion Center		
Finding 6: During the site visit’s “Design a Pilot” activity, participants envisioned a shared, regional Youth Assessment and Diversion Center, a coordinated front door where law enforcement, schools, and probation could bring youth for immediate screening, crisis stabilization, and service linkage instead of detention.		
Recommendation 6: Develop and pilot a West Texas Youth Assessment and Diversion Center to serve as a regional hub (potentially in El Paso or Tom Green) for screening, crisis response, and coordinated referral.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Convene an interagency design group (JPDs, law enforcement, LMHAs, hospitals) to define target population, facility model, and cost structure	Secure local match and federal or state seed funding (e.g., TJJD, HHSC, OJJDP) for facility design and staffing	- Launch the pilot site - Evaluate cost savings from detention diversion and ER reduction - Create replication guide for Midland or Ector corridor expansion
Existing Local Assets to Build On		Lead Partners
El Paso SIM Mapping process; local hospital and LMHA partnerships; stakeholder design proposals documented in West Site Visit Design a Pilot exercise		TJJD, County JPDs, LMHAs, law enforcement, hospital systems, Meadows Institute, National Assessment Center Association
Rating: Moderate Feasibility / High Impact / High Cost		
<i>The region’s most transformative long-term opportunity. Builds directly from stakeholder-generated pilot concepts and El Paso’s SIM recommendations. Feasibility depends on facility funding and cross-agency coordination but would fundamentally reshape crisis response in West Texas.</i>		

Youth and Caregiver Feedback

The following summarizes evidence from the Texas Network of Youth Services (TNOYS) *Youth and Young Adult (YYA) Findings and Recommendations Report* aligned with the West Region's priority recommendations.⁷²

Build Regional Behavioral Health Infrastructure for Youth with Complex Needs

- Youth described poor quality mental health treatment, overmedication, and long waits before receiving any real help.
- Youth repeatedly said they only got mental health support after they entered the justice system, not before.
- Caregivers said they were told to “call police” when their child was in crisis, which often resulted in deeper system involvement.
- TNOYS Recommendation: Expand youth-focused counseling, crisis services, and early mental health access to prevent detention from becoming the pathway to treatment.
- *Quote: “You have to get in trouble to get help.”*

Strengthen Cross-System Case Coordination for Youth with High Acuity

- Youth in TNOYS sessions said systems don't talk to each other, forcing them to repeat their story and leaving gaps in support.
- Caregivers noted that inconsistent communication between CPS, probation, and schools led to duplicated or conflicting plans.
- TNOYS Recommendation: Use joint staffing, warm handoffs, and family advocates to coordinate plans for high-acuity and dual-system youth.
- *Quote: “I had to tell my story to different people, and no one helped me.”*

Prioritize Early Behavioral Health Supports and Reduce System Pathways

- Youth described entering probation because families lacked access to mental health or crisis supports in rural areas.
- Caregivers reported using law enforcement as a last resort due to no dependable in-home or community-based help.
- TNOYS Recommendation: Increase early intervention supports such as youth crisis stabilization, in-home therapy, and respite care.
- *Quote: “We were asking for help way before probation.”*

⁷² From December 2024 to July 2025, the TNOYS hosted six listening sessions to hear from youth and young adults (YYA) who have experienced or been vulnerable to experiencing the juvenile justice system, as well as caregivers of young people who have been impacted by the juvenile justice system. Over two virtual listening sessions with YYA, two virtual listening sessions with caregivers, and two in-person listening sessions with current and former juvenile justice-involved young people held in Houston and Corpus Christi, TNOYS listened to and learned from 80 YYA ages 15-24 and 16 caregivers.

Expand Transportation Supports and Mobile Services Across the Region

- Youth and caregivers said transportation was one of their biggest barriers, especially in wide-spread rural counties.
- Missing appointments due to lack of transportation often resulted in violations or deeper involvement.
- TNOYS Recommendation: Offer gas cards, ride vouchers, mobile service units, and telehealth access to reduce no-shows and improve compliance.

Develop a Regional Learning Collaborative for Shared Capacity and Solutions

- Youth shared frustration that systems request their feedback but make no visible changes afterward.
- Caregivers said regions need consistent communication and shared decision-making to improve outcomes.
- TNOYS Recommendation: Create a youth- and caregiver-informed learning collaborative to track progress, review data, and guide improvements.
- *Quote: “They always ask for our opinion but never do anything with it.”*

Increase School-Based Diversion and Truancy Supports

- Youth described harsh school discipline and inconsistent responses as pathways to probation.
- Caregivers said schools rely too often on police or probation instead of counseling or communication.
- TNOYS Recommendation: Strengthen restorative justice, mediation, and school diversion models, and ensure consistent application across districts.
- *Quote: “All kids in my school do the same thing, but only some of us get arrested.”*

Advance Community Prevention Infrastructure: Youth Centers and Safe Spaces

- Youth said there are few safe places to go, which leads to boredom, unsupervised time, and negative peer influences.
- Caregivers echoed the need for after-school programs, recreation, and safe drop-in spaces.
- TNOYS Recommendation: Invest in youth centers, mentorship, and structured recreational programs to fill prevention gaps in rural counties.
- *Quote: “There’s nothing to do out here, that’s why we get in trouble.”*

Next Steps for the West Region

The West Region has already demonstrated remarkable resilience and creativity in serving youth across one of the most geographically challenging areas of Texas. The findings and

recommendations in this report offer a shared roadmap for translating that innovation into a coordinated, sustainable continuum of care. The next phase will require formalizing regional collaboration, expanding behavioral health and crisis capacity, and building consistent diversion pathways that reduce unnecessary system involvement. The actions below align with existing momentum, such as direct MH contracting, school partnerships, and stakeholder enthusiasm for a regional assessment/diversion pilot, while establishing the infrastructure needed to support long-term system transformation.

Action Step	Lead / Partners	Timeline
Share and Discuss Findings – Present the West Region report to chiefs, LMHAs, DFPS, school partners, and law enforcement. Facilitate county-level discussions to identify 1–2 priority recommendations for immediate advancement.	TJJD Regional CoC Coordinators, County JPDs, LMHAs, DFPS Regions 9 & 10, ISDs, Law Enforcement	Within 60 days of report release
Launch a Regional Collaboration Structure – Convene chiefs from all 27 departments to form a West Texas Regional Services Compact to coordinate shared staffing, contracts, and service access. Begin with shared problem-solving around MH access and transport.	County JPDs, TJJD Regional Support Team, Meadows Institute	Establish within 6 months
Pilot Shared Behavioral Health Contracting – Build on existing direct-provider contracts (Texas Tech, Charlie Health, local therapists) by negotiating shared rates and onboarding one clinician who serves 3–5 counties in rotation.	JPDs (Midland, Ector, Tom Green, Taylor, El Paso), LMHAs, Texas Tech University Health Sciences Center	Pilot within 6–9 months
Advance School-Based Diversion Alignment – Develop model ISD–JPD MOUs based on El Paso’s First Offender Program and small-county deferred models. Pilot standardized thresholds with Midland and San Angelo ISDs.	County Attorneys, JPDs, ISDs, ESCs, LMHAs	MOU templates within 9 months; pilots within 12 months

Action Step	Lead / Partners	Timeline
Develop Cross-System Coordination with DFPS and LMHAs – Formalize communication pathways, identify dual-system liaisons, and create quarterly staffing meetings for shared youth. Use Tom Green’s and El Paso’s SNDP experiences as models.	DFPS Regions 9 & 10, JPDs, LMHAs, TJJD	Begin coordination within 6 months; MOUs finalized within 12 months
Design the West Texas Assessment and Diversion Center Pilot – Using the ideas generated in the <i>Design a Pilot</i> session, convene a multi-agency design group to define scope, services, staffing, and cost models for a regional crisis and assessment hub.	TJJD, County JPDs, LMHAs, Law Enforcement, Hospitals, Meadows Institute	Design group initiated within 3 months; pilot readiness plan within 12 months
Strengthen Crisis Response Coverage – Pursue HHSC funding for an additional YCOT or mobile crisis team serving the southern and central West Region, paired with shared transport agreements among rural counties.	HHSC, LMHAs, County JPDs, Law Enforcement	Funding applications within 6–12 months
Create a Regional Workforce and Internship Pipeline – Partner with Angelo State, Texas Tech, and others to develop rural clinical placements, telehealth internships, and PO recruitment pathways. Offer stipends for rural rotations.	Universities, LMHAs, JPDs, TJJD	Planning within 6 months; pilots within 12–18 months
Monitor and Report Progress – Establish regional metrics (e.g., diversion participation, time-to-MH-services, crisis response outcomes, detention holds due to service gaps) and publish annual updates.	TJJD Regional CoC Coordinators, County Chiefs, Regional Data Analysts	Metrics framework within 6 months; first report within 12 months

The West Region’s combination of determination, pragmatism, and strong leadership across both hub and rural counties creates fertile ground for meaningful system change. Departments have already demonstrated their commitment to serving youth locally. With continued regional

coordination, targeted investments, and support from TJJD and partner agencies, West Texas can transform these individual innovations into a cohesive, sustainable continuum of care that ensures every young person has access to timely, community-based, developmentally appropriate supports.

This report serves as both a roadmap and a living document. As implementation progresses, it should be revisited regularly to track progress, adapt strategies, and align new funding and policy opportunities with the West Region's vision for youth justice reform.

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Appendix D. Glossary of Acronyms

Comprehensive list of acronyms used throughout the report, including behavioral health licensure credentials.

Appendix E. Substitute Care Placement Type Definitions

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Methodology and data definitions used by TJJD to calculate statewide and department-level county profile data and recidivism rates.

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Survey instrument distributed to juvenile probation departments in July 2025.

Appendix A. West Region Site Visit Mapping Session Agenda and Participants

May 7, 2025 | 10:00 am – 1:00 pm | Odessa, Texas
Meadows Institute Facilitators: Layla Fry, Kaila Berrian

10:00 – 10:15 a.m. | Welcome, Introductions & Icebreaker

- Participant sign-in and informal networking
- Welcome and overview of session purpose and agenda
- Participant introductions and icebreaker

10:15 – 10:30 a.m. | Project Overview & Session Focus

- Overview of the TJJD Continuum of Care initiative
- Review of project goals, deliverables, and how regional site visits inform statewide findings
- Framing of the session's focus on diversion and community-based intervention, with emphasis on reducing unnecessary system involvement

10:30 – 10:45 a.m. | Visioning Exercise: Biggest Barrier, Boldest Idea

- Paired discussion activity
- Participants identified the single biggest barrier to keeping youth shallow in the system and their boldest idea for addressing it
- Participants recorded and shared ideas through a facilitated group pitch-back

10:45 – 11:15 a.m. | Top Regional Themes & Challenges

- Presentation of the West Region's Top 12 Themes and challenges
- Facilitated discussion of operational, geographic, service access, and system coordination barriers affecting diversion and community-based responses
- Emphasis on the realities facing small, rural departments and cross-county service delivery

11:15 – 11:35 a.m. | West Region Data Summary & Discussion

- Presentation of TJJD County Profile data, including:
 - Referrals and offense trends
 - Supervision, placement, and commitment trends
 - Regional service gaps identified through the TJJD Regionalization Survey
- Facilitated discussion focused on interpreting trends and identifying leverage points for diversion and early intervention

11:35 – 11:50 a.m. | Working Lunch: Region Strengths & "Steal This Idea" Wall

- Participants identified effective diversion strategies, programs, or practices currently operating in the region

- Participants documented replicable ideas on sticky notes for peer learning and cross-county inspiration
- Group reflection on how existing strengths could be scaled or adapted regionally

11:50 a.m. – 12:10 p.m. | Exploring Regional Collaboration

- Facilitated discussion on opportunities for shared staffing, pooled resources, and cross-county collaboration
- Exploration of barriers to regional coordination, including distance, staffing capacity, and funding constraints
- Discussion of conditions needed to make regional collaboration feasible and beneficial rather than burdensome

12:10 – 12:40 p.m. | Small Group Work: Designing a Regional Pilot

- Small group exercise to design a hypothetical regional pilot initiative
- Groups identified program components, target populations, partners, and support needs
- Emphasis on realistic, near-term pilots that could strengthen diversion and community-based capacity across the region

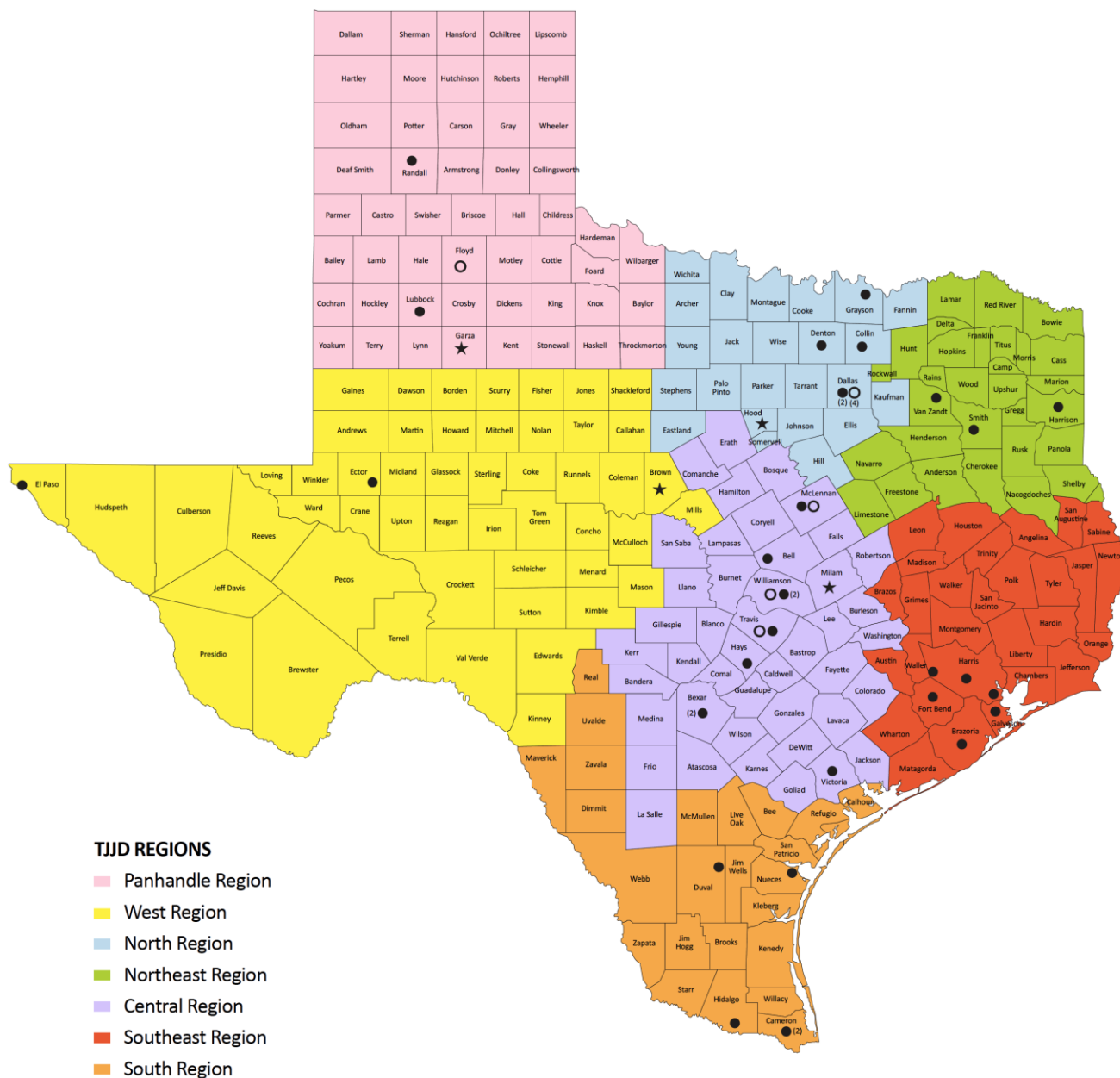
12:40 – 1:00 p.m. | Report-Out, Next Steps & Closing

- Small group report-outs of proposed regional pilot concepts
- Overview of how site visit input will inform the West Region report and statewide Continuum of Care recommendations
- Closing remarks and appreciation to participants

Participants:

- | | | |
|--------------------|--------------------|---------------------|
| • Amanda Britton | • Julie Miller | • Allison Stafford |
| • Jerry Castellano | • Janel Morgan | • Sy Tabor |
| • Christi Gonzales | • Lisa Ritter | • Teri Trull |
| • Jeremy Jimenez | • Carmella Sanchez | • Brenda Tubb |
| • Sal Leos | • Isela Santillah | • Vanessa Valdez |
| • Jeff Leyra | • Monica Schniers | • Liz Vasquez |
| • Cory Marshall | • Matt Smith | • Yvette Villarreal |

Appendix B. Map of TJJD Regions and Facilities



Appendix C. Program Descriptions and System Terminology

This appendix defines programs, services, and system terminology referenced throughout the regional Continuum of Care reports. Terms reflect Texas-specific statutes, agencies, and practices and are intended as a shared reference for cross-system stakeholders.

I. JUVENILE JUSTICE

Adjudication: The juvenile court process that determines whether a youth engaged in delinquent conduct.

Alternative Referral Agreement (Texas Family Code § 52.031d): A voluntary agreement between prosecutors and probation departments that allows eligible youth to avoid formal processing through conditions such as counseling, classes, or service-learning.

Commitment to TJJD: Placement in secure state facilities operated by TJJD, where youth receive education, behavioral health treatment, and reentry preparation.

Deferred Prosecution: A voluntary alternative to court that allows youth to avoid adjudication by completing supervision or services.

Detention (Pre-Adjudication Facility): Short-term secure housing for youth awaiting court decisions, providing supervision and assessments.

Disposition: The court's final determination in a juvenile case, similar to sentencing, which can include probation, placement, or treatment.

Discretionary State Aid (DSA): A flexible TJJD funding stream supporting county-based diversion programs, mental health interventions, and community supervision.

Diversion: A broad term for strategies that redirect youth away from formal justice system involvement.

First Offender Program (Texas Family Code § 52.031a): A law enforcement-led diversion pathway allowing youth with low-level offenses to complete classes or counseling instead of entering formal court processing.

Judicial District Departments: Multi-county juvenile probation departments that pool resources for supervision, treatment, and services.

Juvenile Board: The county's governing body for juvenile probation, responsible for policies, budgets, and oversight.

Juvenile Intake: The point where law enforcement or families refer youth to probation for screening.

Juvenile Specialty Courts: Problem-solving courts that address underlying needs such as substance use, trauma, and mental health.

MAYSI (Massachusetts Youth Screening Instrument): Validated behavioral health screening tool used during juvenile intake.

Parole: State-level supervision of youth released from TJJD commitment, focused on monitoring, treatment continuity, and reentry support.

Placement (Out-of-Home, Residential): Residential program or facility where youth live while receiving treatment or supervision.

Post-Adjudication Facilities: Facility where youth reside after disposition for longer-term treatment.

Probation: Court-ordered community supervision requiring youth to meet set conditions.

Recidivism Measures: Metrics measuring re-offending, re-adjudication, or re-incarceration after system involvement. See Appendix F.

Reentry / Aftercare Services: Community-based supervision and supports provided to youth returning from placement to reduce recidivism and support successful reintegration.

Regional Continuum of Care Coordinator: TJJD regional staff who support counties in building comprehensive continuums of care.

Regional Diversion Alternatives (RDA): Regional programs that provide treatment closer to home for post-adjudicated youth as an alternative to TJJD commitment.

Sequential Intercept Model (SIM) – Framework identifying system touchpoints to improve supports for youth with BH needs.

Special Needs Diversionary Program (SNDP): A DSA-funded program for youth with mental health needs, implemented jointly by TCOOMMI and LMHAs.

TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments): Juvenile justice partnership with Local Mental Health Authorities (LMHAs) across the state to provide continuity of care services for youth on probation by linking them with community based interventions and support services.

Texas Juvenile Justice Department (TJJD): The state agency responsible for overseeing juvenile justice facilities, parole, and community-based supervision support in Texas.

TJJD-Funded Prevention and Intervention Programs (P&I): County-operated early intervention programs to prevent deeper system involvement through mentoring, counseling, and early intervention.

TJJD Program Registry: A statewide listing of county juvenile department-operated programs.

Violation of Probation (VOP): When a youth does not meet the terms of supervision, triggering interventions or court review.

II. BEHAVIORAL HEALTH & CRISIS

Behavioral Health Partnership Program: Education Service Center (ESC) and Local Mental Health Authority (LMHA) collaboration strengthening school-based behavioral health supports.

Children's Psychiatry Access Network (CPAN): A statewide program providing primary care providers with rapid access to child psychiatry consultation, care coordination, and referrals to support early identification and treatment of youth mental health needs.

Children's System Navigator Pilot: HHSC pilot providing navigation and care coordination for youth with complex needs.

Coordinated Specialty Care (CSC): Early intervention model for youth with first-episode psychosis.

Dialectical Behavior Therapy (DBT): Evidence-based therapy focused on emotional regulation and coping.

Federally Qualified Health Centers (FQHCs): Community-based clinics offering integrated medical and BH services regardless of ability to pay.

Functional Family Therapy (FFT): Evidence-based family-treatment model reducing behavior problems and justice involvement.

Health and Human Services Commission (HHSC): Texas' statewide agency responsible for Medicaid, behavioral health, prevention and other programs.

Local Intellectual and Developmental Disability Authorities (LIDDAs): A local entity designated by the state to coordinate access to publicly funded intellectual and developmental disability services, including eligibility determination, service planning, and linkage to long-term supports.

LIDDA Transitional Support Teams: LIDDA teams that help youth with IDD transition between placements or home settings.

Local Mental Health Authority (LMHA): A designated local entity responsible for planning, coordinating, and delivering publicly funded mental health services in a defined geographic area, including crisis services, outpatient care, and care coordination.

Medicaid / Children's Health Insurance Program (CHIP): Public health insurance programs that provide coverage for eligible low-income children, youth, and families, including behavioral health services such as mental health and substance use treatment.

Mental Health Deputy Program: Specialized law-enforcement roles responding to mental health crises.

Mobile Crisis Outreach Team (MCOT): Adult/youth crisis response teams operated by LMHAs.

Multisystemic Therapy (MST): An intensive, evidence-based, home- and community-based intervention for youth with serious behavioral challenges that works across family, school, and community systems to reduce justice involvement and out-of-home placement.

Outreach, Screening, Assessment, and Referral (OSAR): Statewide screening and referral system for substance use services.

Prevention Resource Centers (PRCs): Regionally based centers funded by the state to provide training, technical assistance, and community support to prevent substance use and strengthen local prevention systems.

Qualified Mental Health Professional (QMHP): A trained mental health staff member who meets state-defined qualifications to deliver psychosocial rehabilitation, skills training, and support services under supervision within public behavioral health systems.

Residential Treatment Centers (RTCs): Licensed facilities that provide 24-hour structured care, supervision, and therapeutic services for youth with significant behavioral health or emotional needs who require out-of-home treatment.

Substance Use Disorder (SUD) – A medical condition characterized by the recurrent use of alcohol or drugs that leads to clinically significant impairment, including health problems, disability, or failure to meet major responsibilities.

System of Care (SOC): A coordinated, family- and youth-centered framework that integrates services across child-serving systems to address behavioral health and related needs through community-based supports.

Texas Child Health Access Through Telemedicine (TCHAT): School-based telemedicine providing behavioral health support.

Trauma-Informed Care (TIC): Framework recognizing trauma impacts and promoting safe environments.

Trust-Based Relational Intervention (TBRI): Attachment-based trauma-informed caregiving model for youth focused on connection and regulation.

Wraparound: Family-driven planning model coordinating multi-agency supports for youth with complex needs.

Youth Crisis Outreach Teams (YCOT): LMHA mobile crisis team responding to youth in behavioral health emergencies.

Youth Crisis Respite Facilities: Short-term setting offering stabilization and crisis relief as an alternative to detention or hospitalization.

Youth Empowerment Services Waiver (YES Waiver): A Medicaid waiver program that provides intensive, community-based mental health services and wraparound supports for children and youth with serious emotional disturbance who are at risk of institutional placement.

III. CHILD WELFARE

Alternative Response (DFPS): A DFPS pathway offering voluntary services to families instead of a traditional CPS investigation.

Community-Based Care (CBC) – Privatized regional model for managing foster care services.

Child Protective Investigations (CPI) – DFPS division responsible for investigating allegations of abuse or neglect.

Child Protective Services (CPS) – DFPS division offering case management and permanency planning for families.

Community Youth Development (CYD): A community-based prevention approach that engages youth, families, and local organizations to reduce substance use and other risk behaviors by strengthening protective factors and positive youth development.

Department of Family and Protective Services (DFPS): The Texas state agency responsible for child welfare, foster care, and adult protective services, including prevention, investigation, and support services for children, youth, and families.

Dual Status / Crossover Youth: Youth who are simultaneously involved in the child welfare and juvenile justice systems.

Emergency Shelter (DFPS): A short-term, DFPS-licensed placement that provides immediate, temporary housing and basic care for children removed from unsafe situations while longer-term arrangements are made.

Family and Youth Success (FAYS): HHSC program providing short-term counseling and crisis intervention for at-risk youth.

Family-Based Safety Services (FBSS): DFPS program providing in-home services to stabilize families.

Family Resource Centers (FRCs): Community hub providing parent support, resource linkage, and family strengthening.

General Residential Operation (GRO): A licensed residential facility regulated by DFPS that provides 24-hour care, supervision, and services for children who cannot safely remain in their homes.

Healthy Outcomes Through Prevention and Early Support (HOPES) – DFPS early-childhood home visiting and parent-education program.

Kinship Care: Placement of children with relatives or close family friends instead of foster care.

Substitute Care: Out-of-home placements such as foster homes, shelters, or kinship care.

Transitions Centers (DFPS): Community-based centers operated by the Texas Department of Family and Protective Services that support youth transitioning from foster care by providing life skills training, education and employment assistance, housing supports, and connections to adult services.

IV. EDUCATION

Chapter 37 (Texas Education Code): The statutory framework governing school discipline and removals.

Disciplinary Alternative Education Program (DAEP): District-run alternative instructional setting for students removed from class.

Discretionary Removal: A school disciplinary action in which campus administrators may remove a student from the regular classroom or campus for certain behaviors based on local policy and judgment, as permitted under Chapter 37 of the Texas Education Code.

Education Service Center (ESC): Regional support agency offering training and technical assistance to school districts.

Exclusionary Discipline: Removing students from the classroom through suspension or expulsion.

In-School Suspension (ISS): Disciplinary removal from the regular classroom while remaining on campus.

Juvenile Justice Alternative Education Programs (JJAEP): County-run instructional programs serving youth expelled for serious misconduct.

Mandatory Removal: A disciplinary action required under Texas law in which a student must be removed from the regular classroom or campus for specified serious behaviors, with placement decisions guided by Chapter 37 of the Texas Education Code and consideration of mitigating factors.

Out-of-School Suspension (OSS): Temporary removal from campus as a disciplinary response.

School Resource Officer (SRO): Law-enforcement officer assigned to a school campus.

Texas Education Agency (TEA): The state agency responsible for overseeing public education in Texas, including curriculum standards, school accountability, special education, and implementation of state and federal education laws.

V. CROSS-SECTOR

Children's Advocacy Centers (CACs): Community hub providing coordinated forensic and victim services for child abuse cases.

Community Resource Coordination Groups (CRCGs): Local cross-agency team coordinating services for youth with intensive needs.

Continuum of Care (CoC): A full range of youth-justice services spanning prevention, intervention, placement, and reentry.

Councils of Governments (COGs): Regional planning body coordinating multi-county efforts.

CRCG Regional Liaisons: HHSC regional staff supporting the CRCGs by facilitating cross-agency collaboration for children and youth with complex behavioral health needs.

DFPS Juvenile Justice Liaisons: Designated staff within DFPS who coordinate with juvenile justice entities to support youth involved in or at risk of system involvement and improve cross-system communication.

Fusion Centers: Multi-agency information-sharing hubs that support public safety by integrating data from law enforcement, public health, and other partners to identify and respond to emerging threats, including school-based behavioral threat assessments.

Opportunity Youth Hubs: Programs reconnecting youth ages 16–24 to education and employment pathways.

Regional Mental Health Policy Centers: Regional hubs operated by Meadows Mental Health Policy Institute that support data analysis, policy development, and cross-system coordination to improve mental health systems across Texas regions.

Texas Child Mental Health Care Consortium: A legislatively established statewide consortium that brings together Texas medical schools and public partners to expand access to high-quality mental health care for children and youth through coordinated clinical, academic, and telehealth strategies.

Appendix D. Glossary of Acronyms

ACE – Adverse Childhood Experiences, a measure of exposure to trauma.

CAC – Children’s Advocacy Center providing coordinated response to child abuse.

CBC – Community-Based Care; privatized regional foster care management model.

CPI – Child Protective Investigations; DFPS division investigating abuse/neglect.

CPS – Child Protective Services; DFPS division providing ongoing casework and permanency planning.

CYD – Community Youth Development; youth prevention programs in high risk ZIP codes.

CSC – Coordinated Specialty Care; early intervention for first episode psychosis.

COG – Council of Governments; regional planning and coordination body.

CPAN – Child Psychiatry Access Network; psychiatric consultation for pediatric providers.

DA – District Attorney; prosecutes juvenile cases.

DAEP – Disciplinary Alternative Education Program; alternative setting for students removed from class.

DBT – Dialectical Behavior Therapy; evidence-based modality for emotion regulation.

DFPS – Department of Family and Protective Services; state child welfare agency.

DSA – Discretionary State Aid; TJJD grant stream for diversion and treatment programs.

ESC – Education Service Center; regional support agency for school districts.

FAYS – Family and Youth Success Program; short-term counseling and crisis supports.

FBSS – Family Based Safety Services; DFPS in-home support program.

FFT – Functional Family Therapy; evidence-based family intervention.

FQHC – Federally Qualified Health Center; community clinics offering medical/behavioral health services.

HOPES – Healthy Outcomes Through Prevention and Early Support; DFPS early childhood program.

HHSC – Health and Human Services Commission; oversees Medicaid and state behavioral health services.

HRI – Health Related Institution; medical schools/centers participating in TCMHCC.

IDD – Intellectual and Developmental Disabilities.

JJAEP – Juvenile Justice Alternative Education Program; serves expelled youth.

JPD – Juvenile Probation Department; oversees juvenile probation services and supervision.

JPO – Juvenile Probation Officer; supervises system-involved youth.

LCSW – Licensed Clinical Social Worker; independent clinical mental health provider.

LIDDA – Local Intellectual and Developmental Disability Authority; coordinates IDD services.

LMHA – Local Mental Health Authority; provides crisis services and outpatient behavioral health supports.

LMFT / LMFT-A / LMFT-S – Marriage and Family Therapy licensure (independent, associate, supervisor).

LMSW – Licensed Master Social Worker; master’s-level social worker working under supervision.

LPC / LPC-A / LPC-S – Licensed Professional Counselor credentials (independent, associate, supervisor).

LP / LPA – Licensed Psychologist / Licensed Psychological Associate.

LSOTP / LSOTP-S – Licensed Sex Offender Treatment Provider (and supervisor level).

MAYSI – Massachusetts Youth Screening Instrument; juvenile justice intake screener for MH/SUD risk.

MCOT – Mobile Crisis Outreach Team; mobile response for behavioral health crises.

MH – Mental Health.

MST – Multisystemic Therapy; intensive evidence-based in-home treatment.

OSAR – Outreach, Screening, Assessment and Referral; Texas’ statewide SUD access point.

P&I – Prevention and Intervention; TJJD-funded early intervention programs.

PRC – Prevention Resource Center; regional youth substance use data and training hub.

QMHP – Qualified Mental Health Professional; credential to provide certain BH services.

RTC – Residential Treatment Center; live-in mental health or SUD treatment facility.

RDA – Regional Diversion Alternatives; regional post-adjudication programs preventing commitment.

SUD – Substance Use Disorder.

SOC – System of Care; coordinated network of behavioral health supports.

SNDP – Special Needs Diversionary Program.

SYSN – Statewide Youth Services Network; diversion and case management program.

TBRI – Trust-Based Relational Intervention; trauma-informed caregiving model.

TCHAT – Texas Child Health Access Through Telemedicine; school-linked behavioral telehealth.

TCCOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments.

TCMHCC – Texas Child Mental Health Care Consortium; statewide children’s behavioral health initiatives.

TJJD – Texas Juvenile Justice Department; Texas’ state juvenile justice agency.

YCOT – Youth Crisis Outreach Team; LMHA mobile crisis response for youth.

YES Waiver – Youth Empowerment Services Medicaid waiver providing intensive in-home supports.

Appendix E. Substitute Care Placement Type Definitions

This appendix provides definitions for substitute care placement types referenced in the Child Welfare data section, Table 19. Placement categories reflect how the Texas Department of Family and Protective Services (DFPS) classifies children in substitute care and are intended to support consistent interpretation of placement trends across regions. Because placement types vary in level of restrictiveness, duration, and service intensity, these definitions clarify how children are categorized in the data and help distinguish between family-based placements and congregate care settings.

Foster Home

Includes children placed in licensed relative and non-relative foster homes, including DFPS and CPA foster homes, as well as children designated as being in an adoptive home but who remain legally in substitute care. This includes children placed with a prospective adoptive family following termination of parental rights during the required post-placement supervision period prior to legal adoption finalization.

Kinship Care

Includes children placed with relatives or fictive kin in settings that are not licensed as foster homes. Children placed with relatives who are licensed as foster parents are categorized as being in a foster home rather than as a kinship placement, consistent with DFPS placement classifications.

Residential Treatment Center (RTC)

Includes children placed in Residential Treatment Centers, which are licensed General Residential Operations that provide 24-hour, clinically intensive treatment services for youth with significant behavioral health needs.

Emergency Shelter

Includes children placed in emergency shelters, which are licensed General Residential Operations (GROs) intended for short-term, temporary care during placement transitions or while a longer-term placement is being identified.

General Residential Operation (GRO)

GROs are licensed facilities providing 24-hour care for seven or more children. They can provide basic care or specialized services; for the purposes of this table this category includes children placed in licensed General Residential Operations that are **not** categorized as Residential Treatment Centers or Emergency Shelters, which are represented separately in this table.

Other

Includes placement types that do not fall within the categories above, such as “Other Foster Care” and “Other Substitute Care,” and generally represent less common or specialized placement arrangements.

Appendix F. TJJD County Profile and Recidivism Data Methodology

Profile Methodology

The profiles provide juvenile probation departments with a profile of formally referred youth. All data utilized for this analysis originates from data submitted through the Electronic Data Interchange (EDI) extract by juvenile probation departments. The syntax for the data included on the profiles was run on July 3, 2024. As the juvenile probation departments continuously update the data submitted to TJJD via the EDI extract, the numbers represented in the profile may not match previous analyses nor more recent analyses.

Each profile worksheet in the Excel workbook is labeled to indicate what data is included. The “Department Profile” worksheet contains statistics specific to the designated juvenile probation department. The size worksheet (e.g. “Large Department Profile”) contains statistics specific to all similarly sized juvenile probation departments. The “Statewide Profile” worksheet contains statistics for all juvenile probation departments in Texas.

Age at first referral represents the youth’s age at the first identified referral to the specified department, based on the headquarter county number, PID number, and referral date.

Two or more felony or misdemeanor adjudications represents the percent of youth with two or more felony or misdemeanor adjudications prior to their first referral in the designated fiscal year. Put another way, if a youth was referred three times in a fiscal year (September 30, November 3, and February 8), an adjudication is only counted as prior if it occurred before the September 30 referral date and if it was for delinquent conduct (i.e., felony, Class A misdemeanor, Class B misdemeanor).

Three or more felony or misdemeanor referrals represents the percent of youth with three or more felony or misdemeanor referrals prior to their first referral in the designated fiscal year.

One or more out of home placements represents the percent of youth with one or more out of home placements, including both secure and non-secure placement facilities. A placement is considered prior if both the date in and date out occurred prior to the first referral date in the designated fiscal year.

Risk level and need level represent the percent of youth at each indicated risk or need level. Both measures are based on the risk and need instrument used by the juvenile probation department. Missing risk and need scores were recoded as “Not Administered”.

MAYSI warning scores represent the percent of youth within the warning cut off point for each scale as follows:

- Alcohol/Drug Use: at or above 6 and less than or equal to 8
- Angry-Irritable: at or above 8 and less than or equal to 9
- Depressed-Anxious: at or above 6 and less than or equal to 9
- Somatic Complaints: equals 6
- Suicide Ideation: at or above 3 and less than or equal to 5
- Thought Disturbance Boys: at or above 2 and less than or equal to 5
- Traumatic Experiences: at or above 1 and less than or equal to 5

Sex represents the percent of youth in each sex category.

Child lives with both parents represents the percent of youth indicated as living with both parents.

On probation at time of current referral represents youth with an active probation record at the time of their first referral in the designated fiscal year. An active probation record was identified if the referral date was after the supervision begin date but before the supervision end date.

Substance abuse need represents youth with an identified or suspected need for substance abuse services.

Mental health needs represents youth with an identified mental health need. Mental Health Needs definition available on TJJJD public website here:

<https://www.tjjd.texas.gov/index.php/doc-library/send/388-behavioral-health-mental-health-needs-information/1304-mental-health-needs-definitions>

Suspected history of abuse or neglect represents the percent of youth whose records indicate either “Yes” or “Suspected” sexual abuse, physical abuse, or emotional.

Special education eligible represents the percent of youth whose record indicate their special education status.

Fact Sheet Methodology

The fact sheets provide juvenile probation departments with referral, commitment, caseload, and financial data. Some data originates from the annual resource survey or from the Grant Manager application. The majority of the data originates from the Electronic Data Interchange (EDI) extract and is limited to formal and paper formalized referrals from the start of fiscal year 2019 (i.e., 09/01/2018) through the end of fiscal year 2023 (i.e., 08/31/2023). The syntax for the data included on the Fact Sheet was run on July 3, 2024. As the juvenile probation departments continuously update the data submitted to TJJD via the EDI extract, the numbers represented in the fact sheets may not match previous analyses nor more recent analyses. Partnered with each table in the fact sheet is the percent change of the most recent reported fiscal year from the earliest reported fiscal year. The formula used for this calculation is $((\text{recent year} - \text{earliest year}) / (\text{earliest year})) * 100$. **For example:** $((\text{FY2023 Total State Award} - \text{FY2019 Total State Award}) / (\text{FY2019 Total State Award})) * 100$.

Each fact sheet worksheet in the Excel workbook is labeled to indicate what data is included. The “Department Fact Sheet” worksheet contains statistics specific to the designated juvenile probation department. The size worksheet (e.g. “Medium Department Fact Sheet”) contains statistics specific to all similarly sized juvenile probation departments. The “Statewide Fact Sheet” worksheet contains statistics for all juvenile probation departments in Texas.

Referral Offense by Category and Fiscal Year

Violent Felony represents referrals for felony delinquent conduct including: felony homicide, felony attempted homicide, felony sexual assault, felony robbery, felony assaultive, and felony other violent.

Other Felony represents referrals for felony delinquent conduct including: felony burglary, felony theft, felony other property, felony drug, felony weapons, and other felony.

Misdemeanor represents referrals for Class A misdemeanor and Class B misdemeanor delinquent conduct including: misdemeanor weapons, misdemeanor assaultive, misdemeanor theft, misdemeanor other property, misdemeanor drug, other misdemeanor, and contempt of magistrate.

VOP represents referrals for violations of probation including violation of court order – new offense and violation of court order – technical.

Truancy represents referrals for truancy conduct indicating a need for supervision.

Total Delinquent represents data for all felony, Class A misdemeanor, and Class B misdemeanor delinquent conduct.

Status/CINS represents data for Class C misdemeanor and conduct indicating a need for supervision (CINS) including: truancy, runaway, alternative education expulsion, property theft, disorderly conduct, drugs, liquor laws, sex offenses, other CINS, and crisis intervention/not specified.

Grand Total reflects the total number of delinquent conduct, violations of probation, and Status/CINS.

Commitment Dispositions by Fiscal Year

Commitments include the total number of youth committed to TJJD from the specified headquarter county, for either a determinate or indeterminate sentence.

% of felonies as commitments reflects the percent of formal referral dispositions for felony delinquent conduct that resulted in a TJJD commitment disposition.

Caseload by Calendar Year

Calculated average daily caseload represents TJJD's calculated department caseload. This number is calculated by using the number of caseload carrying officers reported by departments in the annual resource survey and each department's average daily population under supervision as submitted through the EDI extract. The supervisions included in analysis are: probation, deferred prosecution, conditions of release, and temporary pre-court monitoring.

Reported average daily caseload represents the average daily caseload as reported by the specified department via the annual resource survey. Supervisions counted in analysis include probation supervision, deferred prosecution, conditions of release, and temporary pre-court monitoring. Departments that use JCMS were provided with their average daily population under supervision to assist in calculating the average daily caseload.

Financial Awards and Expenditures by Fiscal Year

Total State Award represents the total final allocation to the department for the designated fiscal year.

State Expenditures represents the total funds expended by the department for the designated fiscal year, as reported through the Fluxx application.

Local Expenditures represents the amount of local funds expended by the department, as reported by the department to the County Grants and Fiscal Manager.

Federal Expenditures represents the amount of federal funds expended by the department, for the designated fiscal year. This is based on the reimbursement amount provided to each department.

Note: Federal Title IV-E, JJAEP, and Regional Diversion reimbursement funding information was not included in analysis.

Recidivism Methodology

The recidivism worksheets provide juvenile probation departments with re-offense, re-adjudication, and incarceration rates of youth served by the juvenile probation system. The Electronic Data Interchange (EDI) extract data is matched with the Texas Department of Public Safety (DPS) Criminal History Records and the Texas Department of Criminal Justice (TDCJ) records to capture arrests that occur in the juvenile justice system as well as arrests and incarcerations that occur in the adult criminal justice system.

Each recidivism worksheet in the Excel workbook is labeled to indicate what data is included. The “Department Recidivism” worksheet contains statistics specific to the designated juvenile probation department. The size worksheet (e.g. “Small Department Recidivism”) contains statistics specific to all similarly sized juvenile probation departments. The “Statewide Recidivism” worksheet contains statistics for all juvenile probation departments in Texas.

Disposition to supervision one-year recidivism reflects the one-year recidivism rate for a youth’s first disposition to supervision per fiscal year. A youth may be represented in multiple fiscal years, but only once within a fiscal year. Recidivism tracking period begins on the date of disposition to deferred prosecution supervision or adjudicated probation supervision, and follows the youth for one year (i.e., 365 days) from the disposition to supervision date. A re-offense recidivism event includes subsequent delinquent conduct that results in a referral to a juvenile probation department, an arrest by a law enforcement agency, or both. Delinquent conduct includes felony, Class A misdemeanor, and Class B misdemeanor. A re-adjudication recidivism event includes subsequent delinquent conduct that results in an adjudication disposition. An incarceration recidivism event includes subsequent conduct that results in a TJJD commitment disposition or a sentence to incarceration in a Texas adult prison. Steps are taken to ensure the alleged offense date also occurred after the disposition to supervision date to represent a true recidivism event.

Exiting placement one-year recidivism reflects the one-year re-offense recidivism rate for a youth’s last exit from a secure or non-secure county placement per fiscal year. A youth may be represented in multiple fiscal years, but only once within a fiscal year. Recidivism tracking period begins on the placement date out, and follows the youth for one year (i.e., 365 days) from placement exit date. A re-offense recidivism event includes subsequent delinquent conduct that results in a referral to a juvenile probation department, an arrest by a law enforcement agency, or both. Delinquent conduct includes felony, Class A misdemeanor, and Class B misdemeanor. Steps are taken to ensure the alleged offense date also occurred after the placement exit date to represent a true recidivism event.

Appendix G. Juvenile Justice System Needs and Opportunities Survey

This survey is part of a statewide initiative led by the Meadows Mental Health Policy Institute in partnership with the Texas Juvenile Justice Department (TJJD) to strengthen the Continuum of Care for youth involved in or at risk of entering the juvenile justice system. This survey should take approximately 15-20 minutes to complete. Your input is greatly valued and will directly inform regional and statewide strategies to expand access to behavioral health supports, improve coordination, and reduce justice system involvement.

While not all topics may apply directly to your role, please answer based on your experience and opinion. All responses will remain confidential and will only be reported in aggregate, including by region or county when appropriate.

Section 1: About You

1. Full Name
2. Your Organization/Department Name
3. Your Role/Title
4. County/Counties Served by Your Department
5. Email Address
6. Years Employed in Youth Services Field

Section 2: Youth Behavioral Health & Crisis Services

2.1 For each of the following youth behavioral health and crisis support types, please **select one answer** that best reflects the availability and adequacy in your county (consider services available both in-house and in the community).

Service Type	Not Available	Available But Insufficient	Available & Sufficient	Don't Know
Outpatient therapy/counseling				
Inpatient/residential care: acute/short-term				
Inpatient/residential care: long-term				
Intensive outpatient/partial hospitalization programs				
In-home family and caregiver supports				
Psychiatric care/medication management				
Acute care crisis stabilization				
Crisis respite care				
Evidence-based programs				
Anger/aggression management				
Peer supports/family partners				
School-based mental health supports				
Telehealth/virtual services				

Substance use prevention				
Substance use outpatient counseling				
Substance use residential treatment				

2.2 Please describe one example illustrating a service gap or challenge your county faces in providing behavioral health care to youth.

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2.3 Does your juvenile department have in-house mental health staff?

- ☐ Yes
- ☐ No
- ☐ Don't Know

2.4 How much does your department rely on your Local Mental Health Authority for behavioral health services?

- ☐ None – No reliance; we contract elsewhere
- ☐ Some – We use LMHA for certain services
- ☐ Most – We rely heavily on LMHA for behavioral health
- ☐ Don't Know

2.5 Please list a few external providers/programs your department relies on most and what service(s) they provide.

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2.6 How reliable are your external behavioral health provider partnerships in meeting youth service needs?

- ☐ Very reliable – Providers are consistently available and responsive
- ☐ Somewhat reliable – Occasional issues with availability or responsiveness
- ☐ Unreliable – Frequent turnover, delays, or service disruptions
- ☐ Not sure

Section 3: Supports for Special Populations

3.1 Please select 3 special youth populations below that are most difficult to serve or have the greatest unmet needs in your county.

- ☐ Youth with Serious Violent Behavior
- ☐ Youth with Problematic Sexual Behavior

- ☐ Youth with Intellectual/Developmental Disabilities (IDD) and/or Autism
- ☐ Youth with Co-occurring Mental Health/Substance Use Disorder
- ☐ Reentry/Transitioning Youth
- ☐ Non-English Speakers
- ☐ Youth in Foster Care
- ☐ Youth Experiencing Housing Instability

3.2 What are the biggest challenges in serving these populations in your county? Please consider barriers, resource limitations, or systemic issues.

Section 4: Collaboration & Coordination

4.1 Rate how well the following systems coordinate to support youth in your county. (1 = Not at all coordinated; 3 = Somewhat coordinated; 5 = Excellent coordination)

System	1	2	3	4	5	N/A
Juvenile Justice						
Schools						
Child Welfare / DFPS						
Local Mental Health Authority						
Private Behavioral Health Providers						
Community-Based Organizations/Nonprofit Providers						
Law Enforcement						
Faith-Based Organizations						

4.2 What are the top barriers to effective coordination in your county? (Select up to 2)

- ☐ Workforce challenges
- ☐ Lack of shared tools/language/protocols
- ☐ Misaligned funding
- ☐ Poor referral pathways
- ☐ Communication breakdowns
- ☐ Lack of cross-agency training
- ☐ Cross-agency tension or unclear roles
- ☐ Lack of leadership support
- ☐ Other (please specify): _____

Section 5: Innovation & Recommendations

5.1 Which innovative strategies should Texas explore or expand to improve youth mental health and reduce justice involvement? (Select up to 4)

- ☐ Mobile crisis teams and crisis stabilization
- ☐ School-based mental health/diversion programs
- ☐ Evidence-based program expansion (MST, FFT, etc.)
- ☐ Peer-led services
- ☐ First offender programs/pre-arrest diversion programs
- ☐ Trauma-informed service expansion
- ☐ Workforce incentives
- ☐ Parent coaching and navigation programs
- ☐ Flexible/braided funding
- ☐ Data-sharing infrastructure/MOUs
- ☐ Youth assessment centers or family resource centers
- ☐ Transportation supports
- ☐ Youth-led advisory councils
- ☐ Restorative justice practices
- ☐ Other (please specify): _____

5.2 What is one bold or promising idea (local or national) that could benefit your county?

5.3 What is one thing your county does exceptionally well that could serve as a model for others?

5.4 What supports or resources would help your county implement innovative strategies?

You have completed the survey. Thank you for your time and insights!