The Intersection of Child Welfare, Mental Health, and Criminal Justice

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Presentation Overview

- Data Overview
- Juvenile Justice
- Child Welfare

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Dual Status Youth

16% of Youth in TJJD were in DFPS Substitute Care at Some Point in their Lives

Source: Report_on_TJJD_Youth_Ever_in_Substitute_Care_2022-2023.pdf

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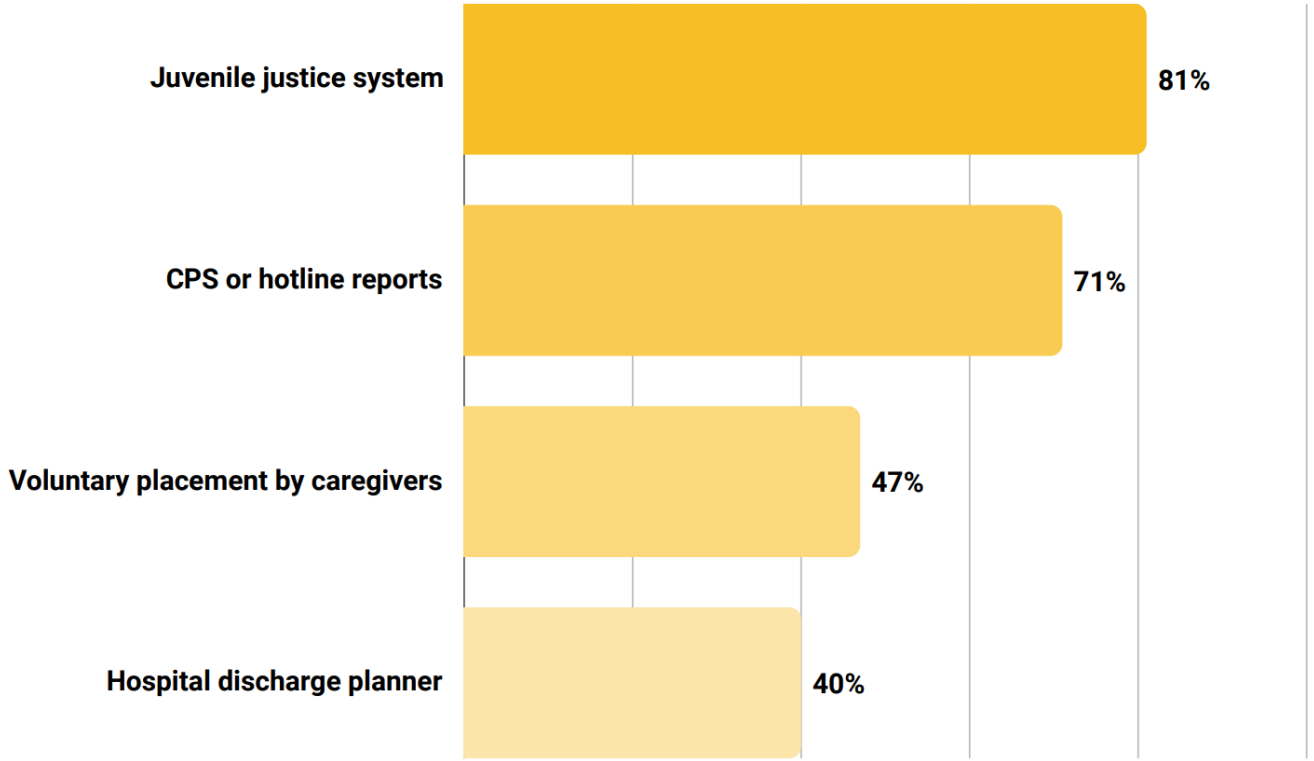
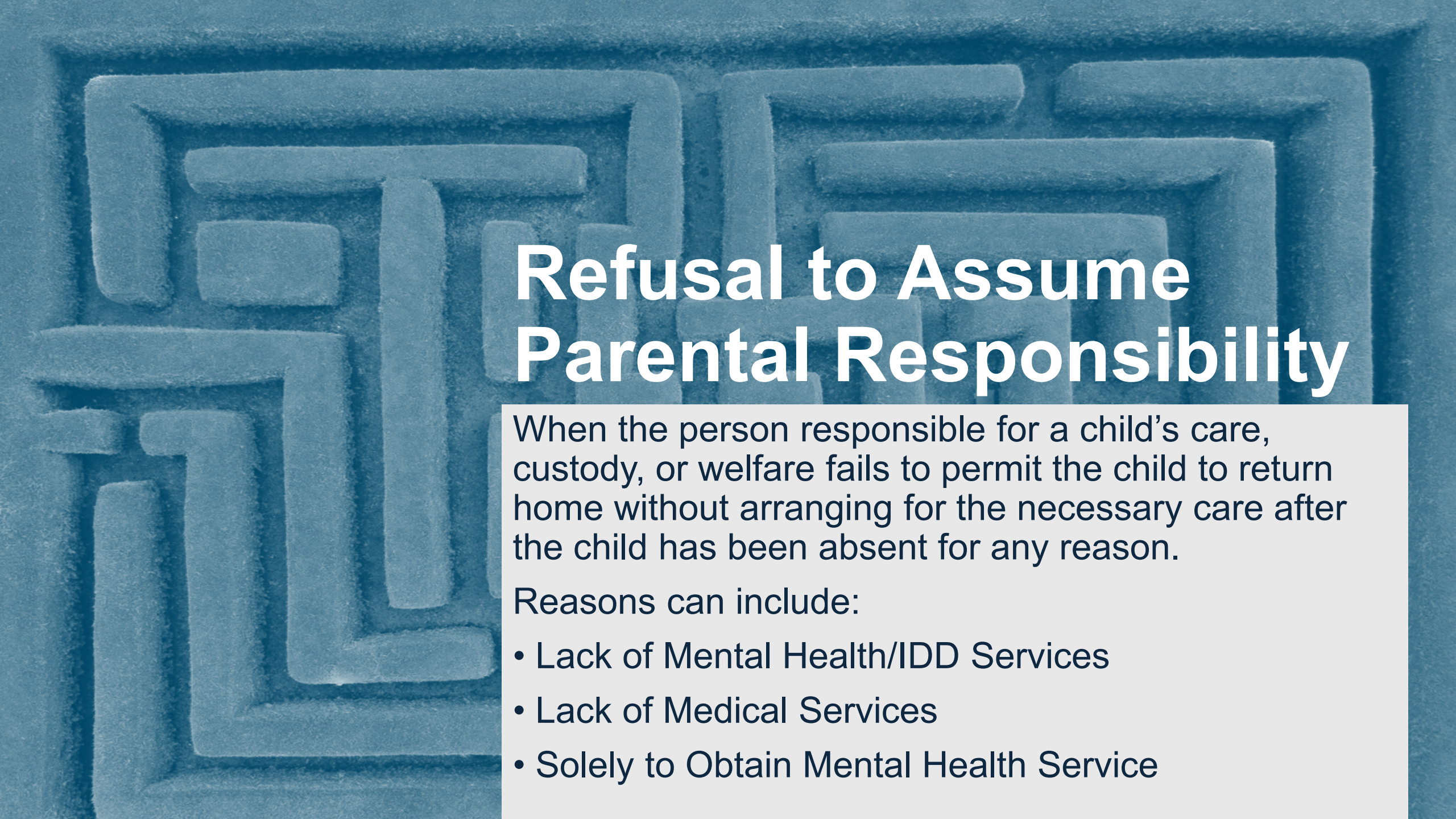
Recent Study of Human Service Agencies (125 Agencies from 15 states)

Percent of Most Common Pathways Through Which Youth with Complex Needs Come to the Attention of Agencies

N=129 unique responses



Source: The American Public Human Service Association (January 2025). *Addressing the Complex Needs of Youth: A Call to Action.* 2025-01_Addressing-the-Complex-Needs-of-Youth.pdf



Refusal to Assume Parental Responsibility

When the person responsible for a child's care, custody, or welfare fails to permit the child to return home without arranging for the necessary care after the child has been absent for any reason.

Reasons can include:

- Lack of Mental Health/IDD Services
- Lack of Medical Services
- Solely to Obtain Mental Health Service

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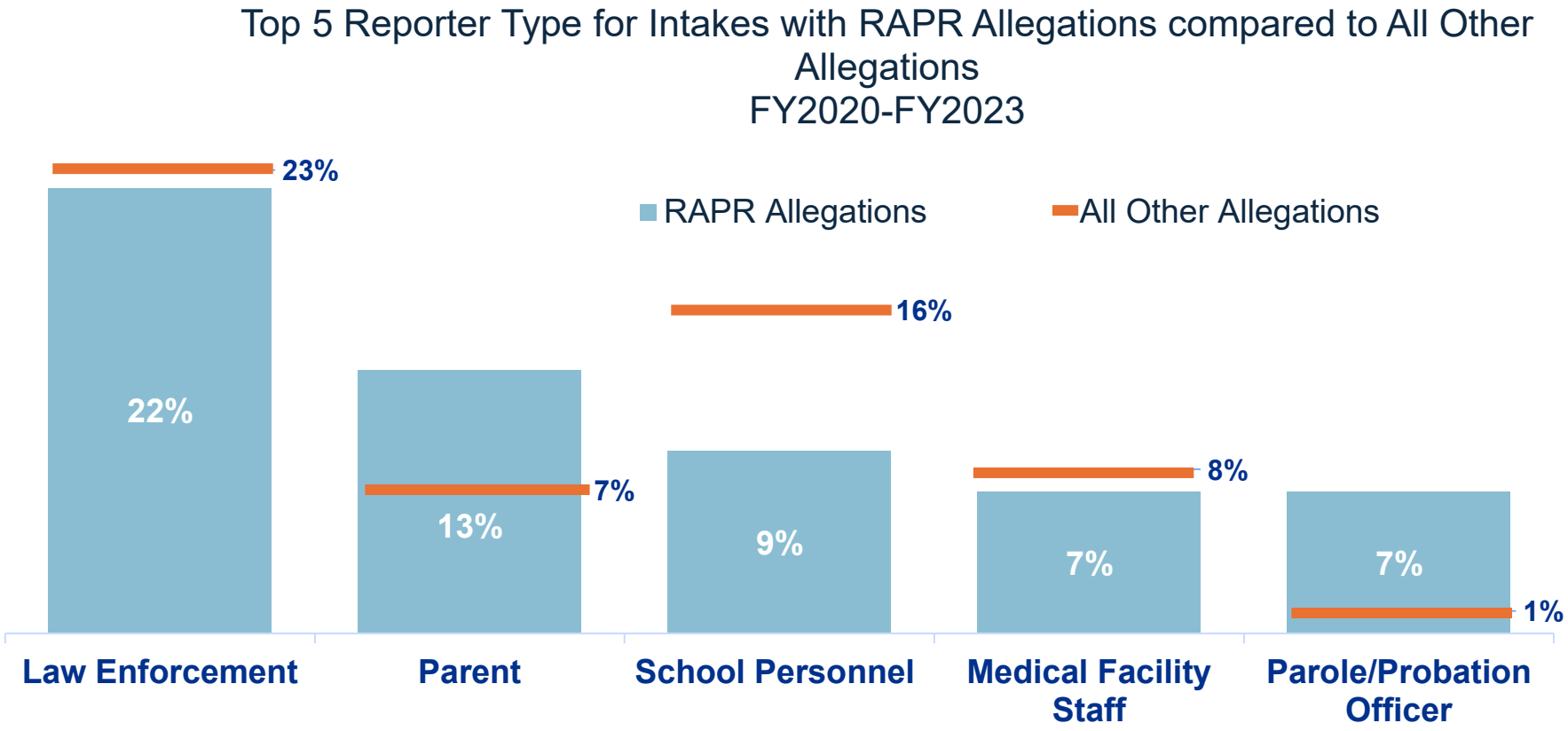
Concerns for children and families begin with a call to the hotline

Law Enforcement reports the **highest** percentage of all allegations, including **RAPR. Parents and parole/probation officers report more allegations of RAPR** when compared to their reports of all other allegation types.



Source: Data is from DRIT 113631. The n sizes are as follows: All allegations for top 5 reporters= 639,404; RAPR Allegations for top 5 reporters= 4940. *Note: values less than or equal to 1% are not shown.

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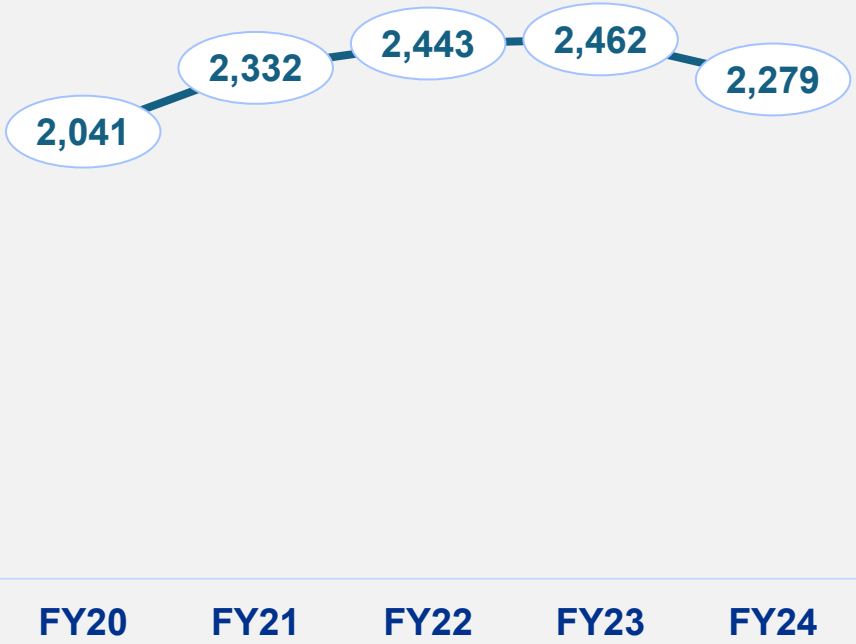
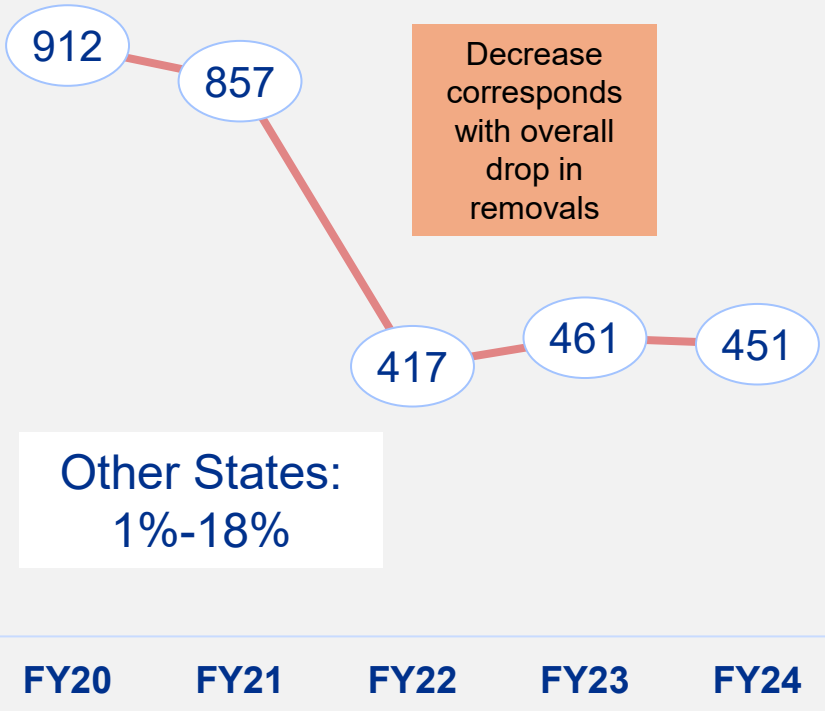
Each year, DFPS investigates **2,000+ RAPR allegations** and **~5% of removals** are for RAPR

RAPR Allegations for Completed Investigations



Source: Data Book Child Protective Investigations (CPI) Completed Investigations: Alleged & Confirmed Types of Abuse
Note: A child could be counted more than once if they have more than one allegation for RAPR within the FY

Children Removed with RAPR Removal Reason



Source: cps_sa_19
Gross, M., Keating, B., Colten, J., Miller, R., Radel, L. & Abbott, M. (January 2025). *Prevalence and characteristics of children entering foster care to receive behavioral health or disability services: An analysis of custody relinquishment using administrative data*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

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Generally, children experiencing RAPR have **characteristics** that are **distinct** from other children in care. This contributes to a **different experience** in the child welfare system.

Teenagers

Emotional and/or Mental Health Needs

Require Higher, Specialized Levels of Care

Challenging to find suitable care

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National trends in custody relinquishment

Two states that have linked Child Welfare and Medicaid data:

98% children in situations that resembled custody relinquishment were diagnosed with a **behavioral health condition** in the year after entering foster care

One in five were diagnosed with both a **behavioral health condition** and a **disability**

Source: Gross, M., Keating, B., Colten, J., Miller, R., Radel, L. & Abbott, M. (January 2025). *Prevalence and characteristics of children entering foster care to receive behavioral health or disability services: An analysis of custody relinquishment using administrative data*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

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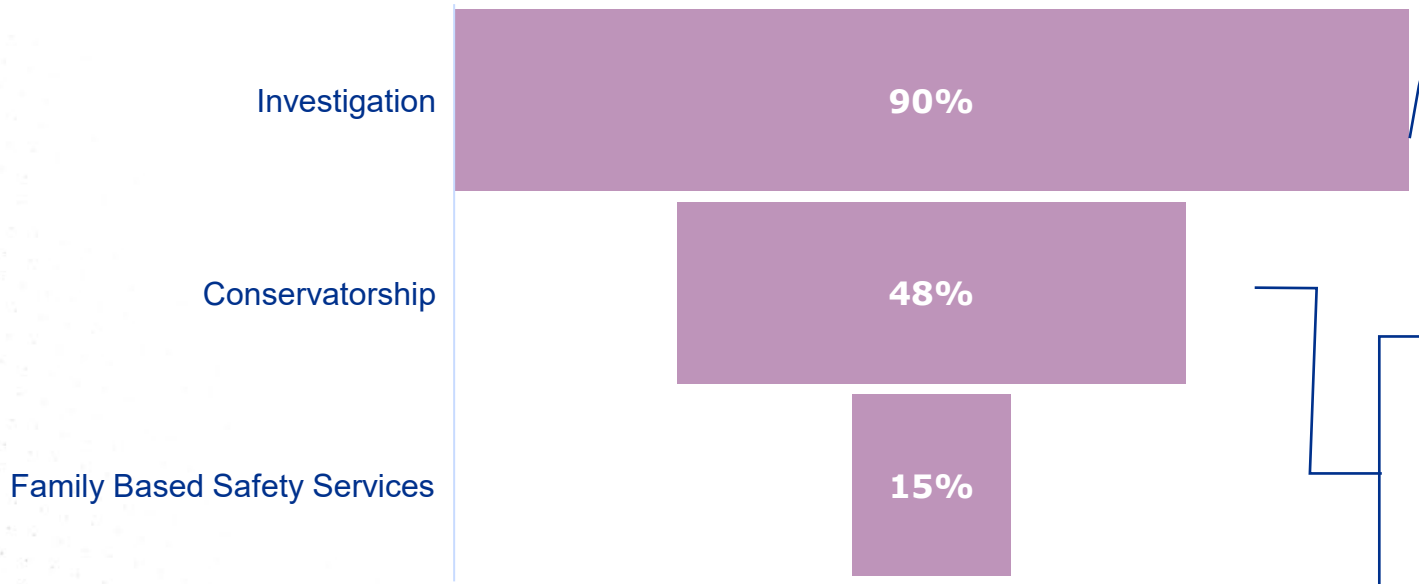
Nearly all children with a ***RAPR Removal Reason*** are **previously known** to the department

Prior History for Children with a Removal Reason of RAPR in FY23



9 out of 10
With RAPR removal have prior investigation

48% with RAPR Removal have prior removal

Source: DRIT 113379, RAPR Removal Reason and Prior DFPS Involvement/History

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Key Takeaways

- Many families with youth with complex needs are turning to Juvenile Justice and Child Welfare for support
- Parents and parole/probation officers have high rates of RAPR reports
- Custody relinquishment (RAPR) makes up a small number of all cases
- Children with RAPR removal reasons have higher, more specific needs
- Cross-system and community collaboration is needed to support these youth and families

Matt Smith, LPC-S
Director of Statewide Youth Services Continuum

CASE STUDY

Child without placement (CWOP) living in hotel in Round Rock with CPS Caseworker and other youth

Pulled CPS Caseworker's Hair & Ran Away

Police Called – Charged with Assault Public Servant

Detained in Juvenile Detention

High Mental Health Acuity – 1:1 Suicide Watch for 6 months, Multiple Suicide Attempts

Previous Placement History Included 21 Hospitals Stays in a Year

Private Facilities Placed Her on a "Do Not Admit" List

Admitted to State Hospital After 6-Month Stay in Detention

Case Non-Suited By Prosecutor

TJJD HIGH ACUITY YOUTH WISHLIST

1. SHORT-TERM CRISIS RESIDENTIAL (Bluebonnet Trails model)
2. LT SECURE RESIDENTIAL TREATMENT THAT OFFERS SPECIALTY CARE
3. EXPANDED YOUTH STATE HOSPITAL BEDS (Priority Placement for JJ)
4. SUBSTANCE USE DISORDER RESIDENTIAL PLACEMENT (30-90 days)
5. YOUTH ASSESSMENT CENTERS/DIVERSION CENTERS
6. YCOT EXPANSION
7. YOUTH THERAPEUTIC CRISIS RESPITE CENTER EXPANSION
8. INTENSIVE IN HOME SERVICES/SUPPORTS MODELS (FFT/MST/FAMILY PARTNERS)
9. TECHNICAL ASSISTANCE & TRAINING CENTER
10. THERAPEUTIC/TREATMENT FOSTER CARE (targeted toward dual status/RAPR)

Office of Juvenile Justice and Delinquency Prevention

OJJDP FY 2023 Building Local Continuums of Care to Support Youth Success

2-year project: 2024-2025

STATEWIDE: Texas Juvenile Justice Department

COUNTYWIDE: Bexar County Juvenile Probation

Texas Continuum of Care Project

Project Goal

Develop a statewide continuum of care that includes a focus on positive youth development, prevention, **diversion**, and treatment services.

This continuum of care will enhance the state's ability to meet the needs of youth involved in or at risk of entering the juvenile justice system through **community-based strategies**, thereby reducing reliance on deeper system involvement to access resources.

Project Deliverables

Resource Inventory & Gap Analysis Report for Each Region

Present high-level findings (resources, gaps, challenges, barriers based on data, interviews, mapping, site visits, document review) and recommendations, for each of the 7 TJJD regions.

Continuum of Care Plan (Statewide Findings & Recommendations)

Summarize trends from the 7 regional reports and create a statewide summary of prioritized findings and recommendations; present a visual “Continuum of Care” design for the state

Implementation Roadmap & Sustainability Plan

Operationalize the top recommendations with an implementation plan, timeline and actionable tools; include a plan for funding the recommendations, opportunities for justice reinvestment and sustainability

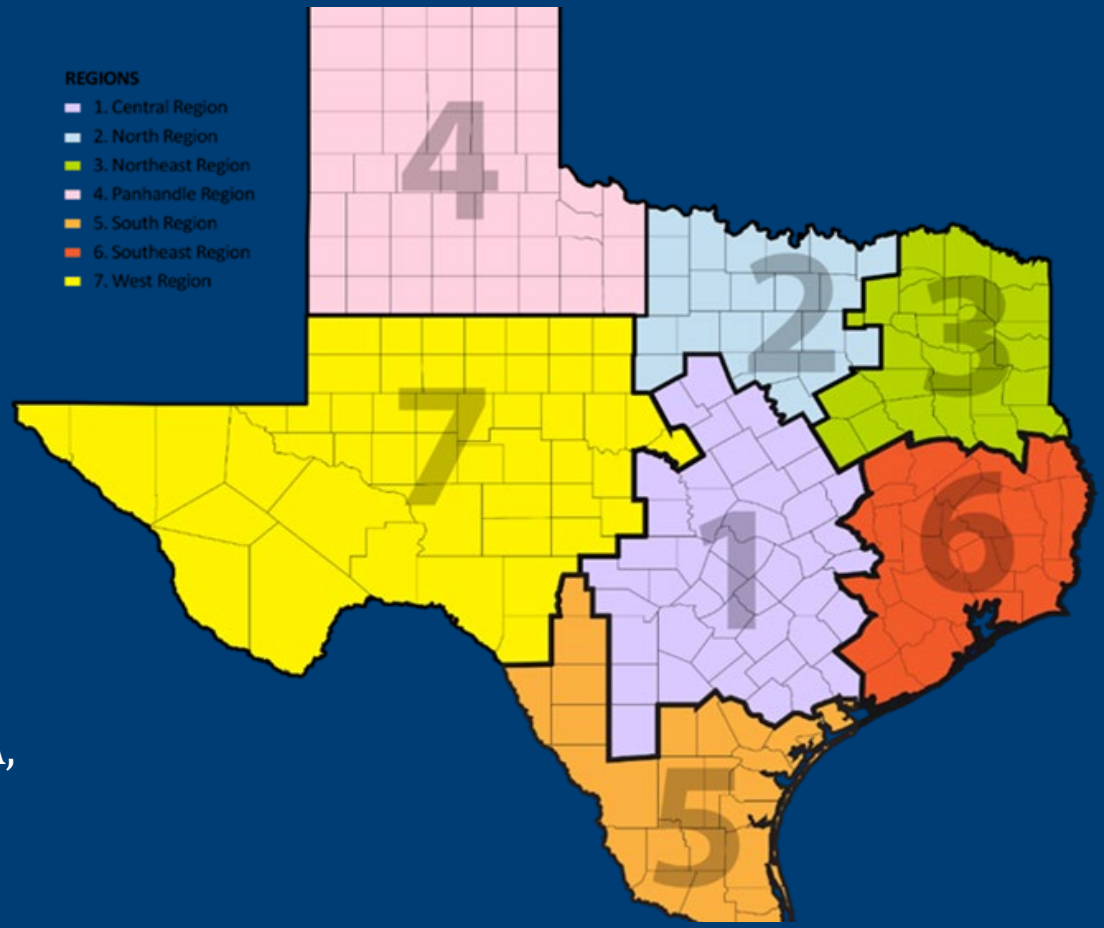
TJJD Regional Continuum of Care Coordinators

WE ARE HIRING!

7 Regional Coordinators + 1 Statewide Manager

*Continuum of care development, strategic planning, capacity building, system integration, training, technical assistance, and implementation support to counties and regions.

*Integration of services across state, local, and regional youth-serving agencies and organizations, including TEA, DFPS, HHSC, LMHAs, non-profits, juvenile courts, law enforcement, workforce development, and universities.



Existing and Hoped-for Services

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- Kinship Behavioral Health Initiative
- Youth Empowerment Services Waiver
- Residential Treatment Center Project
- Purchased Psychiatric Beds
- Resilient Families Initiative
- Crisis Respite
- Continuity of Care Across Provider Types
- Intensive Home-based Services
- Intensive Out-of-home Treatment
- Peer Support
- 24/7 Pediatric Crisis Response with Intensive Follow-up Services
- Trauma-informed Practices
- Measurement-based Practices Focused on Effectiveness and Outcomes
- Trained Workforce (child and adolescent mental health)

Desired Systemic Outcomes

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- Access to an array of pediatric behavioral health services across all provider types.
- Behavioral health treatment is tailored to address specific conditions, identified through validated assessment tools and recommended/provided by clinicians trained in children's mental health.
- High-acuity mental health needs are addressed through coordinated efforts with pediatric primary care and behavioral health public and private providers.
- Pediatric behavioral health providers deliver care that recognizes that some behavioral symptoms may be manifestations of trauma (no reject/no eject).
- Children's crisis response is available 24 hours a day, 7 days a week.
- *Youth with behavioral health needs experience lifelong familial permanency.*

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Thank You!