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NORTH REGION

Juvenile Justice Continuum of Care Report

A Playbook for Advancing Diversion & Keeping Youth Closer to Home

DECEMBER 2025

Acknowledgements

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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.

Special thanks to the TJJD regional and state team, as well as members of the Statewide Youth Justice Continuum of Care Council, whose expertise, collaboration, and commitment helped shape the findings and recommendations throughout this report.

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TEXAS JUVENILE JUSTICE CONTINUUM OF CARE

NORTH REGION

KEY FINDINGS & STRATEGIC PRIORITIES

REGIONAL SNAPSHOT

The North Region includes four of Texas' largest counties and seven medium-sized counties, along with nine smaller, predominantly rural counties.

These communities are growing rapidly, creating increased demand for services and greater system complexity.

While the region benefits from strong infrastructure in some counties, access to specialized services and resources remains uneven—especially in rural areas.

Strong leadership and a willingness to collaborate position the region to build a more connected and effective continuum of care.

NORTH 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 North Region CoC Report.

SCAN HERE

to access the full regional report

TEXAS JUVENILE JUSTICE DEPARTMENT
TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

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KEY FINDINGS

1. SYSTEMS ARE STRONG BUT STRAINED BY GROWTH

- Rapid population growth is outpacing services and infrastructure.
- Departments are managing higher volume and complexity.
- Workforce and provider capacity lag behind need.

2. SCHOOLS DRIVE SYSTEM ENTRY

- Referrals often originate from school discipline.
- Limited early intervention and behavioral supports.
- Opportunity to strengthen diversion before court involvement.

3. BEHAVIORAL HEALTH ACCESS IS INCONSISTENT

- Strong providers in some counties, limited access in others.
- Long wait times for higher-acuity services.
- Youth escalate in the system while waiting for care.

4. DIVERSION OPPORTUNITIES EXIST BUT AREN'T SCALED

- Promising programs in pockets across the region.
- Lack of consistent pathways and eligibility criteria.
- Opportunity to standardize and expand diversion.

5. YOUTH WITH COMPLEX NEEDS CYCLE THROUGH SYSTEMS

- Multi-system involvement (mental health, substance use, child welfare).
- Limited placement options for high-acuity youth.
- Justice system often used as the default entry point.

6. REGIONAL COORDINATION IS A KEY OPPORTUNITY

- Strong leadership and willingness to collaborate.
- Need for clearer referral pathways and shared strategies.
- Opportunity to build a more connected regional system.

STRENGTHS TO BUILD ON

- Strong infrastructure and resources in many counties
- Committed leadership and collaborative culture
- Emerging diversion and early intervention programs
- Active cross-system partnerships
- Willingness to innovate and share best practices

STRATEGIC PRIORITIES

1. Expand Access to Youth Behavioral Health Services
2. Strengthen Early Intervention and Diversion
3. Build Regional Service Delivery Models
4. Strengthen Workforce Capacity
5. Improve Cross-System Coordination
6. Expand Family Engagement and Navigation Supports

IMPLEMENTATION APPROACH

SHORT-TERM (0–6 MONTHS)

- Strengthen local partnerships and referral coordination
- Identify priority gaps and target counties for pilots
- Expand diversion and school-based supports

MID-TERM (6–18 MONTHS)

- Develop regional service hubs and crisis response capacity
- Formalize cross-system coordination structures
- Expand behavioral health services and workforce

LONG-TERM (12–24 MONTHS)

- Scale regional models across counties
- Stabilize funding for services and workforce
- Build a sustainable, community-based continuum of care

BOTTOM LINE

The North Region has strong infrastructure and committed leaders, but rapid growth, uneven service access, and workforce challenges continue to strain the system. With coordinated investment and regional strategies, the region can strengthen early intervention, expand diversion, and ensure youth and families get the support they need—earlier and closer to home.

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Project Overview &
North Region Context

Project Overview and North 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 North Region and is intended to serve as a planning tool for local and regional leaders, county departments, and cross-sector partners.[1]

Methodology

On March 6, 2025, the Meadows Institute convened a North Region site visit and mapping session in Denton 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 for 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 North 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 North 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 North Region.

County Juvenile Justice System in the North Region

The North 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 20 county-based juvenile departments. Each department is anchored in one county but may serve surrounding counties, as well. In total, these 20 departments provide coverage for all 24 counties in the North Region (shown in Figure 1). This report focuses on the 20 "lead" counties where the departments are based.

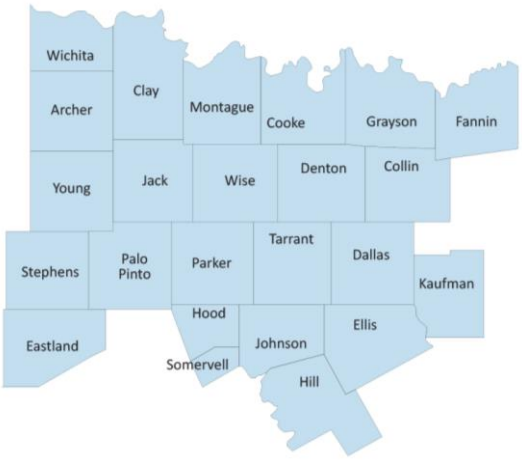


Figure 1. TJJD North Region

TJJD classifies juvenile departments as large, medium, or small, depending on the population served.[2] The North Region has four large departments, seven medium-sized departments, and nine 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 North Region[3]

Size	#	County Juvenile Departments = 20
Large	4	Collin, Dallas, Denton, Tarrant
Medium	7	Ellis, Grayson, Johnson, Kaufman, Parker, Wichita, Wise
Small	9	Cooke, Eastland, Fannin, Hill, Hood, Montague, Palo Pinto, Somervell, Young

Because some counties in the North 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 90th Judicial District Department is based in Young County but also serves Stephens County. A full list of these multi-county arrangements is provided in Table 2.

Table 2. Shared Judicial Districts in the North Region[4]

Judicial District	Counties Included (Lead County Listed First)
90th	**Young**, Stephens
97th	**Montague**, Archer, Clay
271st	**Wise**, Jack

Geographic Context of the North Region

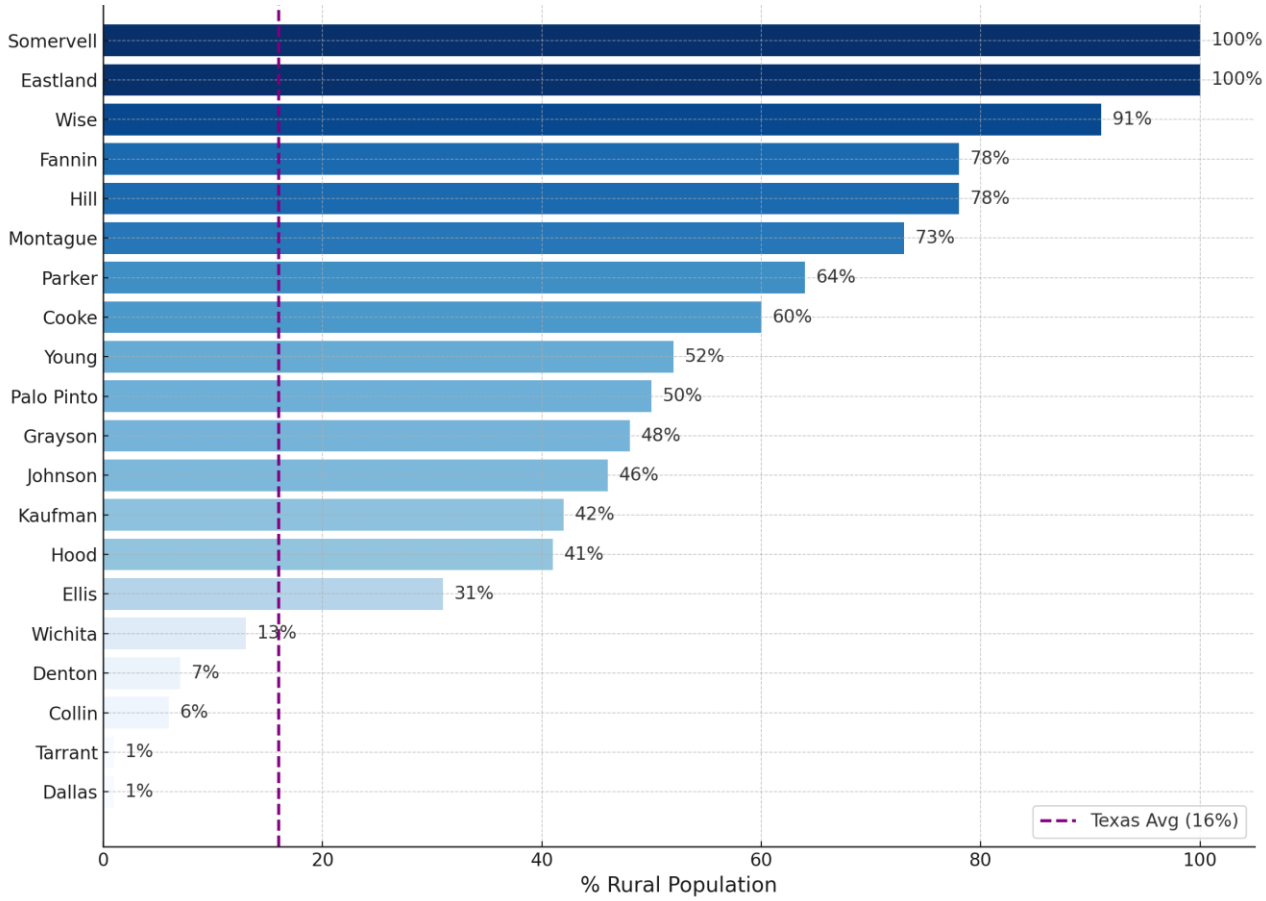
TJJD's North Region includes four of Texas' largest counties – Dallas, Tarrant, Collin, and Denton – which form the Dallas-Fort Worth (DFW) Metroplex, one of the fastest-growing urban areas in the nation. These counties are home to resource-rich systems but are also grappling with the challenges that come with rapid growth: rising social service caseloads, housing pressures, and youth populations with increasingly complex needs.

Surrounding the Metroplex are seven medium-sized county departments, including Ellis, Grayson, Johnson, Kaufman, Parker, Wichita, and Wise. Many of these communities are absorbing spillover growth from DFW, with suburban populations rising. While these counties are growing quickly, their youth-serving systems often haven't kept pace. Juvenile departments face increased demand and more complex cases but struggle with staffing shortages, infrastructure gaps, and limited funding. The rising cost of living in urban cores has pushed many low-income families into these surrounding areas, further intensifying needs without the local capacity to meet them.

[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.*

The remaining counties, shown in Figure 2 below, are small and over 50% rural, often with limited access to transportation, mental health services, and youth programming. In these areas, probation officers wear multiple hats, and families may drive hours for services. These challenges make it harder to divert youth from deeper system involvement, maintain continuity of care, or respond to more intensive needs. Smaller youth populations and geographic isolation make it difficult for these counties to support specialized services on their own, reinforcing the need for regional pooled programming and resource sharing. To build a strong continuum of care in the North Region, it will take coordinated investment, shared infrastructure, and a commitment to bridging the urban-rural divide.

Figure 2. Percent of North Region Population Living in Rural Areas by Department, 2020[5]



With major interstate corridors and proximity to the Oklahoma border, some North Region counties like Wichita serve youth and families crossing state lines, complicating case coordination and service access. The region is also in the midst of planning for the placement

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

of a new state secure 104-bed TJJD facility in Ellis County in 2028. The facility will serve youth with the highest-level mental health needs committed to TJJD. While this investment may bring jobs and expand infrastructure, collaboration among the counties in the region and with TJJD will be critical to ensure the facility does not pull focus, funding, or staff away from county departments or diversion efforts across the region.

North 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 North 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 differences 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 North Region

The snapshot below reflects a portion of the infrastructure currently available within the juvenile justice system across the North 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 North Region

While not universally available, Table 3 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 North Region[6]

Program or Service	#	Department
Alternative Referral Agreement with Prosecutor on File with TJJD, Texas Family Code 52.031(d)	4	Eastland, Grayson, Johnson, Tarrant
Dialectical Behavior Therapy (DBT) Implementation	2	Dallas, Denton
First Offender Programs, Texas Family Code 52.031	6	Collin, Dallas, Denton, Grayson (exploring), Hood, Tarrant

[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 North 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	#	Department
Juvenile Justice Alternative Education Programs (JJAEPs)	6	Collin, Dallas, Denton, Ellis, Johnson, Tarrant
Regional TJJD Pre-Treatment Transition/Step-Down Program	1	Denton
Special Needs Diversionary Programs (SNDP)	2	Dallas, Tarrant
TCOOMMI Detention Diversion Pilot Project	1	Collin
TJJD-Funded Prevention and Intervention Programs	2	Collin, Hill
Trust Based Relational Intervention (TBRI) Implementation	6	Dallas, Grayson, Hood, Johnson, Parker, Tarrant
Youth Sequential Intercept Model (SIM) Mapping Completed	4	Dallas, Denton, Ellis, Grayson

Juvenile Specialty Courts in the North Region

Table 4 lists the five counties in the North 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. The North Region has the largest number of departments with juvenile specialty courts in the state.

Table 4. Juvenile Specialty Courts in the North Region[7]

Department	#	Specialty Courts
Collin	3	1. SOAR (Successfully Opting for Accountability and Recover) Juvenile Drug Court 2. Juvenile Mental Health Intervention Court 3. Juvenile Girls' Court: GEMS Program (Girls, Empowerment, Mentoring and Support)
Dallas	4	1. Youthful Offenders Court 2. Diversion Male Court 3. ESTEEM (Experiencing Success Through Empowerment, Encouragement, and Mentoring) Court 4. Dallas Juvenile Mental Health Court
Denton	1	1. Denton County Juvenile Mental Health Court
Grayson	2	1. RISE 397th District Juvenile Court

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

Department	#	Specialty Courts
		2. PASSAGE Low-Risk Court (Providing Adolescents with Safety and Supportive Accountability for Growth and Excellence)
Hill	1	1. Hill County Juvenile Drug Court

In-House Mental Health Workforce in the North Region

Table 5 provides a snapshot of the type of licensed behavioral health professionals employed directly by juvenile probation departments across the North 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 North Region[8,9]

Department	#	In-House Licensed Professionals
Collin	8	LCSW, LPC, LPC-A
Dallas	23	LPC, LSOTP, LMFT-S, LCDC, LCSW, LSOTP-S, LPC-A, LPC-S
Denton	16	LPC-S, LCDC, LPC, LPC-A, LMFT-A, LCDC-I, LMSW, LCSW
Grayson	5	LPC, LMSW, LCDC
Tarrant	5	LPC, LCSW, LMSW, LPC-A
Wichita	4	LPC, LPC-S, LSOTP, LSOTP, LCDC, LMSW

This inventory highlights wide variation in what supports are available to youth and families. Larger urban counties such as Dallas, Tarrant, and Collin 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 must rely 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

[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.

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 First Offender Programs that could be replicated or shared regionally. Departments that have established Alternative Referral Agreements with prosecutors demonstrate how collaboration can expand diversion options even without new funding.[10]

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 diversion, mental health, and family support services.

Discretionary State Aid (DSA) in the North 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 North Region between 2020 and 2024. DSA funds are awarded annually for up to six years.

Table 6. DSA Awards in the North Region, FY 2020-24[11]

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year[12]
Collin	**In-Home Wraparound**	Community	$132,918	2020	20-25

[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.
[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.

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year[12]
Denton	**Expansion of YES Waiver**	Community	$116,996	2020	20
Parker	**SNDP-Like Services – Regional Project**	Community	$411,625	2020	48
Collin	**School-based Intervention Program**	Prevention & Intervention	$244,507	2022	25
Hill	**Intervention School Resource Officer**	Prevention & Intervention	$24,000	2022	400
Dallas	**Evening Reporting Center**	Community	$77,841	2023	110
Collin	**Girls Empowering Mentor Support**	Community	$47,707	2024	25
Collin	**Detention Expansion**	Detention Expansion	$1,336,087	2024	8
Grayson	**Detention Expansion**	Detention Expansion	$127,750	2024	2
Tarrant	**Aftercare Services**	Community	$40,901	2024	10
Tarrant	**Project SAFER**	Community	$120,000	2024	10
Total	**11**		**$2,680,332**		

In July 2025, juvenile probation departments in the North Region submitted 11 applications for new DSA funding, requesting a combined total of $1,263,267 to support local innovations, diversion programs, and community-based services. Four of the 11 were awarded for a total of $727,212 to the region in 2025 (see Table 7).

Table 7. DSA Applications Submitted in the North Region in 2025[13]

Department Applicant	DSA Project Type	Funds Requested	Funds Awarded
Collin	Community	$221,537	**$221,537**
Dallas	Community	$102,500	*Not awarded*
Dallas	Residential	$399,675	**$399,675**
Denton	Residential	$96,000	*Not awarded*
Grayson	Community	$60,000	*Not awarded*
Grayson	Community	$56,000	**$56,000**

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

Department Applicant	DSA Project Type	Funds Requested	Funds Awarded
Parker	Community	$74,655	*Not awarded*
Parker	Community	$62,900	*Not awarded*
Parker	Community	$80,000	*Not awarded*
Tarrant	Community	$50,000	**$50,000**
Wise	Community	$60,000	*Not awarded*
Total	**11**	**$1,263,267**	**$727,212**

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 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 North 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 North Region. A glossary of facility types can be found in Appendix C.

Table 8. Juvenile Correctional Facilities in the North Region[15,16,17]

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

[14] Texas Juvenile Justice Department. *DSA Grant Applications, 2025.*
[15] Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas (CY2024)*. 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
Collin	John R. Roach Juvenile Detention Center	Substance Abuse, Sex Offender, Female Offender, Mental Health
Dallas	Dr. Jerome McNeil Jr. Detention Center	None listed in registry
Denton	Denton County Juvenile Detention Center	Female Offender, Mental Health, DBT
Ellis	Ellis County Short-Term Detention Facility	Hold-over Facility
Grayson	Cooke, Fannin, and Grayson County Detention Center	TBRI
Hood	Lake Granbury Youth Services	Mental Health
Tarrant	Lynn W. Ross Juvenile Detention Center	None listed in registry
Wichita	Judge Arthur R. Tipps Juvenile Justice Center	Mental Health
County Secure Post-Adjudication Facilities		
Collin	John R. Roach Juvenile Detention Center	Males, Substance Abuse, Sex Offender, Female Offender, Mental Health
Dallas	Lyle B. Medlock Treatment Facility	Males
Dallas	Dallas County Residential Programs and Drug Treatment	Males, Females, Substance Abuse, Sex Offender, Mental Health
Denton	Denton County Secure Correctional Facility	Males, Females, DBT, TJJD Step-Down, Mental Health
Grayson	Grayson County Post-Adjudication Center	Males, TBRI, Physical Training, Substance Abuse, Sex Offender, Mental Health
County Nonsecure Post-Adjudication Facilities		
Dallas	Dallas County Youth Village	Males
Dallas	Letot Residential Treatment Center	Females
Dallas	Marzelle Hill Transition Center	None listed in registry
Private Secure Post-Adjudication Facilities		
Grayson	Rite of Passage – Monarch Academy	Substance Abuse, Female Offender, Mental Health
Hood	Rite of Passage – Lake Granbury	Males, Mental Health

The North Region has one of the largest juvenile justice facility networks in Texas, offering a range of detention, secure post-adjudication, nonsecure, and private placement options. Pre-adjudication detention capacity spans multiple large and mid-sized counties, with several facilities providing specialized services such as mental health treatment, substance use

programming, DBT, and TBRI. Counties like Collin, Denton, Grayson, and Wichita demonstrate particularly strong integration of behavioral health and trauma-informed approaches within detention, while the region's size allows for multiple placement options that reduce the need for long-distance transfers.

Post-adjudication capacity in the North Region is similarly robust and treatment oriented. Secure programs in Dallas, Denton, Grayson, and Collin offer a broad mix of SUD, MH, sex-offense–specific programming, DBT, TBRI, physical training, and Denton County's TJJD step-down program could be expanded to meet broader regional needs.[18] The region also stands out with its mix of county-operated nonsecure post-adjudication programs, all located in Dallas County, providing critical step-down and transition options that are largely unavailable elsewhere in the state. Notably, Tarrant County is the only large county in Texas without its own post-adjudication facility.

Overall, the table highlights a region with unmatched scale and specialization, positioning North Texas as a de facto hub for complex and high-need youth statewide. While this depth of infrastructure offers important advantages, it also places ongoing responsibility on North Region facilities to serve youth from surrounding regions, underscoring the need for sustained investment and regional coordination.

Table 9. Summary of Juvenile Justice Infrastructure in the North Region[19]

Regional Resource	#	Details
DSA Grants Awarded (2020-24)	11	$2.7 million awarded, 11 active projects
DSA Grants Awarded (2025)	4	4 awards, $727,212 awarded
Post-Adjudication Facilities	10	610 beds total (rated capacity from Facility Registry)
Pre-Adjudication Detention Facilities	8	861 beds total (rated capacity from Facility Registry)
Regional Diversion Alternatives (RDA) Applications in 2023	49	48 approved, 53 youth placed
TJJD Program Registry Listings[20]	343	156 contract, 139 in house, 11 LMHA, 19 private, 18 other

[18] Denton County operates a short-term, treatment-focused TJJD Step-Down Program that provides a structured residential setting for youth transitioning from state placement or requiring intensive support to safely return home. The program emphasizes behavioral stabilization, family engagement, and therapeutic skill-building to reduce recidivism and promote successful reintegration.

[19] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan, December 2024*.

[20] Texas Juvenile Justice Department. *Program Registry: North Region Programs.* Data exported Aug. 1, 2025. https://www2.tjjd.texas.gov/ProgramRegistryExternal/

Behavioral Health Service Landscape in the North Region

Access to timely, high-quality behavioral health services is a cornerstone of an effective continuum of care. In the North 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 North Region

Juvenile probation departments in the North Region fall within the service areas of 10 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 North Region[21,22]

LMHA/LIDDA	North Region Departments Served
Center for Life Resources	Eastland
Denton County MHMR	Denton
Heart of Texas Behavioral Health Network	Hill
Helen Farabee Centers	Montague, Wise, Young, Wichita
Lakes Regional MHMR Center (LIDDA)	Ellis, Hunt, Kaufman, Navarro, Rockwall
LifePath Systems	Collin
Metrocare Services (LIDDA)	Dallas
MHMR of Tarrant County	Tarrant
North Texas Behavioral Health Authority (LMHA)	Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall

[21] 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

[22] 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	North Region Departments Served
Pecan Valley Centers	Hood, Johnson, Palo Pinto, Parker, Somervell
Texoma Community Center	Cooke, Fannin, Grayson

Behavioral Health Providers in the North Region

Access to timely, community-based behavioral and pediatric health services is foundational for 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 North Region for 2024. Compared to statewide averages, the North Region generally has greater provider availability, with fewer residents per mental health provider across most specialties. Exceptions include with children and youth behavioral health physicians, licensed specialists in school psychology, and licensed chemical dependency counselors, where the region has a higher rate than the state as a whole (indicating relatively lower availability).

Table 11. Number of Behavioral Health Care Providers in the North Region (2024) [23,24,25,26]

Provider Type	North Region		Texas (Statewide)	
	Number of Providers	Average Residents / Provider	Number of Providers	Average Residents / Provider
Licensed Behavioral Health Physicians[27]	**1,105**	**7,000**	**3,671**	**7,500**
Children and Youth Behavioral Health Physicians	272	5,500	1,034	5,000
Psychiatrists	1,063	7,000	3,470	8,000
Non-Physician Providers[28]				
Licensed Psychologists	1,564	4,900	5,069	5,500
Licensed Clinical Social Workers	6,341	1,200	21,309	1,300
Licensed Professional Counselors	7,935	950	25,396	1,100
Licensed Specialists in School Psychology	697	11,000	3,268	8,500
Licensed Marriage and Family Therapists	1,067	7,000	3,284	8,500
Licensed Chemical Dependency Counselors[29]	2,222	3,400	9,510	2,900
Psychiatric Nurse Practitioners[30]	1,967	3,900	4,985	5,500
Psychiatric/Substance Use Registered Nurses[31]	2,930	2,600	10,232	2,700

[23] All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.
[24] 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
[25] 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.
[26] Provider counts include trainees, such as associates and interns, when applicable.
[27] 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.
[28] 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/
[29] 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

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 North Region

The table below highlights select state-funded programs available in the North 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 North Region[32]

Program	#	Provider
Children's System Navigator Pilot	1	1. North Texas Behavioral Health Authority (NTBHA)
Coordinated Specialty Care (CSC) *for First Episode Psychosis age 15+*	10	LMHAs serving: Cooke, Grayson, Fannin, Collin, Denton, Hunt, Rockwall, Dallas, Kaufman, Tarrant, Ellis, Navarro, Johnson, Somervell, Hill, Parker, Hood, Palo Pinto, Eastland
LIDDA Transitional Support Teams	2	1. MHMR of Tarrant County 2. Metrocare Services (Dallas County)
Mental Health Deputy Program	0	None
Multisystemic Therapy (MST) Providers[33]	6	1. NTBHA (3) 2. Denton County MHMR

[30] 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
[31] 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
[32] 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
[33] Meadows Mental Health Policy Institute. *MST Services in Texas, January 2024.* https://mmhpi.org/topics/policy-research/multisystemic-therapy-for-texas-youth/

Program	#	Provider
		3. MHMR of Tarrant County 4. Tarrant County JPD (TJJD-funded)
Outreach, Screening, Assessment, and Referral (OSAR) SUD Programs	5	1. Helen Farabee Centers 2. Life Path Systems 3. MHMR of Tarrant County 4. Resource Council 5. North Texas Behavioral Health Authority
Residential Treatment Centers (RTCs)	0	None
Youth Crisis Outreach Teams (YCOT)	2	1. MHMR Tarrant County 2. NTBHA
Youth Crisis Respite Facilities	4	1. Heart of Texas 2. MHMR of Tarrant County 3. NTBHA 4. Pecan Valley Centers

The distribution of state-funded youth and behavioral health programs across the North Region highlights how larger urban counties such as Dallas, Tarrant, and Denton benefit from a greater concentration of providers and services such as multisystemic therapy (MST), while many medium and smaller counties have little or no coverage**.** The North Region has no Residential Treatment Centers (RTCs), but operates 10 post-adjudication correctional facilities. This imbalance in available placements means that youth with high-acuity mental health or behavioral needs often have limited pathways to access intensive services unless they penetrate deeper into the juvenile justice system.

It is also important to note that the presence of a state-funded program in a county does not guarantee access for justice-involved youth. In some communities, eligibility restrictions, capacity limits, or local program policies mean that youth referred through the juvenile probation system are not prioritized or are excluded from participation. This disconnect reduces the practical impact of available resources and places additional strain on probation departments seeking alternatives to detention.

At the same time, the table surfaces important opportunities. Where programs such as crisis respite centers or youth crisis outreach teams are accessible, they offer valuable supports that can reduce the risk of deeper system involvement. Expanding eligibility for justice-involved youth, alongside geographic expansion into underserved counties, could multiply the impact of many of these state-funded programs. Both counties and state agencies must ensure not only that these programs exist on paper, but also that they are meaningfully available to the youth most at risk of system involvement.

Federally Qualified Health Centers (FQHCs) in the North Region

FQHCs are community-based providers that receive federal funding to deliver 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:

- 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 North 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 North Region[34]

FQHC Provider/Organization	County	# Clinics
Carevide – Health Services of North Texas	Collin, Fannin, Kaufman	4
HHM Health – Healing Hands Ministries	Dallas	8

[34] Health Resources and Services Administration. *FQHC Database.* Retrieved on April 1, 2025 at https://findahealthcenter.hrsa.gov/

FQHC Provider/Organization	County	# Clinics
Los Barrios Unidos	Dallas	5
Martin Luther King, Jr. Family Clinic/Foremost Family Health Centers	Dallas	3
Prism Health North Texas	Dallas	8
Health Services of North Texas	Denton	5
Hope Health – Ellis County Coalition for Health Options	Ellis	3
Heart of Texas Community Health Center – Waco Family Medicine	Hill	1
North Texas Area Community Health Centers	Tarrant	3
North Central Texas Community Healthcare Center	Wichita	11

Prevention and School-Based Service Landscape in the North Region

Prevention and early intervention programs are critical pillars in building a strong continuum of care, offering support to youth and families before unmet needs escalate into deeper system involvement. In the North 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 North 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 Tarrant and Dallas counties).
2. **Family and Youth Success (FAYS):** A statewide crisis intervention and short-term counseling program for at-risk youth and families, available in all North 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 North Region has six active SMART Innovation programs (see Table 14), more than any other TJJD region except Central.[35]

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 North Region[36]

Program	#	North Region Provider
Community Youth Development (CYD)	3	1. Tarrant County (Tarrant) 2. University of North Texas at Dallas (Dallas) 3. Girls Scouts of North Texas (Dallas)
Family and Youth Success (FAYS)	3	1. STARRY 2. ACH Child and Family Services 3. CCD Counseling PA
Family Resource Centers (FRCs)	2	1. Help Me Grow North Texas Parker County Family Resource Center (Parker) 2. North Texas Area United Way (Wichita)
Opportunity Youth Hubs *for emerging adults ages ~16-24*	1	1. Big Thought Opportunity Youth Incubator (Tarrant, Dallas)
SMART Innovation Grant Programs	6	1. Youth Guidance (Dallas) 2. MHMR Tarrant (Tarrant) 3. Denton MHMR (Denton) 4. Nexus Recovery Center (Dallas) 5. Family Compass (Dallas)

[35] Health and Human Services Commission. *SB 26 Supporting Mental and Emotional Resiliency in Texans (SMART) Innovation Grant Program, 2024.* Retrieved at: https://resources.hhs.texas.gov/rfa/hhs0013881
[36] Health and Human Services Commission. *Behavioral Health Services Snapshot, July 2024.*

Program	#	North Region Provider
		6. Communities in Schools of Greater Tarrant County (Tarrant)
Statewide Youth Services Network (SYSN)	2	1. BBBS Lone Star 2. Texas Alliance of Boys and Girls Clubs
SUD Prevention Resource Centers	2	1. Recovery Resource Council 2. Abilene Recovery Council

Table 15 summarizes outcomes for three of these statewide prevention programs in FY 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.

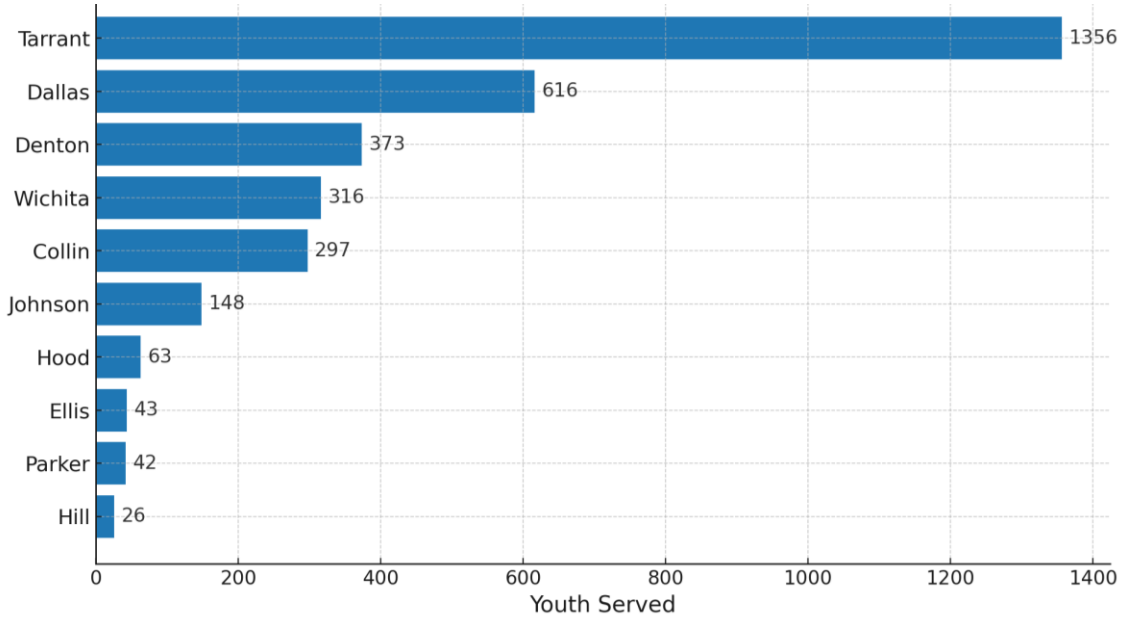
Table 15. Statewide Prevention Program Outcomes, FY 2024[37]

Prevention Program	Youth Served Statewide	Average Monthly Participants	% Not Referred to Juvenile Probation
Family and Youth Success	20,774	6,818	93%
Community Youth Development	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 North 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.

[37] 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 North Region Departments by Youth Served by FAYS, FY 2024[38]



Texas Child Health Access Through Telemedicine (TCHATT) in the North Region

TCHATT 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 TCHATT program participation across the Education Service Centers (ESCs) serving the North Region departments. It shows the number of independent school districts (ISDs) in each ESC region and how many of those ISDs have active TCHATT services operating in schools.

Table 16. TCHATT Program Participation in the North Region[39]

ESC Region	Juvenile Departments Served by ESC/TCHATT	# Students in ESC Region Overall	# Students with Access to TCHATT	Total # of ISDs	Active ISDs
Region 9	Wichita, Montague, Young	34,249	32,538	37	33
Region 10	Collin, Dallas, Ellis, Fannin, Grayson	904,426	625,976	112	82
Region 11	Cooke, Denton, Hood, Johnson, Montague, Palo	591,586	458,601	92	65

[38] 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

[39] Texas Child Mental Health Care Consortium. *TCHATT Interactive Service Map, 2025.* Retrieved on April 19, 2025 https://tcmhcc.utsystem.edu/tchatt/

ESC Region	Juvenile Departments Served by ESC/TCHATT	# Students in ESC Region Overall	# Students with Access to TCHATT	Total # of ISDs	Active ISDs
	Pinto, Parker, Somervell, Tarrant, Wise				
Region 12	Hill	167,989	140,130	82	60
Region 14	Eastland	71,695	67,051	43	38

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 North Region

Juvenile departments in the North 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 North Region

Liaison or Service Center	Provider/Contact
Child Psychiatry Access Network (CPAN) of the Texas Child Mental Health Care Consortium	• University of North Texas Health Science Center at Fort Worth • University of Texas Southwestern Medical Center • 888-901-CPAN (2726) extension 1 to enroll
Children's Advocacy Centers (CAC)	• Directory of local CACs by county in the North Region
Community Resource Coordination Group (CRCG) Regional Liaison	• Charlene Green, Charlene.Green@hhs.texas.gov • Ruby Vidaurre, Ruby.Vidaurre1@hhs.texas.gov
DFPS Community-Based Care (CBC) Single Source Continuum Contractor (SSCC)	• DFPS Region 3W, SSCC: OCOK, Current Status: Cook, Denton, and Wise counties: Stage II; Southern 7 counties: Stage III • DFPS Region 3E, SSCC: EMPOWER, Current Status: Stage II
DFPS Juvenile Justice Liaison – Child Protective Services (CPS)	• DFPS Region 3E Davondra Williams (817) 851-2422 • DFPS Region 3W Laura Flores (214) 668-6523
DFPS Juvenile Justice Liaison – Child Protective Investigations (CPI)	• DFPS Region 3E & 3W Chad Peabody (817) 894-2434
DFPS Transition Centers *for homeless and current/former foster youth*	• BCFS Health and Human Services • Transition Resource Action Center
Education Service Centers (ESCs)	• ESC 9, 10, 11, 12, 14
Law Enforcement Fusion Centers *supporting school behavioral threat assessments and diversion*	• Dallas Fusion Center; Dallas 214-671-3482 • Fort Worth Intelligence Exchange; Fort Worth 817-392-4697 • North Texas Fusion Center; McKinney 214-491-6800 • Texas Fusion Center | 866-786-5972
LMHA + ESC Liaison Behavioral Health Partnership Program	Liaison located at: • ESC 10 (NTBHA) • ESC 11 (MHMR Tarrant) • ESC 12 (Heart of Texas)
Regional Council of State Governments (COGs)	• North Central Texas Council of Governments • Texoma Council of Governments • Nortex Regional Planning Commission
Regional Mental Health Policy Center	• Meadows Institute Dallas

Higher Education in the North Region

The table below highlights a major strength in the North Region's continuum of care: a large 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 above-average 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 is not exhaustive.

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

Public Universities	Location/County
Midwestern State University	Wichita County
Tarleton State University – Midlothian	Ellis County
Texas Woman's University	Denton/Dallas County
University of Texas at Dallas	Collin County
University of Texas at Arlington	Tarrant County
University of North Texas Denton	Denton County
University of North Texas Dallas	Dallas County
UT Southwestern Medical Center	Dallas County
Private Universities	**Location/County**
Amberton University	Dallas/Collin County
Austin College	Grayson/Fannin County
Dallas Baptist University	Dallas/Collin County
Parker University	Dallas County
Paul Quinn College	Dallas County
Southern Methodist University	Dallas County
Southwestern Assemblies of God Univ.	Ellis County
Texas Wesleyan University	Tarrant County
University of Dallas	Dallas County

Community and Two-Year Colleges	Location/County
Collin College	Collin County
Dallas College (7 campuses)	Dallas County
Grayson College	Grayson/Fannin County
Hill College	Johnson/Hill County
Navarro College (Ellis Center)	Ellis County
North Central Texas College	Denton/Montague/Young County
Ranger College	Eastland County
Tarrant County College	Tarrant County
Trinity Valley Community College	Kaufman County
Vernon College	Wichita County
Weatherford College	Parker, Wise, Somervell, Palo Pinto, Hood County

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 North 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.

North Region
Data Snapshot

North 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 juvenile justice 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 North 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.[40] 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.[41,42] 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

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

[41] 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.

[42] 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.[43]

This section examines child welfare indicators for the North 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 North Region

Table 19 presents a point-in-time snapshot of the number of children in substitute care in the North 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 Type on August 31, 2024 in the North Region[44]

TJJD North Region Dept (Lead County)	Total in Substitute Care	*Foster Home*	*Kinship Care*	*Residential Treatment Center*	*Emergency Shelter*	*General Residential Operation*	*Other*
Collin	193	100	55	20	1	6	11
Cooke	21	13	2	2	0	3	1
Dallas	1,336	695	470	51	16	44	60
Denton	303	123	129	19	4	14	14
Eastland	45	22	11	6	0	5	1
Ellis	49	24	16	2	1	3	3
Fannin	12	7	4	0	1	0	0
Grayson	79	51	22	2	0	1	3
Hill	65	26	30	2	0	1	6
Hood	50	18	20	7	0	1	4
Johnson	101	60	23	7	2	3	6
Kaufman	60	28	24	3	0	0	5

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

[44] Texas Department of Family and Protective Services. *CPS Conservatorship: Children in DFPS Legal Responsibility on August 31, 2024.* DFPS Data Book. https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Activity_on_August_31.asp

TJJD North Region Dept (Lead County)	Total in Substitute Care	*Foster Home*	*Kinship Care*	*Residential Treatment Center*	*Emergency Shelter*	*General Residential Operation*	*Other*
Montague	15	5	5	2	0	0	3
Palo Pinto	27	11	7	5	0	0	4
Parker	94	39	32	13	0	4	6
Somervell	11	4	6	1	0	0	0
Tarrant	1,117	573	306	112	8	31	87
Wichita	195	104	52	7	1	12	19
Wise	67	36	25	4	0	0	2
Young	17	12	1	0	1	2	1
Region Total	**3,857**	**1,951**	**1,240**	**265**	**35**	**130**	**236**
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 phase 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.

Figure 4. Map of DFPS Region 3W & 3E

DFPS divides the state into 11 regions. Most SSCCs are contracted to cover a region or a portion of a region, though an SSCC can propose the community area they served. Most counties in TJJD's North Region fall under DFPS Region 3W and 3E, shown in Figure 4.

In DFPS Region 3W, the private entity that was awarded the state contract to assume these functions is Our Community Our Kids (OCOK). This SSCC began planning to transition a portion of the region (Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, and Tarrant counties) to CBC in November 2013 and has been live in Stage 3 since March 2024. OCOK began planning to transition an additional three Region 3W counties (Denton, Cooke, and Wise) to CBC in November 2023 and has been live in Stage 2 for those counties since May 2024. In DFPS Region 3E, the SSCC is EMPOWER, which began planning to transition to CBC in February 2023 and has been live in Stage 2 since March 2024. Practically, this means that the SSCC in each of these regions is responsible for placement, case management, kinship support, and reunification services.

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 North Region

High caseloads and staff turnover in the child welfare system can lead to delays in service delivery and disruptions in coordination between CPS and juvenile probation officers for shared youth. DFPS has historically had high staff turnover and the transition to CBC has not changed that, but data available makes it more difficult to pinpoint. DFPS Region 3 saw a notable decline in CPS and CPI caseloads, dropping from 22 cases per worker in 2015 to 9 cases per worker in 2024 (see Table 20). However, this improvement is undercut by the region's high staff turnover of 43.8%, double the rate from 2015.[45] Probation departments in the catchment area would be wise to begin or continue relationship building with the SSCCs in the region to support coordination of services for shared youth during this workforce transition.

Table 20. CPS/CPI Staff Turnover and Average Daily Caseload in DFPS Region 3, FY2015 & 24[46]

DFPS Region 3	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	20.6%	43.8%	+ 112.6%
Avg Daily Caseload (cases/day)	22	9.3	- 57.7%

DFPS Family Based Safety Services in the North 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 3 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.

Region 3 saw a small increase (10%) in the use of FBSS services from 2023 to 2024, and success rates hover around the state average. FBSS is one of the most direct, upstream interventions that could stabilize families before youth end up in the justice system. For juvenile justice

[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.* 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

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.

Table 21. FBSS Children Served and One-Year Outcomes, FY 2024 (Region 3 and Statewide)[47]

DFPS Region	Children Served (Ages 6+)	% Change in Children Served (from FY 2023)	% Unsuccessful Completions (Ages 6+)
Region 3	3,088	10% increase	16.3%
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 North Region

School discipline is a critical point of intersection between education and the juvenile justice system. In the North 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.

[47] 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.

Exclusionary Discipline in the North Region

In school year 2023–24, 44% (86 of 197) school districts in the North Region exceeded the statewide average suspension/expulsion rate of 10.5%, with several districts reporting rates twice the state average (Figure 5).

Figure 5. Percentage of School Districts Exceeding Statewide Suspension/Expulsion Rate in the North Region, 2023-24[48]

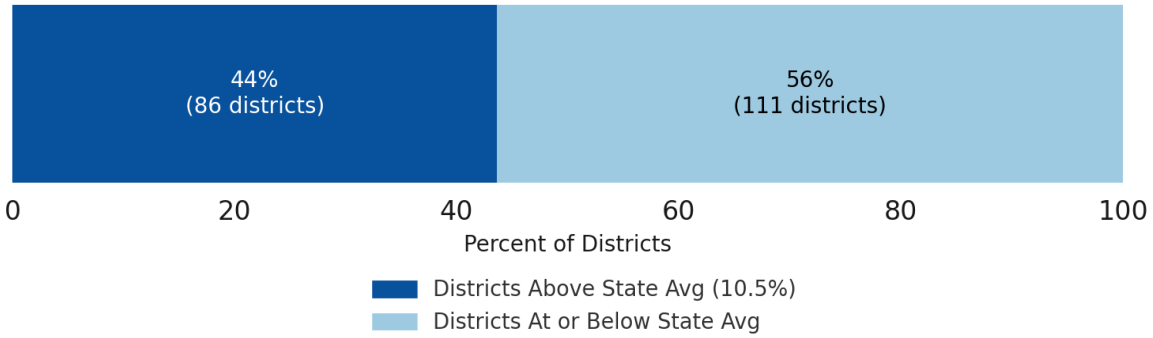


Table 22 ranks the top 30 districts with the highest exclusionary discipline rates in the North Region. Alvarado ISD (Johnson County) reported a 26% exclusionary discipline rate, the highest in the region. Larger urban/suburban systems, such as Cedar Hill, Mesquite, and Duncanville ISDs (Dallas County), also report high rates, signaling that the challenge spans both rural and urban contexts.

Table 22. North Region Districts with Highest Suspension/Expulsion Rates, 2023-24[49]

Rank	Department	School District	Rate
1	Johnson	ALVARADO ISD	26%
2	Wichita	CITY VIEW ISD	22%
3	Ellis	RED OAK ISD	21%
4	Kaufman	KAUFMAN ISD	20%
5	Dallas	CEDAR HILL ISD	20%
6	Eastland	RANGER ISD	21%
7	Dallas	ILTEXAS	19%
8	Collin	PRINCETON ISD	19%
9	Cooke	CALLISBURG ISD	18%
10	Wichita	WICHITA FALLS	18%

Rank	Department	School District	Rate
16	Grayson	DENISON ISD	17%
17	Tarrant	EVERMAN ISD	17%
18	Kaufman	SCURRY-ROSSER	17%
19	Dallas	MESQUITE ISD	17%
20	Johnson	VENUS ISD	17%
21	Dallas	LIFE SCHOOL	16%
22	Hunt	GREENVILLE ISD	16%
23	Kaufman	FORNEY ISD	16%
24	Kaufman	KEMP ISD	16%
25	Palo Pinto	MINERAL WELLS	16%

[48] Texas Education Agency. *Discipline Reports: Annual District Summary, 2023-24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/Discipline_Summary_Download.html
[49] Texas Education Agency. *Discipline Reports: Annual District Summary, 2023-24*.

Rank	Department	School District	Rate
11	Ellis	FERRIS ISD	18%
12	Tarrant	CASTLEBERRY ISD	18%
13	Hill	WHITNEY ISD	18%
14	Dallas	DUNCANVILLE ISD	18%
15	Kaufman	MABANK ISD	17%

Rank	Department	School District	Rate
26	Grayson	SHERMAN ISD	15%
27	Tarrant	CROWLEY ISD	15%
28	Hill	PENELOPE ISD	16%
29	Young	OLNEY ISD	15%
30	Johnson	KEENE ISD	15%

Education Service Centers (ESCs) in the North 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. Most counties in TJJD's North Region fall under ESC Region 10 and 11, 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 23. Education Service Centers (ESCs) Serving TJJD North Region Departments

ESC Region	#	North Region Departments Served
Region 9	3	Wichita, Montague, Young
Region 10	6	Collin, Dallas, Ellis, Fannin, Grayson, Kaufman
Region 11	10	Cooke, Denton, Hood, Johnson, Montague, Palo Pinto, Parker, Somervell, Tarrant, Wise
Region 12	1	Hill
Region 14	1	Eastland

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 North Region

DAEPs are alternative instructional settings for students removed from their home campus for misconduct. Between 2018–19 and 2023–24, DAEP placements rose sharply, as shown in Table 24. The 108% increase in Region 11 is the largest statewide.

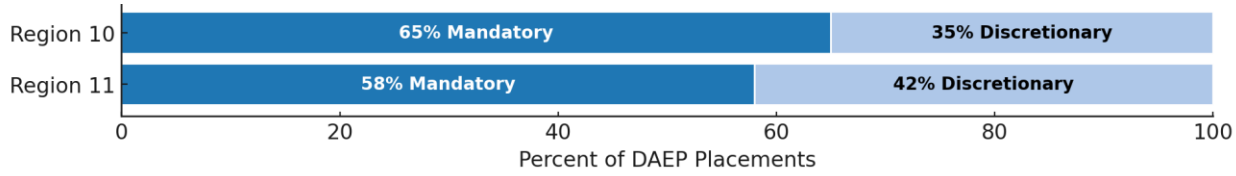
Table 24. DAEP Placements in the North Region[50]

ESC Region	2018–19 Placements	2023–24 Placements	% Increase
Region 10	12,079	19,911	+65%
Region 11	7,400	15,423	+108%
Statewide	96,345	151,045	+57%

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.[51] 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 were mandatory, a large portion were discretionary removals determined by local school personnel based on the school's code of conduct (35% in Region 10 and 42% in Region 11).

Figure 6. Proportion of Mandatory vs. Discretionary DAEP Placements, North Region, 2023-24[52]



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.

[50] Texas Education Agency, *Disciplinary Data Portal: Region 10 and 11 DAEP Tab for 2018-19 and 2023-24. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html*
[51] See Texas Education Code §§ 37.001, 37.006.
[52] Texas Education Agency, *Disciplinary Data Portal: Region 10 and 11 DAEP Tab for 2018-19 and 2023-24.*

Figures 7 and 8 compare the demographic composition of students placed in DAEPs with overall student enrollment across the region.

Figure 7. DAEP Placement in ESC Region 10, 2023-24[53,54]

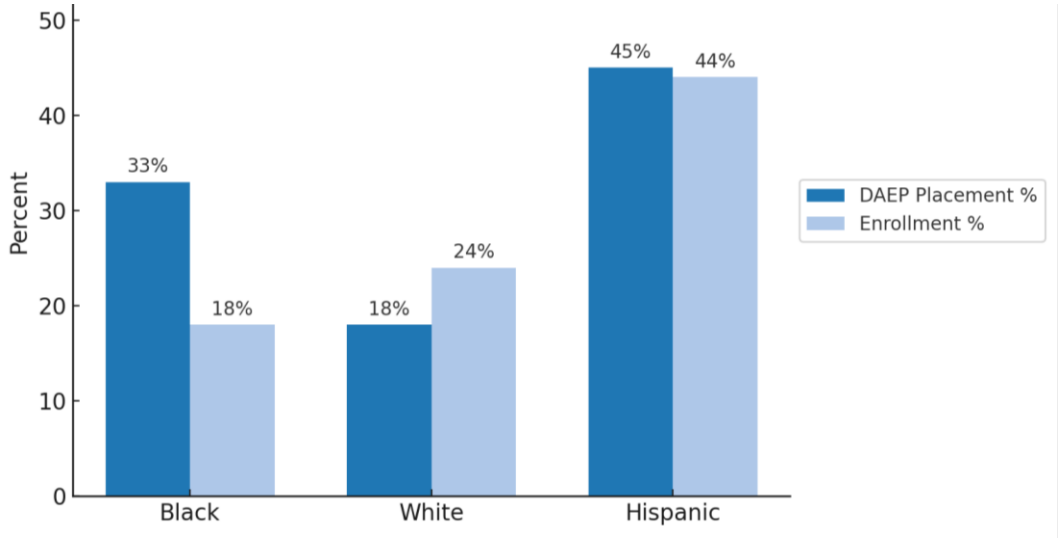
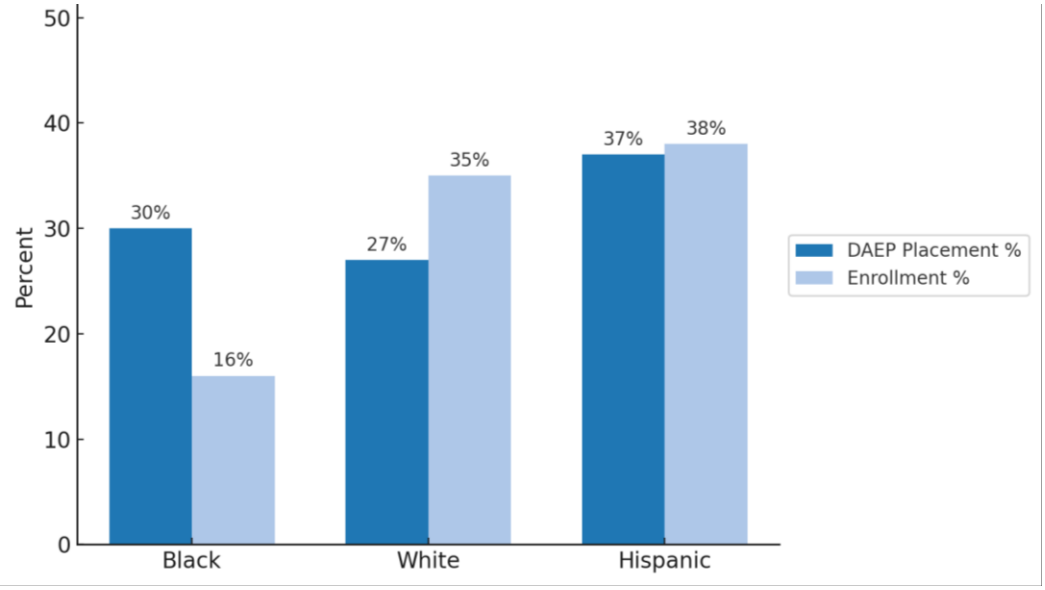


Figure 8. DAEP Placement in ESC Region 11, 2023-24[55,56]



[53] Texas Education Agency. *Enrollment in Texas Public Schools 2023-24.* https://tea.texas.gov/reports-and-data/school-performance/accountability-research/enroll-2023-24.pdf

[54] Texas Education Agency, *Disciplinary Data Portal: Region 10 and 11 DAEP Tab for 2018-19 and 2023-24. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html*

[55] Texas Education Agency. *Enrollment in Texas Public Schools 2023-24.*

[56] Texas Education Agency, *Disciplinary Data Portal: Region 10 and 11 DAEP Tab for 2018-19 and 2023-24.*

JJAEP Expulsions in the North 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 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 25 shows mandatory JJAEP expelled student attendance days declined across the North Region from school year 2022–23 to 2024–25 by nearly 90% over three years. Discretionary expulsion days remained relatively stable over the three-year period, particularly in larger counties. By 2024-25, discretionary expulsions outpaced mandatory expulsions in Collin, Ellis, and Parker counties, while Johnson and Wichita counties have policies in place that do not allow schools to send their JJAEP discretionary placements, an option available to all juvenile departments. Overall, the data point to a regional trend toward fewer overall expulsions and highlight variation in how counties utilize discretionary placements. *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 25. Expelled Student Attendance Days at JJAEPs in the North Region, 2022-25[57]

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	
Collin	6,517	2,029	391	**8,937**	1,555	2,224	1,840	**5,619**
Dallas	10,056	8,603	2,679	**21,338**	1,966	1,749	1,664	**5,379**
Denton	11,770	1,184	550	**13,504**	727	848	668	**2,243**
Ellis	1,312	1,500	419	**3,231**	0	478	569	**1,047**
Grayson	*n/a*	278	140	**418**	*n/a*	620	143	**763**
Johnson	3,504	1,055	21	**4,580**	0	0	0	**0**
Parker	*n/a*	*n/a*	31	**31**	*n/a*	*n/a*	346	**346**
Tarrant	17,652	7,087	1,531	**26,270**	255	507	727	**1,489**
Wichita	5,515	2,722	148	**8,385**	0	0	0	**0**

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

Total	**56,326**	**24,458**	**5,910**	**86,694**	**4,503**	**6,426**	**5,957**	**16,886**

Looking ahead, the North 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 North Region, highlighting how disciplinary issues can rapidly shift from schools into formal justice involvement.

Arrest Data Snapshot in the North 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 North 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.

Juvenile Referral Sources in the North Region

TJJD data show most juvenile justice referrals (arrests) in the North Region come from law enforcement agencies, which accounted for 85% of all referrals in 2022-2024. Probation departments were the second largest source, responsible for roughly 13% of referrals. These cases often involve youth who are already on probation or under court supervision and receive a new referral due to a probation violation or new offense. This highlights the importance of examining probation policies and supervision practices as part of broader efforts to reduce system involvement and support successful outcomes for youth. Other sources, including schools, municipal courts, and TJJD, together made up 2%.[58]

School-Based Arrests and Referrals in the North Region

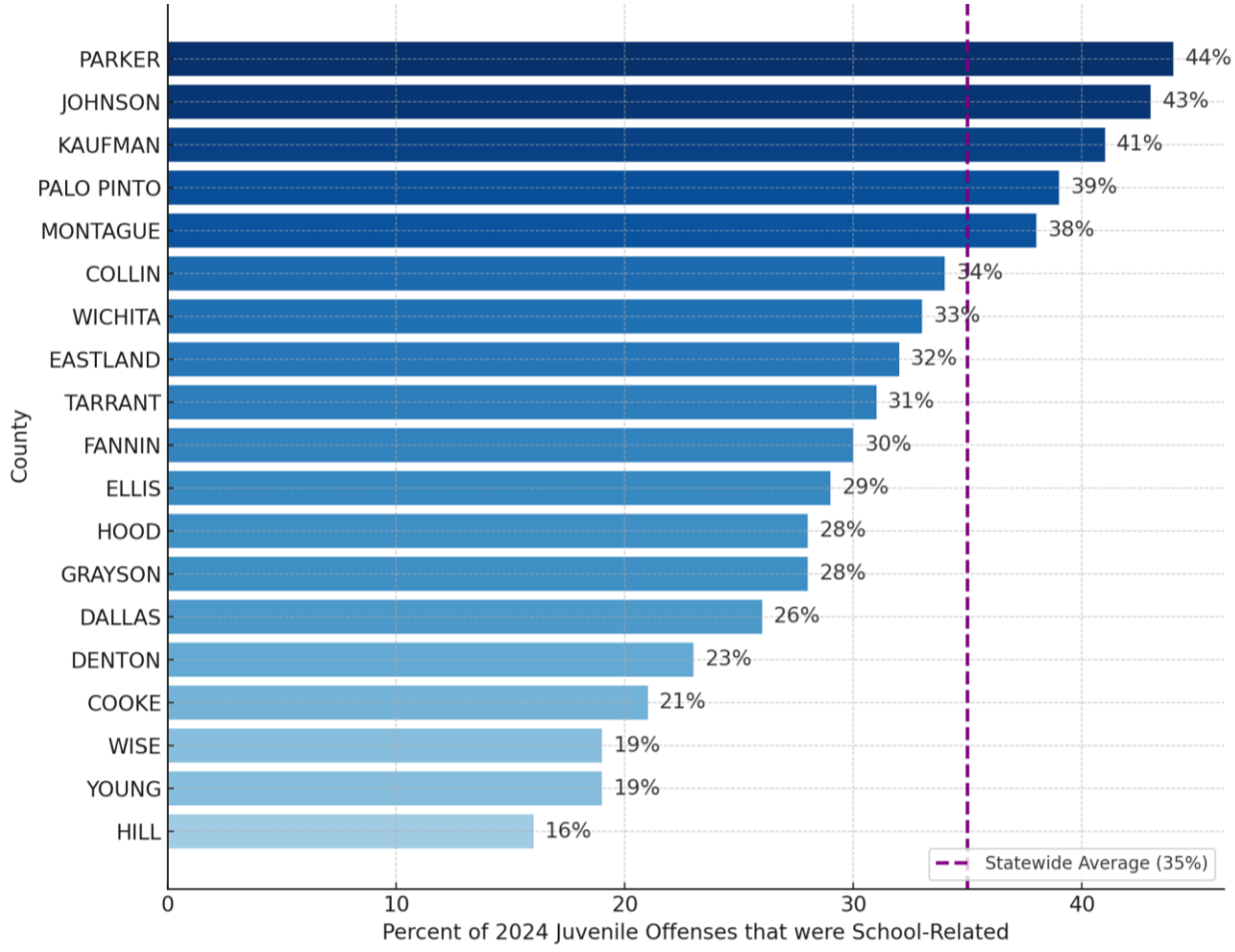
At first glance, the small share of arrests attributed to schools suggest that schools play only a minor role in initiating referrals. However, this data is based on referral source, which categorizes the agency or entity making the referral. In practice, most law enforcement agencies that respond to 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.

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

When we instead examine location (where the alleged offense occurred), as shown in Figure 9, we see that a substantial share of juvenile justice referrals in the North 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 school arrest rates ranging from 16% (Hill) to 44% (Parker). Most counties in the North Region had school-based referral (arrest) rates at or below the statewide average of 35%.

Figure 9. School-Related Juvenile Justice Referrals in the North Region, 2024[59,60]



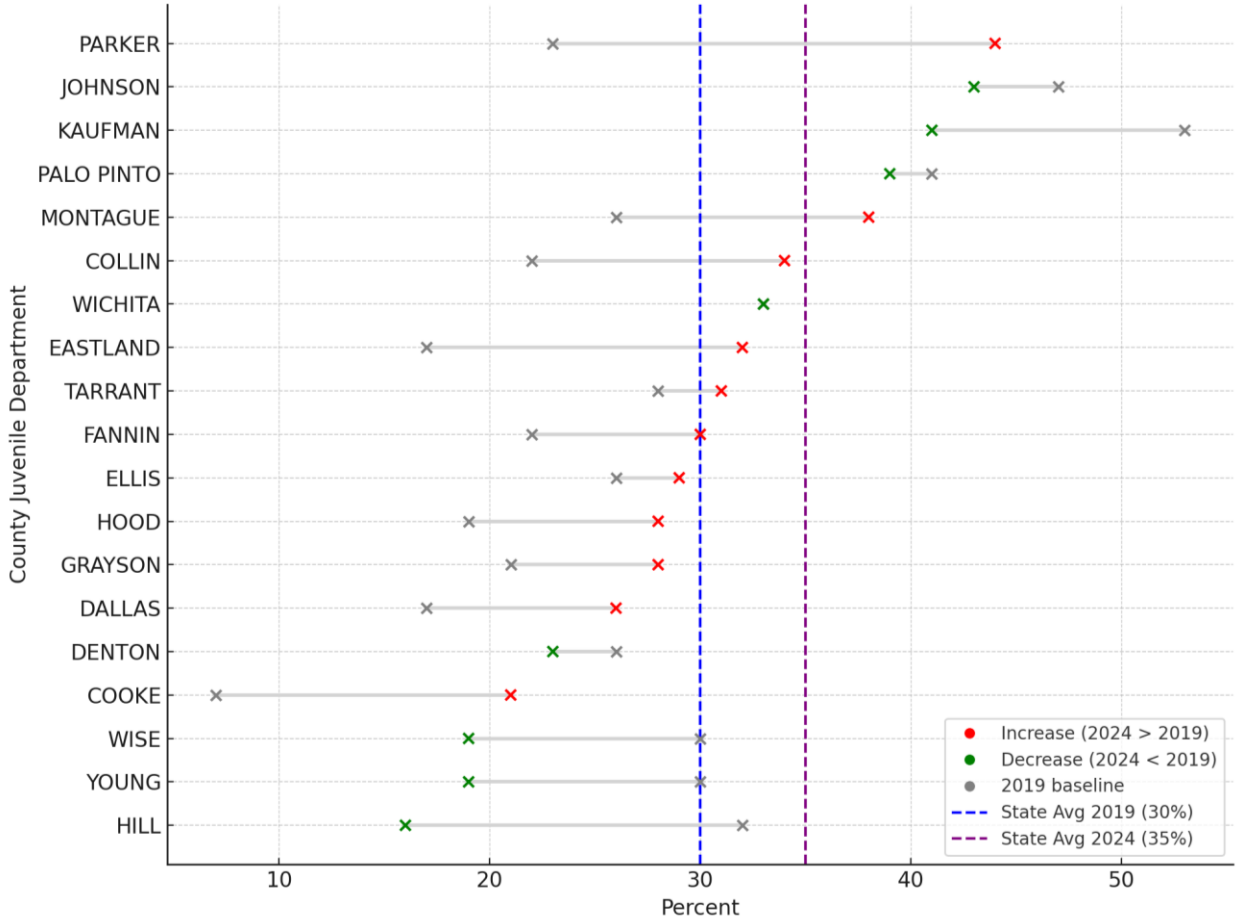
[59] Texas Juvenile Justice Department. *ECI Extract: CY 19-24 Offenses at School.* Received by Meadows Institute from TJJD email communication on August 6, 2025.
[60] Texas Juvenile Justice Department. *ECI Extract.*

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 10 presents the percentage of school-related offenses by county from 2019 to 2024. Each line connects two data points for each county: a 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.

Several counties, including Cooke, Eastland, Collin, Hood, and Parker, experienced increases in school-related referrals. Conversely, Wise, Young, and Hill, indicating possible progress in reducing school-based justice referrals. Notably, Hill County dropped from 32% to 16%, nearly halving its share of school-based referrals.

Figure 10. School-Based Referrals in the North Region, Change from 2019 to 2024[61,62]



Overall, the data reveal that school-related incidents are a significant driver of justice system contact for youth in the North 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?
- 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?

[61] Texas Juvenile Justice Department. *ECI Extract: CY 19-24 Offenses at School.* Received by Meadows Institute from TJJD email communication on August 6, 2025.

[62] Somervell is not included because their total offenses were less than 3.

Juvenile Justice Data Snapshot in the North Region

This section presents an analysis of juvenile justice trends across TJJD's North Region. While overall referral volumes have remained steady, deeper patterns reveal shifting offense types, differences and geography, and widespread behavioral health needs. The following narrative examines key system contact points from initial referrals to supervision and reoffending, while offering insight into the conditions driving youth involvement and the system's capacity to respond.

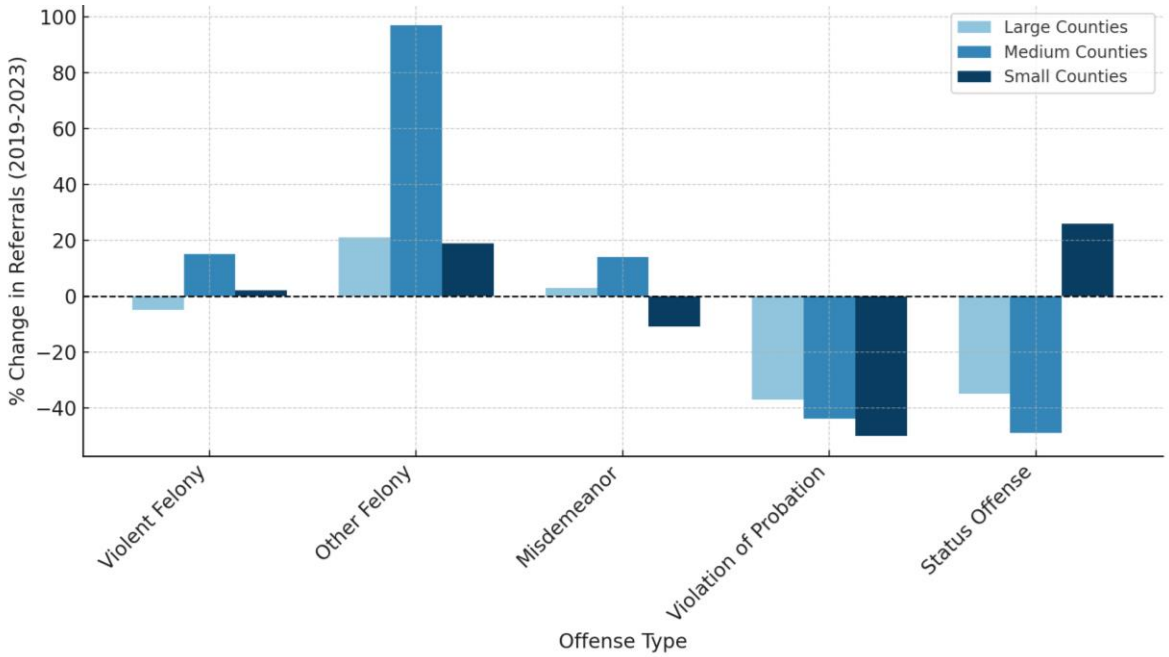
Referrals and Offense Types

Overall referrals are flat, but felonies are increasing, especially in medium counties.

In 2023, the North Region reported 11,603 total juvenile referrals, a number that has remained relatively unchanged from 2019.[63] However, the nature of those referrals has shifted. Referrals for 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 probation violations and status offenses[64] declined across almost all counties, suggesting greater use of alternatives for lower-level behaviors. Figure 11 displays percent changes in referral rates by offense type across county sizes between 2019 and 2023.

[63] 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.
[64] In Texas, a status offense is defined under the Family Code as conduct by a child that would not be a crime if committed by an adult, such as underage drinking or running away from home.

Figure 11. Juvenile Justice Referral Rates by Offense Type in the North Region, Comparing FY 2019 and 2023[65]



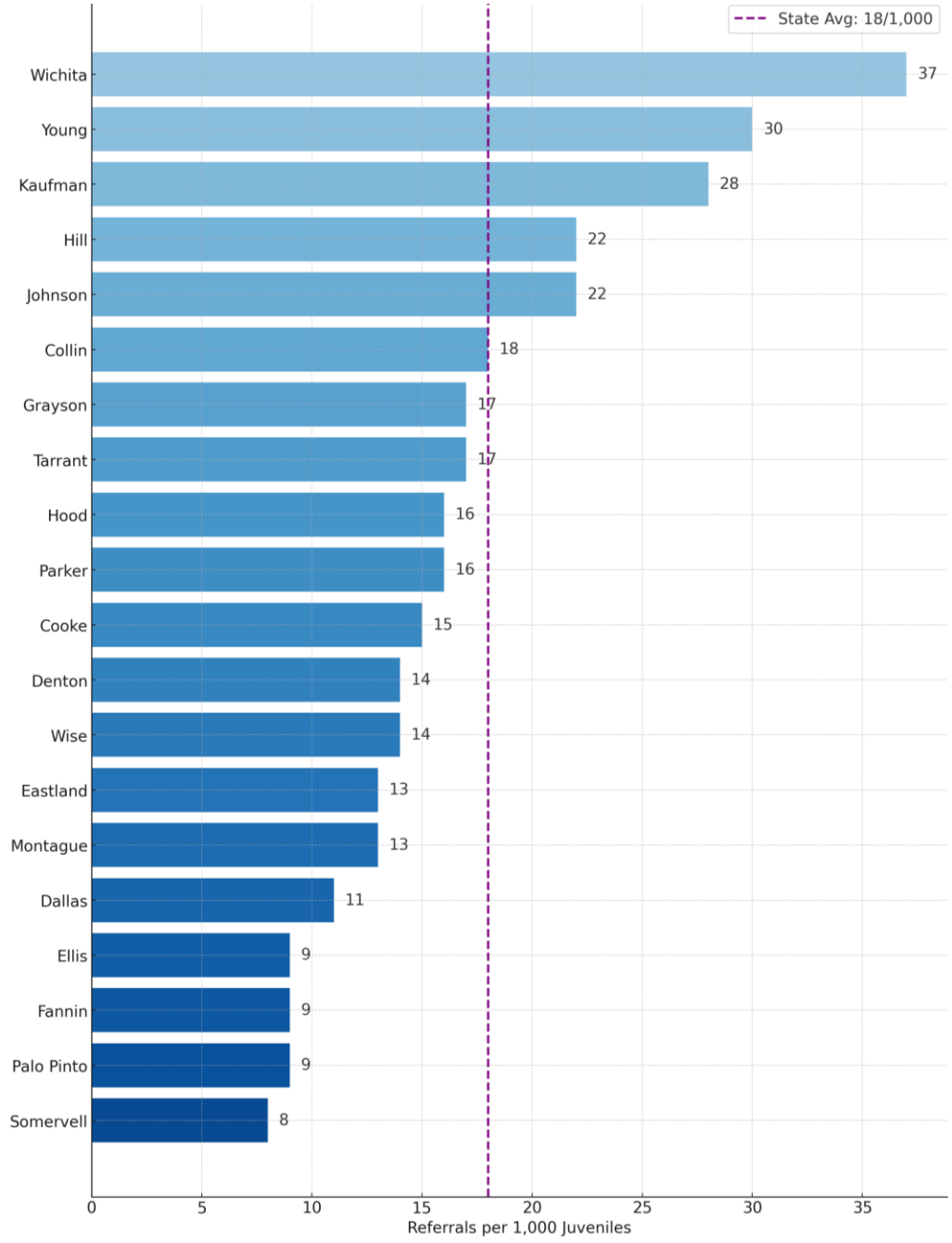
Referral Rates by County

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.

[65] 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 North Region, CY 2023[66]



Share of Referrals Involving Violent Felonies

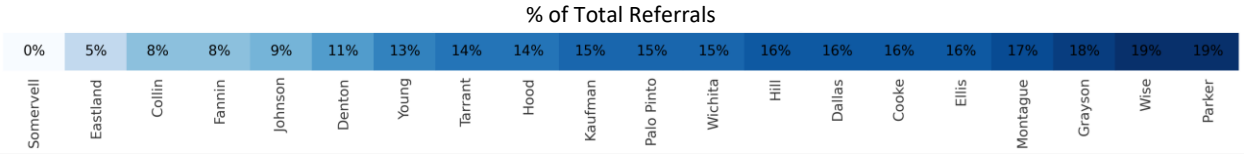
In some counties, referrals are more heavily concentrated in serious offense cases.

[66] 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

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 (Figure 12 above) reflect how frequently youth are referred into the system, while the share of violent felony referrals (Figure 13 below) 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.

For example, counties with the highest referral rates, such as Wichita, Young, and Kaufman, do not consistently have the highest shares of violent felony referrals, indicating that elevated referral activity in these counties is driven largely by nonviolent or lower-level conduct rather than serious offenses. This suggests law enforcement and probation may rely more heavily on formal referrals across a wider range of behaviors. By contrast, several counties with more moderate or lower overall referral rates, including Parker, Wise, and Grayson, show higher proportions of violent felony referrals, meaning that a larger share of the cases entering the system in those counties involve serious offenses. This pattern suggests formal system involvement may be more concentrated among higher-severity cases. 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.

Figure 13. Juvenile Violent Felony Referrals as Percent of Total Referrals for North Region Counties, CY 2023[67]



Non-Felony Referrals

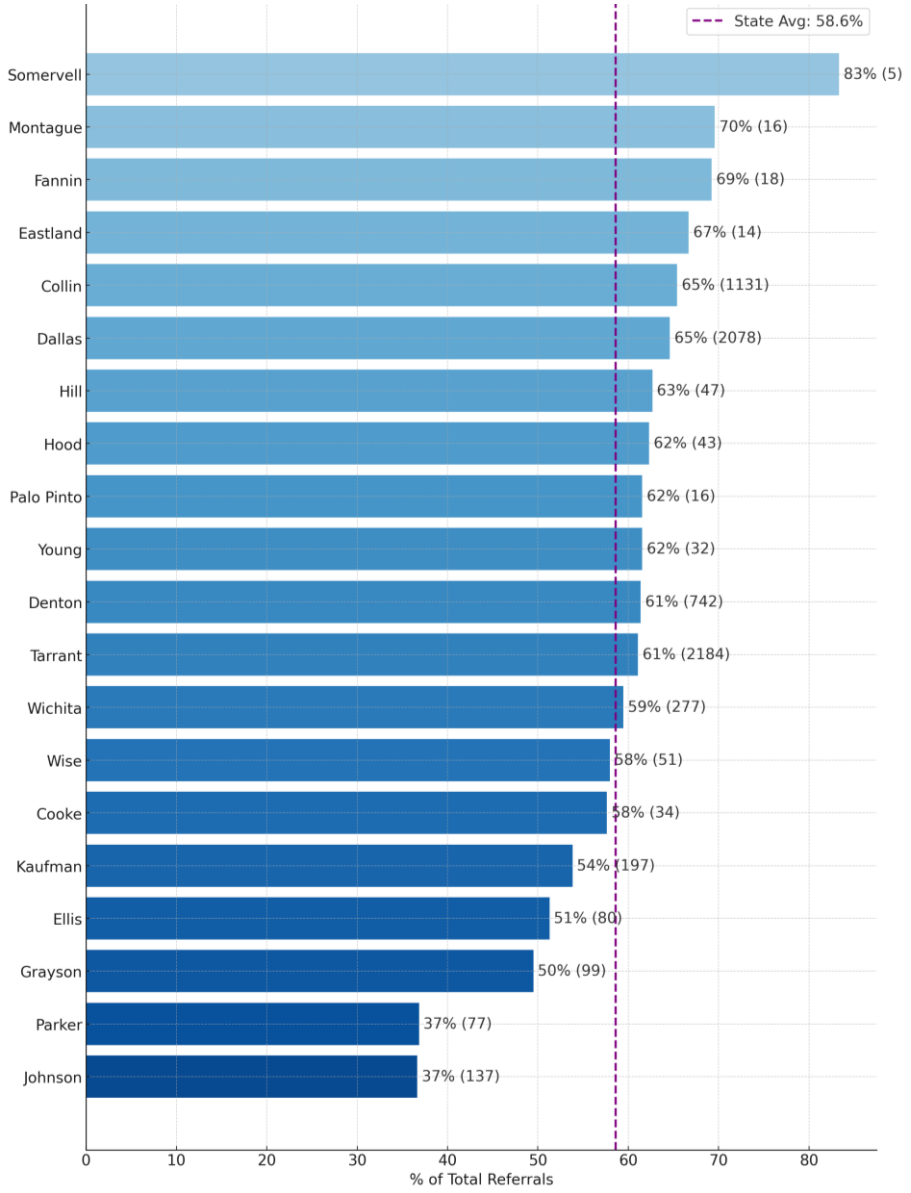
Most youth are referred for non-felony offenses, signaling opportunities for diversion.

Despite public attention on youth violence, most system involvement in the North 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. Investing in alternatives, particularly those that connect youth and families to services before formal involvement, could reduce long-term system

[67] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.

contact and recidivism. County-level variation in these trends is visualized in the figure below, which maps non-felony referral rates across the region.

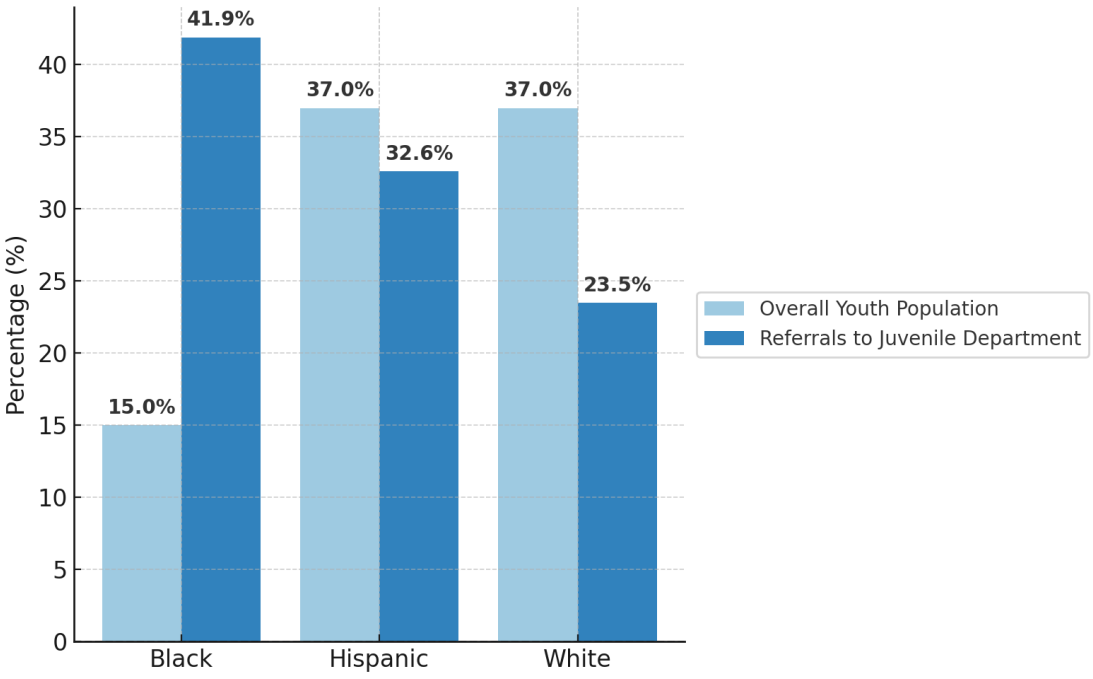
Figure 14. Non-Felony Referral Rate by County in the North Region, CY 2023[68]



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 North Region.

[68] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.



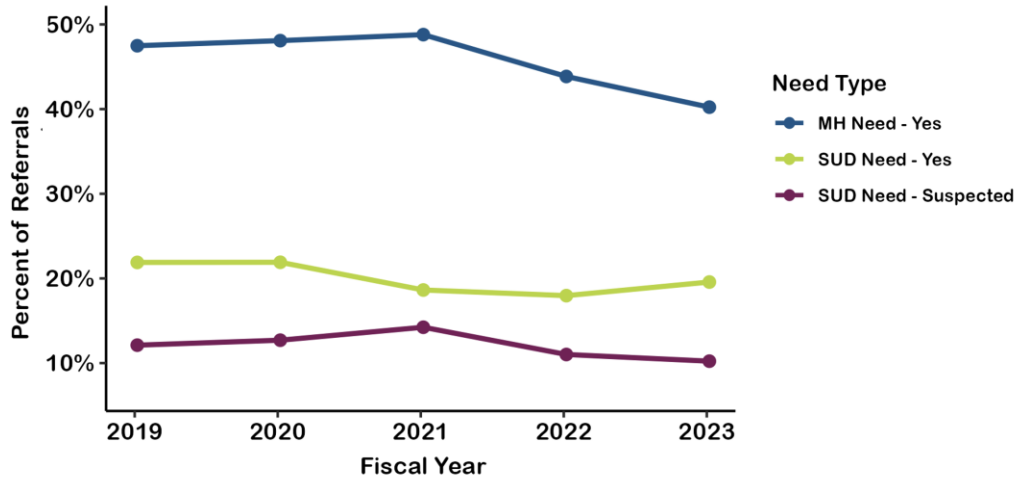
Justice-Involved Youth Needs

Behavioral health and trauma needs are widespread and likely underreported.

Data from the MAYSI screener administered at intake by county departments show 59% of youth had experienced at least one traumatic event.[70] According to 2023 data from TJJD County Profiles shown in Figure 16, 30% of youth had known or suspected substance use disorder (SUD) needs and 40% had known or suspected mental health (MH) needs. While mental health need rates declined slightly from their peak in 2021, stakeholders consistently rank MH and SUD among the region's top priorities. 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.

[69] Texas Juvenile Justice Department. *Juvenile probation department demographics - fiscal years 2022-2024.* Received by Meadows Institute from TJJD email communication on December 6, 2024.
[70] 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 16. Youth Needs in the North Region, FY 2019-2023[71]



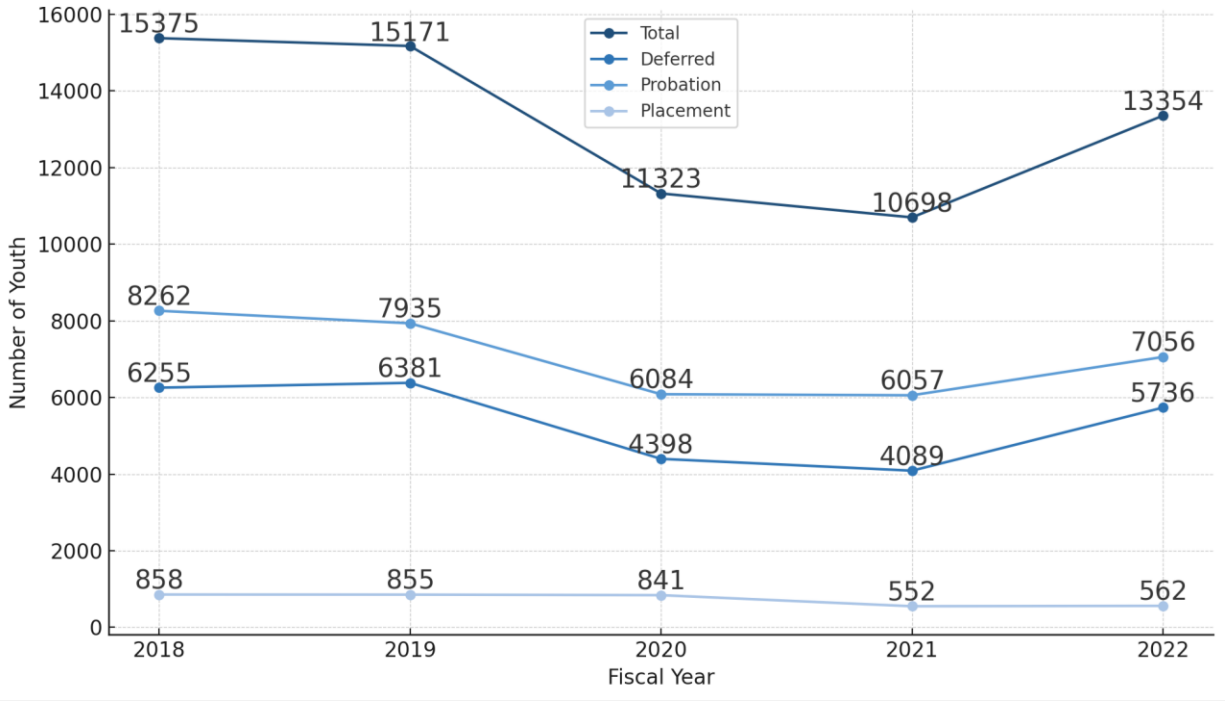
Supervision and Placement

Overall supervision declined 13%, with placements down 34%.

Between 2018 and 2022, the number of youth under supervision declined by 13% across the region. Placements out of home dropped 34% overall. Probation and deferred supervision followed similar patterns: declining in the early pandemic years, then rising slightly in 2022. This may reflect evolving diversion practices, service capacity, or post-pandemic changes in referrals. The following figure provides a breakdown of supervision types over time.

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

Figure 17. Juvenile Supervision by Type in the North Region, FY 2018-2022[72]



TJJD Commitments

Commitments have decreased in medium and large counties.

From 2019 to 2023, TJJD commitments fell in both medium and large departments in the North Region and rose only slightly in small departments. 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 26. TJJD Commitments in the North Region, Comparing FY 2019 and 2023[73]

Department Size	Youth Committed to TJJD in 2019	Youth Committed to TJJD in 2023	% Change
Small	8	9	+13%
Medium	26	18	-31%
Large	158	132	-16%

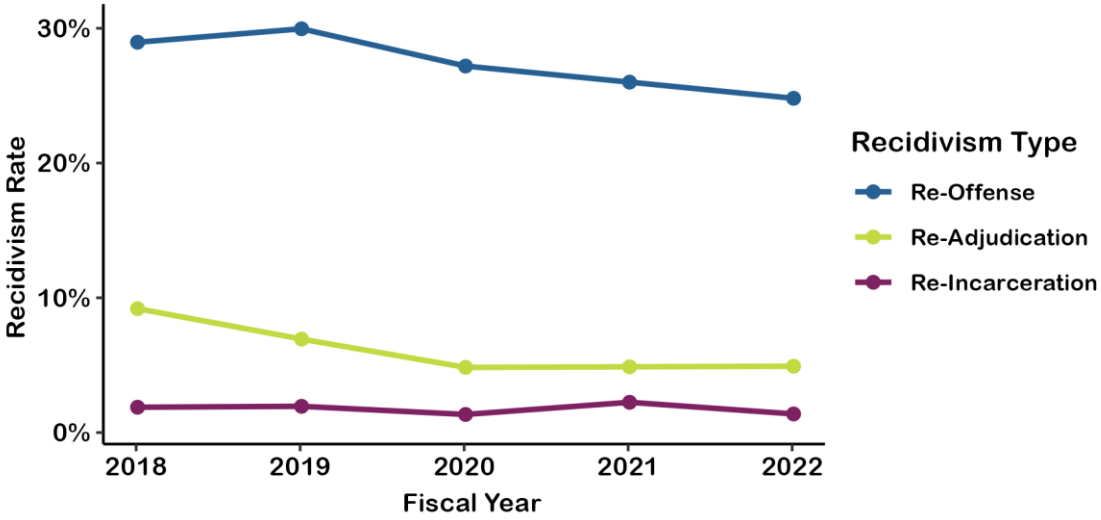
[72] Texas Juvenile Justice Department. (2024, August). *Juvenile probation department county profiles - fiscal years 2018-2022: Supervision tab.* Received by Meadows Institute from TJJD email communication on July 31, 2024.
[73] Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Commitment tab.* Received by Meadows Institute from TJJD email communication on July 31, 2024.

Recidivism

Recidivism declined slightly across all measures, especially re-adjudication.

Between 2018 and 2022, re-offense, re-adjudication, and re-incarceration rates all declined slightly in the North Region. Figure 18 illustrates these trends in youth recidivism across the five-year period. Refer to Appendix F for details on the recidivism calculation methodology used by TJJD.

Figure 18. Youth Recidivism in the North Region, FY 2018-2022[74]



The North Region shows a system in transition: referrals have stabilized overall, but the makeup of those referrals is shifting. Youth behavioral health and trauma needs remain widespread and likely undercounted. 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 North Region respondents only (n = 16). While the survey received 98 total responses

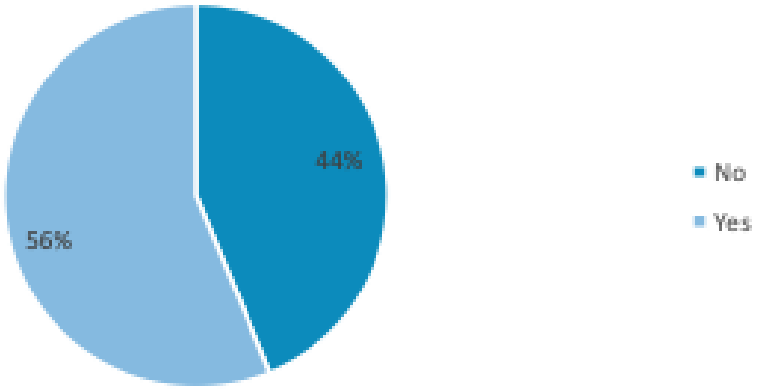
[74] Texas Juvenile Justice Department. (2024, August). *Juvenile probation department profiles - fiscal years 2018-2022: Recidivism tab.* Received by Meadows Institute from TJJD email communication on July 31, 2024.

statewide, the figures shown here reflect perspectives specific to the North Region and are intended to highlight region-specific strengths and areas for improvement (items with zero responses were excluded).

Quantitative Survey Results for the North Region

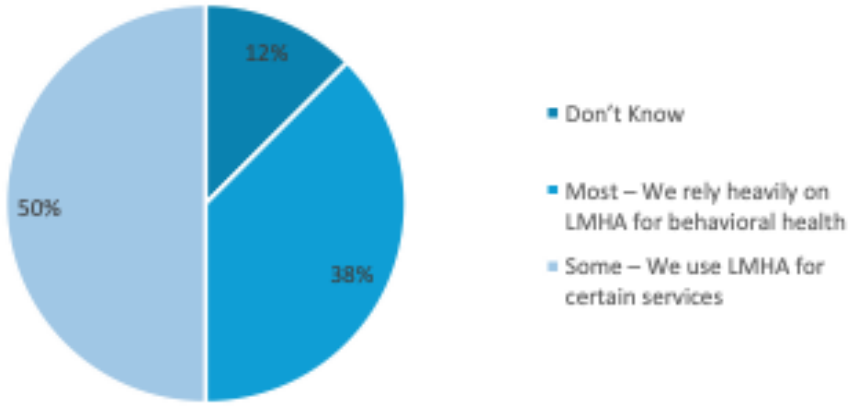
Just over half of the responding departments indicated they have in-house mental health staff.

Figure 19. Juvenile Department In-House Mental Health Staff



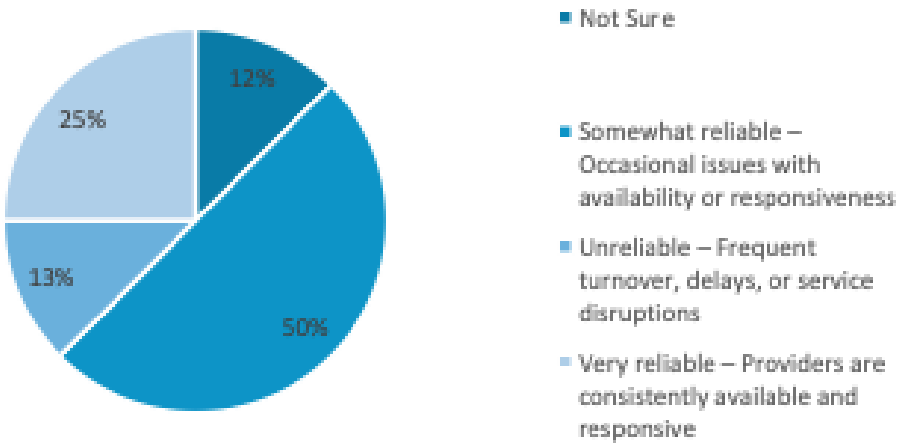
Most respondents reported at least some reliance on their Local Mental Health Authority (LMHA), with many relying heavily on LMHAs as the primary provider of youth behavioral health services.

Figure 20. Reliance on LMHAs for Behavioral Health Services



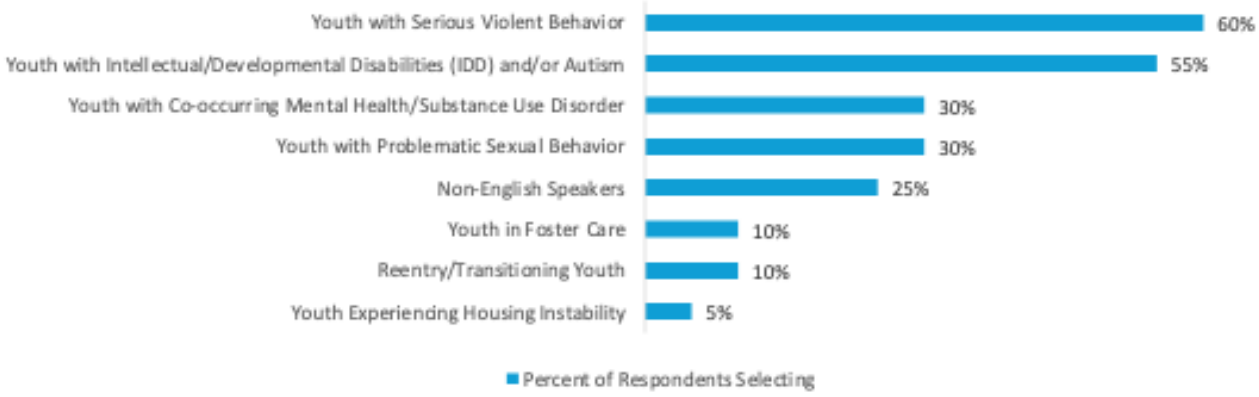
Responses suggest that while some provider partnerships are considered reliable, some counties face inconsistencies, delays, or disruptions in care.

Figure 21. Reliability of External Behavioral Health Partnerships



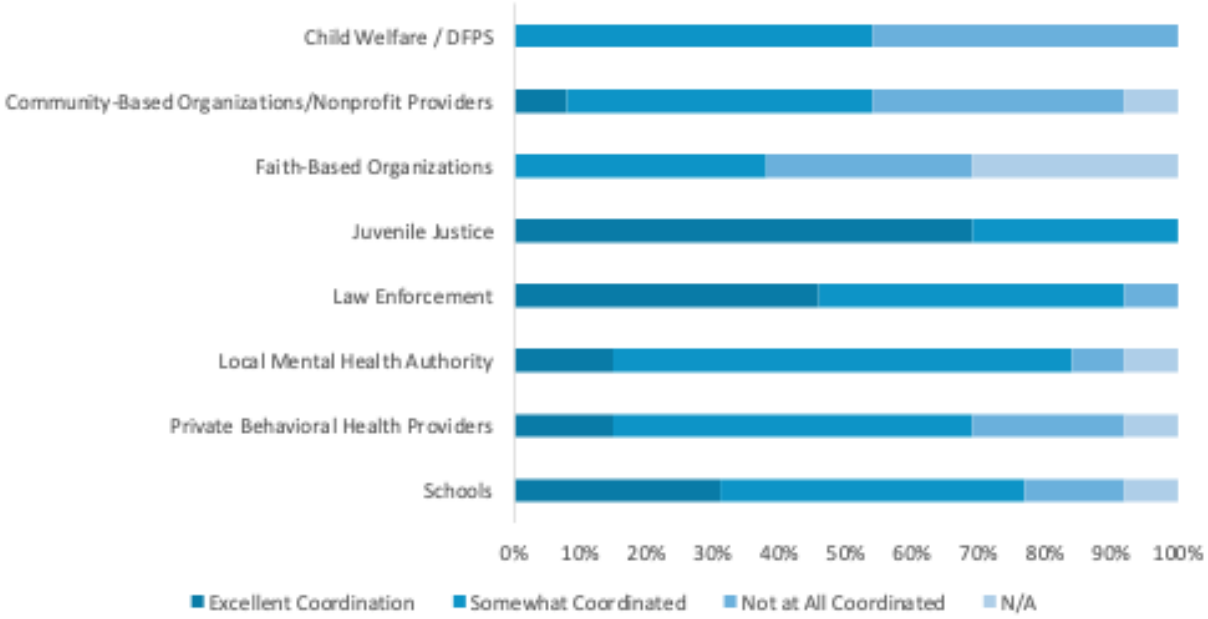
Youth with serious violent behavior and IDD/Autism were cited as having the greatest unmet needs.

Figure 22. Special Populations with Greatest Unmet Needs



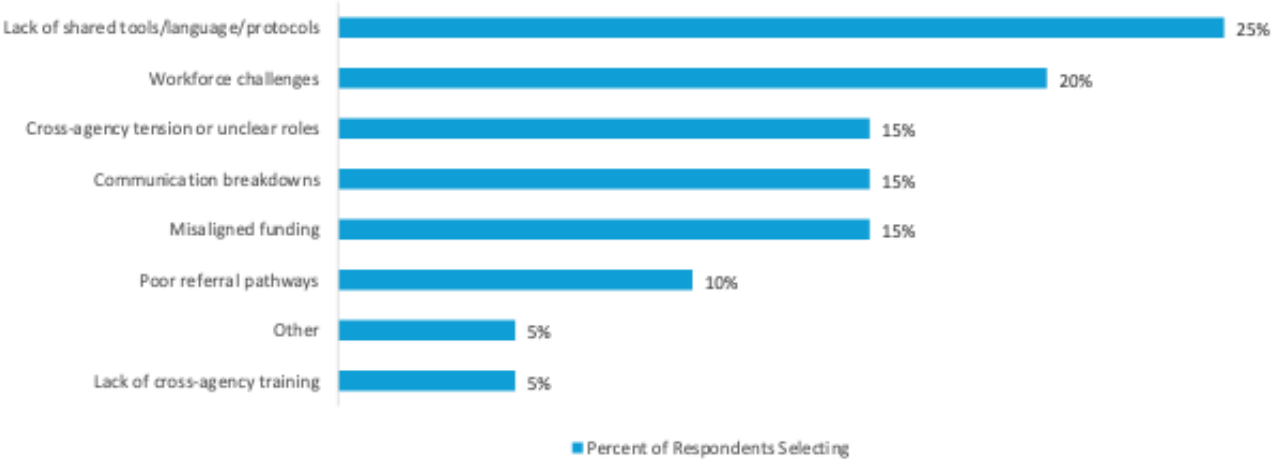
Juvenile justice and law enforcement were rated highest for coordination, while private behavioral health providers, faith-based organizations, and child welfare systems received lower coordination scores.

Figure 23. Coordination Across Youth-Serving Systems



Top barriers to collaboration were lack of shared tools/language/protocols and workforce challenges, followed by cross-agency tension or unclear roles, communication breakdowns, and misaligned funding.

Figure 24. Barriers to Effective System Coordination



Qualitative Survey Results for the North 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 North Region responses (n = 16), 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, North Region respondents highlighted the following issues:

- **Inpatient and Residential Gaps** – Respondents cited limited or unavailable long-term mental health inpatient treatment or residential placements out of home for youth, forcing probation departments to seek out-of-region or short-term alternatives.
- **Medicaid and Insurance Barriers** – Many families lack coverage or face complex authorization processes that delay or block access to care, especially in rural counties.
- **Workforce Shortages and Recruitment Challenges** – Counties continue to struggle with retaining qualified clinicians, licensed specialists, and bilingual staff, resulting in heavy caseloads and service delays.
- **Complex and Co-Occurring Needs** – Youth with overlapping IDD, substance-use, and mental health issues are "bounced" between systems with no clear point of coordination.
- **Rural Access and Virtual Dependence** – Remote communities rely heavily on telehealth due to the lack of local providers, creating gaps for families without stable internet or transportation.
- **High-Risk and Trafficked Youth Underserved** – Counties lack placement options and evidence-based interventions for trafficked youth and those presenting violent or aggressive behaviors.

Table 27. Most Commonly Reported Gaps Across the North Region

Challenge	# Counties Reporting
Lack of inpatient/residential treatment	7
Medicaid / insurance barriers	5
Lack of local providers / rural access	5
Funding / flexible financing needs	5
Limited services for IDD youth	4
Staff shortage / high turnover	4
Co-occurring mental health and SUD needs	3

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

- **Complex Care Team Models –** Respondents envisioned a coordinated, cross-system wraparound team designed to co-manage youth with overlapping IDD, mental health,

and substance-use needs, with an emphasis on shared decision-making and pooled resources.

- **Family Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Assessment Centers –** Use of early intervention frameworks that identify at-risk youth and families before crisis escalation.
- **Expanded Use of Multi-systemic Therapy (MST) and In-Home Supports –** Respondents expressed interest in scaling MST and mobile supports across the region to keep youth safely in their communities.
- **Cross-System Collaboration with Schools –** Establishing more formal partnerships with education systems and virtual service coordination for rural families.
- **Interest in Evidence-Based Models** – Respondents highlighted the promise of TBRI, family engagement models, and trauma-informed courts as scalable solutions to reduce commitments and improve outcomes.

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

- **Grayson County –** Integrating TBRI and "The Science of Hope" curriculum across the system, coupled with a Parent Engagement Specialist within the Specialty Drug Court, has strengthened family participation and improved outcomes.
- **Collin County –** Specialized treatment for youth with sexual behavior problems and emphasis on staff professional development was shared as a promising model.
- **Hill County –** Proactive school-based programming and collaboration with LMHAs and the System of Care was shared as an effective rural adaptation.
- **Dallas and Tarrant County –** Invested significantly in evidence-based programming and currently delivers MST and Functional Family Therapy (FFT) in-house through multiple trained clinicians, allowing for greater access and continuity of care for youth and families within the probation system.

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

- **Sustainable funding and flexible financing** mechanisms to support uninsured youth.
- **Increased workforce capacity**, including licensed clinicians and bilingual specialists.
- **Long-term residential facilities and step-down programs** to prevent unnecessary TJJD commitments.
- **In-home and field-based services** for families in remote areas.
- **Training and professional development pipelines** to strengthen local staff.

From Data to Action

The preceding analysis offers a detailed snapshot of how the juvenile justice system is functioning across the North Region, highlighting where progress has been made 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 North Texas.

North Region
Findings & Recommendations

North Region Findings and Recommendations

This final section summarizes what we learned in the North Region: 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 North Region

The North Region is home to a wide range of assets that provide a strong foundation for building a more robust continuum of care. These include innovative county-level programs, strong leadership within juvenile probation departments, active cross-system collaborations, and a network of committed community-based organizations. Urban counties offer specialized services and infrastructure that can be adapted or shared, while suburban and rural counties contribute close-knit community networks and creative, low-cost solutions. Stakeholders consistently emphasized the importance of these existing strengths, not just as points of pride, but as proven models to expand or replicate across the region.

This section highlights those assets and promising practices, illustrating how they can be leveraged to address current gaps, accelerate implementation of recommendations, and ensure that reforms are grounded in approaches that have already demonstrated success in the North Region.

Highly Committed and Experienced Workforce

Across the site visit discussions and interviews, probation officers were consistently described as professionals who "go above and beyond" to meet youth and family needs, often stepping outside traditional job duties when services are lacking. Many staff have deep community ties and decades of service, building trust with youth, families, and cross-system partners. This dedication extends across probation, schools, and community organizations, creating a human infrastructure that can be leveraged for innovation and reform.

Cross-System Collaboration Culture

Strong partnerships exist in pockets between probation departments, Local Mental Health Authorities (LMHAs), schools, Community Resource Coordination Groups (CRCGs), and nonprofit providers. Most urban counties have developed multi-agency staffing teams and co-located service models; small counties are adept at leveraging informal relationships for problem-solving. Emerging pilots, such as coordinated discharge planning teams, demonstrate a growing regional culture of resource sharing.

Family Engagement Practices
Many officers practice flexible scheduling, meeting families where they are, and maintaining open communication, even outside business hours. Some departments offer structured, curriculum-based caregiver orientation or family education classes to strengthen parent engagement and compliance. Peer and family navigators, though limited, are seen as a promising strategy to connect caregivers to resources earlier.

School Partnerships
Strong examples of co-located counseling, mentorship programs, and early intervention via school counselors and law enforcement-led First Offender Programs exist in some counties. DAEP/JJAEP reentry coordination is a notable strength in areas where probation maintains close communication with education staff. School partnerships are not universal but where they work, they produce smoother transitions and earlier identification of at-risk youth.

Local Innovation and Adaptability
Smaller counties demonstrate agility in piloting creative solutions, such as contracting part-time clinicians or repurposing facilities for multipurpose use. Leaders are willing to self-assess, adjust programs that aren't meeting expectations, and try new models such as shared staffing or mobile service teams. Urban counties (Dallas, Tarrant, Collin, Denton) have infrastructure and expertise that could be strategically shared with neighboring jurisdictions.

Higher Education and Training Resources
The extensive presence of major universities and colleges (e.g., UNT, TWU, UTA, see Higher Education Table 18) offers opportunities for student internships, clinical placements, and training partnerships. Several higher education institutions already provide training or support to mental health professionals and could expand into specialized juvenile justice roles.

Promising Programs in the North Region

These examples, drawn from across the region, illustrate both established successes and emerging practices with replication potential.

Evidence-Based Family Therapy Models

- Ellis County: Rebuilt family-focused team providing in-home counseling with language-accessible supports.
- Parker County: SNDP-like model with voluntary engagement, in-home services, and monthly multidisciplinary case staffings.
- MST/FFT Approaches: Used successfully in counties such as Dallas, Ellis, Kaufman and Tarrant; expansion of these services could close a major service gap in the North Region.

School-Based Supports and Mentorship

- Mentors Care and Communities in Schools (CIS): Effective mentoring and case management models in Ellis and larger ISDs.
- School-Based Mental Health Counseling: Co-located clinicians in some urban and mid-sized districts.
- DAEP/JJAEP Transition Programs: Coordinated reentry planning with probation and school staff.
- Texas Child Health Access Through Telemedicine (TCHATT): Provides tele-mental health services and rapid access to psychiatric consultation for students and has been implemented across much of the North Region by UT Southwestern.

Specialized Courts and Diversion Programs

- Grayson County Drug Court: Targeted intervention for youth with substance use needs.
- Wise County Youth Diversion Plan and Collin County Deferred Prosecution Programs: Alternatives to formal adjudication.
- SOAR Drug Court (Tarrant County): Wraparound treatment-focused approach.

Crisis and Behavioral Health Services

- Denton County: Crisis walk-in centers and behavioral health leadership team (MHMR-led) for system coordination.
- Youth Crisis Outreach Teams (YCOT): Operated by Tarrant County MHMR and the North Texas Behavioral Health Authority (NTBHA), YCOT provides mobile crisis response, care coordination, and wraparound services for youth with behavioral health needs in Tarrant, Dallas, Ellis, and several surrounding counties, ensuring rapid response and linkage to care across much of the North Region.
- Small County LPC Contracts: Rural departments contracting part-time clinicians to meet urgent needs.

Innovative Local Pilots

- Denton County's 12-Bed Stage One Treatment Program: TBRI-based, offering individual/group therapy, incentivized behavior models, and coordinated parole handoff for TJJD-bound youth.
- Heart of Texas LMHA-led System of Care Initiative: Implementing school-based mental health services, and a transition-age youth program with a specific emphasis on those experiencing first episode psychosis or early onset severe mental illness in Hill County and beyond.
- Cross-System Discharge Planning Pilots: In Tarrant, Denton, Dallas, and Collin counties, juvenile probation departments, LMHAs, and child welfare agencies have begun piloting joint discharge planning processes for youth exiting placement or residential treatment.

Regional and State Resource Connections

- Local nonprofits providing trauma-informed and specialized services: Youth180, POETIC, Metrocare, Lena Pope, New Friends/New Life, NAMI.
- Regional Entities: NTBHA coverage for behavioral health coordination in a six-county area anchored by Dallas County; Region 10 ESC trauma-informed education initiatives; higher education workforce pipelines.

Key Themes and Findings in the North Region

The themes and findings presented here capture the most pressing challenges, opportunities, and patterns identified during the North Region site visit, breakout discussions, follow-up interviews, and survey responses. They reflect the perspectives of a diverse range of stakeholders who work daily at the intersection of youth, families, and the justice system. While the specific circumstances vary between large urban counties, rapidly growing suburban communities, and rural areas, several common threads emerged: the urgent need for early intervention, more consistent access to behavioral health services, stronger cross-system coordination, and creative solutions to bridge service gaps. These themes form the evidence base for the recommendations that follow, ensuring that each proposed strategy is directly responsive to local realities and informed by the expertise of those closest to the work.

This section is organized thematically, with each theme including a summary of challenges, illustrative quotes from stakeholders, and opportunities for improvement shared during group discussions that can inform both regional and county-level action.

Theme 1: Lack of Early Diversion and Prevention Supports

Challenges:

- Many counties lack formal law enforcement-led first offender or school-based diversion programs.
- Prevention responsibilities have shifted to juvenile probation departments.
- Schools frequently block access to external providers offering prevention programming on campus (e.g., substance use, human trafficking education).
- Parents often lack awareness, tools, and support to advocate effectively for their children, or are impacted by mental health stigma that prevents them from seeking help.
- No sustained navigator or family partner programs exist region-wide; services that do offer family engagement support often operate in isolation or are funded by expiring short-term grants.

Quotes:

- *"We talk a lot about the need for law enforcement first offender programs to handle some of the lower-level cases, especially in the school districts. And the discussion was not much of that's happening."*
- *"So really, you know, years and years ago, the whole prevention aspect really shouldn't have been in the juvenile justice hands. We have now taken this burden and responsibility on, and we welcome it. But really that should have... fallen with CPS or HHSC."*
- *"I've had kids that I've ended up getting into juvenile probation, that parents have refused mental health services for years because they don't want the cat out of the bag."*

Opportunities:

- Develop standardized, scalable first offender and diversion programs that can be adapted to different county sizes.
- Engage school districts and ESCs in removing barriers to partner with trusted, community-based prevention program providers.
- Launch regionwide parent engagement strategies, including advocacy training and navigation supports.
- Create shared public education campaigns focused on early intervention and stigma reduction.

Theme 2: Fragmentation in Cross-System Collaboration with Child Welfare Stakeholders

Challenges:

- CPS often disengages when a youth enters the juvenile justice system, even when continued services and shared custody are needed.
- Children in long-term state conservatorship often come to juvenile probation with untreated medical, mental health, or trauma-related needs.
- Case coordination is weakened by high turnover and unclear points of contact at DFPS, especially with the transition to Community-Based Care.

Quotes:

- *"They literally will go completely hands off the minute the juvenile justice is involved... I had an 11 year old... he should not have ever made it to my system."*
- *"All of his teeth have rotted out of his head... the probation department has a $5,000 to $7,000 dental bill because of medical negligence by an agency that was his guardian."*
- *"The hot potato issue... when other systems are involved and that kid becomes juvenile justice involved, everybody's hands off."*

Opportunities:

- Establish formal interagency collaboration agreements and shared case plans between CPS and juvenile probation.
- Assign cross-system liaisons to facilitate communication and joint case management and establish a regular meeting cadence and reoccurring check ins on behalf of youth served through both systems.
- Develop local coordination plans, including shared responsibility between CPS, the LMHA, and juvenile departments for helping youth connect to the right services.
- Provide targeted training and protocols for shared custody and reentry planning, leveraging Community Resource Coordination Groups (CRCGs).

Theme 3: Gaps in Mental Health Services and Overreliance on Juvenile Probation

Challenges:

- Local Mental Health Authorities (LMHAs) are under resourced.
- Juvenile probation department staff are often forced to serve as de facto mental health providers.
- YES Waiver and other community-based options are theoretically available but inaccessible in actual practice due to limited provider capacity.
- Staff at the LMHAs (e.g. Qualified Mental Health Professionals) have to meet high service volumes, which can compromise the level of care they can provide at the individual level.
- Data on service availability, waitlists, and regional provider mapping is limited and fragmented, making planning and coordination difficult across counties.

Quotes:

- *"Our local mental health authorities aren't equipped or staffed or willing, or whatever the reason being."*
- *"They list all these specialty services, but there's just not the providers there to provide the services."*
- *"Qualified mental health professionals... will go back and get in trouble because they didn't bill enough hours throughout the day."*

Opportunities:

- Increase dedicated juvenile justice behavioral health funding to hire in-house professionals such as licensed counselors or to co-locate staff with the LMHA through shared funding arrangements.
- Build pipelines for university partnerships such as rural mental health internships.

Theme 4: Lack of Services for Youth with High-Acuity Needs and Violent Offenses

Challenges:

- Residential facilities frequently deny entry to youth with aggression, serious mental health diagnoses, or justice involvement.
- Many youth, often with low level offenses, are held in detention longer than necessary due to a lack of viable placement options.
- No regional infrastructure exists to triage or stabilize high-risk youth locally.

Quotes:

- *"Programs look great on paper, they're there, but they are not really set up for our kids to have access to them."*
- *"Every one of our sex offenders that has been committed [to TJJD] have already gone through one or two placements before… It's never a direct."*

Opportunities:

- Replicate promising models like the Denton County Stage One pre-TJJD program with in-house counseling and structured stabilization.
- Develop community-based programs that serve high-acuity youth with violent or complex needs.
- Create regional crisis stabilization units or short-term residential options.
- Advocate for state funding to expand specialized bed space and wraparound care.

Theme 5: Lack of Tiered In-Home and Mid-Level Interventions

Challenges:

- Youth who need more than basic outpatient skills training but less than residential treatment have few options.
- Rural areas lack providers who offer intensive in-home services.
- Families struggle with transportation, staffing shortages, and low availability of evening/weekend care.
- LMHA services are often not intensive enough to meet the needs of youth and families in the justice systems and home-based services are limited.

Quotes:

- *"In-home services… if they're going to be delivered, they've got to be delivered at home… the families that need it… don't have the emotional ability to [come in]."*
- *"There is nothing in the middle… MST is a heavy investment… but we don't have the people to hire."*

Opportunities:

- Scale up FFT, MST, and SNDP-like models using hybrid funding streams.
- Invest in transportation supports and weekend in-home service slots.
- Expand flexible contracts with providers to deliver wraparound care across counties.
- Pilot shared provider agreements and workforce investments to build capacity in rural regions.

Theme 6: Challenges with School Discipline, DAEPs, and Educational Gaps

Challenges:

- DAEPs often lack mental health services, student and family support services, or educational rigor, missing a key opportunity to intervene and provide services.
- JJAEPs provide appropriate services and adhere to strict state standards that are often missing from DAEPs, but are only available to students who have been expelled.
- Schools inconsistently refer to diversion programs instead of law enforcement action, and campus-level discipline policies and practices vary greatly.
- School-based services like TCHATT and community programming are underutilized or not directly available to the juvenile justice system.

Quotes:

- *"They said, as long as the kids' butts are in the seat, they don't care if they're engaged... All they care about is the fact that the kid's butt is in the seat."*
- *"Our DAEPs have walked through our JJAEP... and they're like, 'Oh, we wish we could do this.'"*

Opportunities:

- Fund trauma-informed therapeutic services in DAEPs based on JJAEP models.
- Provide school districts with incentives to refer to diversion instead of law enforcement and court interventions.
- Promote cross-agency education and referral protocols for school-based mental health.
- Expand awareness and access to programs like TCHATT and Communities in Schools.

Theme 7: Workforce Shortages and Staffing Pipeline Challenges

Challenges:

- LMHAs and community providers struggle to hire and retain qualified staff, particularly in rural areas.
- Juvenile probation departments are filling gaps with staff who are not clinically trained.
- Many probation staff lack opportunities for career advancement, incentives, or appropriate mental health training.

Quotes:

- *"The shortage of trained professionals... has resulted in juvenile probation officers taking on mental health and social work responsibilities, which is unsustainable."*
- *"We have tried to grow our own. Most of our clinicians started as interns."*
- *"It's a hard population, and a harder schedule... private practice pays more."*

Opportunities:

- Develop rural workforce incentives such as student loan forgiveness or signing bonuses.
- Create regionally shared clinician pools for therapy, assessment, and supervision.
- Formalize partnerships with local universities and clinical training programs.
- Fund dedicated mental health staff within probation departments with specialized training.

Theme 8: Transportation Barriers and Rural Access Gaps

Challenges:

- Families in rural counties face major transportation hurdles to attend court, treatment, or probation check-ins.
- Many programs require in-person attendance despite long travel distances and lack of public transit.
- Service deserts persist where youth have no accessible providers nearby.

Quotes:

- *"We have 10 districts, but only two provide transportation [to the JJAEP]. One gives a stipend. The rest... just don't."*
- *"Families are not able to bring them due to transportation purposes."*
- *"Youth and families in rural areas struggle to access mental health and diversion services."*

Opportunities:

- Fund transportation stipends and mileage reimbursement for rural families.
- Increase virtual service options with flexible hours.
- Create regional transportation collaboratives among counties and agencies.
- Expand telehealth infrastructure and outreach to rural probation clients.

Priority Recommendations for the North Region

The following recommendations are grounded in the North Region's unique geographic context and directly respond to the key themes and challenges identified through site visits, stakeholder interviews, and survey feedback. They build on proven local strengths and promising practices already in place, from Denton County's Stage One treatment program to

Parker County's SNDP-style in-home services and Mentors Care's school-based mentoring model, showing that the region does not have to start from scratch. Instead, these strategies focus on scaling what works, adapting successful urban models for rural use, and creating new infrastructure where gaps remain. Each recommendation ties to concrete local assets, identifies opportunities for replication or regional sharing, and includes implementation steps to guide county departments, cross-system partners, and state leaders. Together, they provide a roadmap for strengthening the continuum of care, reducing unnecessary system involvement, and ensuring that every county – regardless of size or location – has the tools to meet the needs of its youth and families.

<table>
<tr><th colspan="3">Expand Access to Family-Based Mental Health and In-Home Supports</th></tr>
<tr><td colspan="3">Finding 1: Youth in rural and suburban counties face months-long waits and long travel distances for family counseling. Without early in-home supports, family conflict and unmet mental health needs escalate, increasing detention risk and long-term system involvement.</td></tr>
<tr><td colspan="3">Recommendation 1: Build regional capacity for in-home counseling and evidence-based family therapy models such as MST or SNDP, with flexible hours (evenings/weekends) and open referral pathways from probation, schools, CPS, and community organizations. Include a peer/family navigator component to help caregivers access supports early, before formal system involvement.</td></tr>
<tr><th>Short-Term (0–6 Months)</th><th>Mid-Term (6–18 Months)</th><th>Long-Term (12–24 Months)</th></tr>
<tr><td>• Identify 1–2 pilot counties (urban + rural) for in-home counseling/navigator programs.
• Develop open-referral eligibility criteria and referral forms for schools, CPS, and community partners.
• Train probation officers on referral process and program purpose.</td><td>• Embed family navigators in targeted schools or probation departments.
• Establish MOUs between JPDs, LMHAs, and ISDs to formalize shared case management.
• Provide interpreter/translation capacity for non-English-speaking families.</td><td>• Scale to additional counties based on pilot evaluation.
• Advocate for sustained funding in state juvenile justice and behavioral health systems.</td></tr>
<tr><th colspan="2">Existing Local Assets to Build On</th><th>Lead Partners</th></tr>
<tr><td colspan="2">Ellis County: Rebuilt family-focused team with language-accessible supports; Parker County: SNDP-like model with voluntary engagement, in-home services, and monthly multidisciplinary case staffings; MST/FFT existing models in Dallas, Tarrant, and Ellis counties.</td><td>County JPDs, LMHAs, ISDs, TJJD Regional Program Administrators</td></tr>
</table>

Rating: Moderate Feasibility / High Cost
The model builds on existing successful in-home programs in Tarrant, Dallas, Ellis, and Parker counties.

Strengthen the Behavioral Health Workforce Pipeline for Juvenile Departments

Finding 2: Many counties cannot recruit or retain licensed clinicians, leaving probation departments without access to timely mental health care. This gap delays diversion and treatment, pushes youth deeper into the system, and forces probation officers into roles they aren't trained for.

Recommendation 2: Address chronic shortages of licensed mental health professionals in juvenile departments and community partner agencies, especially in rural areas. Embed licensed clinicians within medium and large probation departments, and establish regional incentives for LPCs, LCSWs, and psychologists to serve rural counties through telehealth rotations or mobile teams.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Map clinician coverage by county and department. • Partner with universities for practicum placements or fellowships. • Use flex funds or DSA grants to contract with part-time clinicians in rural counties.	• Develop rural telehealth rotation schedules between urban and rural counties. • Implement loan repayment or housing stipends for rural clinicians.	• Institutionalize hiring pipelines with universities. • Advocate for statewide rural clinician incentive programs.

Existing Local Assets to Build On	Lead Partners
Small county LPC contracts; Higher ed partners (UNT, TWU, UTA); Denton County MHMR Behavioral Health Leadership Team	County JPDs, LMHAs, higher ed institutions, TJJD

Rating: Moderate Feasibility / Moderate-High Cost
Partnerships with local universities already exist, reducing start-up time. The telehealth rotation model requires minimal infrastructure investment beyond secure technology. Higher cost elements include ongoing clinician salaries, loan repayment incentives, and travel/housing stipends. Legislative action may be needed for statewide rural incentives and expansion funds.

Create Local Crisis Stabilization and Respite Options

Finding 3: Without youth-appropriate crisis stabilization beds, law enforcement and probation often turn to detention for safety, even when youth have needs that would be better served through an alternative response. This practice disrupts care, increases trauma, and can worsen mental health symptoms.

Recommendation 3: Develop short-term crisis stabilization beds or respite facilities within the region to prevent the use of detention for youth experiencing acute behavioral health crisis or conflict/violence in the home.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Identify counties with available space for repurposing. • Develop agreements with shelters/residential providers for crisis slots. • Train probation staff on crisis diversion protocols.	• Launch 1–2 regional crisis stabilization pilots. • Integrate crisis diversion into LMHA and juvenile department protocols.	• Expand to medium and large counties. • Secure dedicated state funding for youth crisis stabilization.

Existing Local Assets to Build On	Lead Partners
Denton County crisis walk-in centers; NTBHA coverage for regional coordination in their six county service area; Rural provider contracts for emergency access	LMHAs, County JPDs, shelter/residential providers, TJJD

Rating: Moderate Feasibility / High Cost

While NTBHA coordination and some facility space exist, creating or repurposing crisis beds requires significant operational funding and specialized staffing. Local pilots can begin with existing shelters or respite programs, but long-term sustainability will depend on legislative funding and Medicaid reimbursement alignment.

Enable Early Access to Services Without Justice System Entry

Finding 4: Services are concentrated in the juvenile justice system, often requiring formal charges before youth can access them, missing early intervention opportunities. Schools, law enforcement, CPS, and other partners need clear pathways to refer youth for help outside of the courts.

Recommendation 4: Formalize cross-system agreements to allow early service access without requiring formal charges. Implement MOUs with ISDs, CPS, juvenile probation, LMHAs, and community agencies for open referrals to prevention and diversion services.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Select 2–3 counties for pilot open-referral protocols. • Develop standard referral forms and information sheets. • Conduct cross-training between referral partners.	• Formalize MOUs with eligibility criteria and fast-track processes. • Expand pilot to additional counties. • Integrate into CRCG processes.	• State-level adoption of open-referral protocols. • Incorporate into TJJD funding guidelines.

Existing Local Assets to Build On	Lead Partners
School-based partnerships with co-located counseling; Region 10 ESC trauma-informed initiatives; Active CRCGs in several counties	County JPDs, LMHAs, ISDs, CPS, TJJD TA Team

Rating: High Feasibility / Low Cost

Most components are procedural, relying on agreements rather than major financial investment. Barriers include reluctance from some partners to accept open referrals and ensuring consistent eligibility criteria. Technical assistance and training can address these without new legislation.

Establish and Expand Diversion Pathways and Programs

Finding 5: Many counties lack consistent alternatives to formal processing, especially for school-based offenses. Without diversion, first-time or low-level cases are unnecessarily pulled deeper into the justice system, increasing recidivism risk and straining court resources.

Recommendation 5: Develop and strengthen county-level diversion programs for first-time or low-level offenders, with a particular focus on reducing school-based referrals.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Identify counties for diversion pilots. • Set diversion eligibility criteria and success metrics. • Partner with schools for early identification.	• Launch pilots and track recidivism, attendance, and MH outcomes. • Add restorative justice or mentorship components.	• Scale models regionwide. • Advocate for statewide diversion funding.

Existing Local Assets to Build On	Lead Partners
Wise County Youth Diversion Plan; Collin County Deferred Prosecution Programs; Grayson County Drug Court; Mentors Care, CIS	County JPDs, ISDs, local nonprofits, TJJD

Rating: High Feasibility / Moderate Cost

Existing diversion models provide a strong template. Costs include program coordination and case management staff.

Improve Cross-System Coordination

Finding 6: Lack of structured coordination between probation, behavioral health, schools, and CPS leads to duplicated efforts, missed opportunities, and inconsistent care. Youth and families often have to repeat their story to multiple agencies without progress.

Recommendation 6: Institutionalize monthly interagency coordination huddles at the county or subregional level, bringing together probation, LMHAs, CPS, law enforcement, schools, and providers to review cases, share resources, and resolve barriers.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Map current multi-agency meetings. • TJJD Continuum of Care Coordinators develop standard huddle agendas and participation expectations.	• Launch formal huddles in at least 5 counties. • Track cases resolved through coordination.	• Standardize coordination as a funding condition. • Expand to additional counties.

Existing Local Assets to Build On	Lead Partners
Cross-system discharge planning pilots; Hill County System of Care coordination; Urban multi-agency staffing teams	County JPDs, LMHAs, CPS, school districts, TJJD

Rating: High Feasibility / Low Cost

Requires primarily time and coordination, not major funding. Potential challenges include scheduling conflicts and ensuring consistent participation. Strong leadership and facilitation are key.

Launch Transportation Supports

Finding 7: In rural counties, families often cannot reach appointments or court due to transportation barriers, leading to probation violations, missed services, and extended system involvement. Simple transportation supports can prevent these setbacks.

Recommendation 7: Address transportation barriers for youth and families by funding gas cards, ride vouchers, and mobile service delivery.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Inventory current transportation solutions. • Use flex funds for immediate supports.	• Formalize partnerships with nonprofits/providers. • Pilot mobile service delivery in rural counties.	• Secure sustainable funding for transportation supports.

Existing Local Assets to Build On	Lead Partners
Informal transportation solutions in small counties Urban provider capacity to support shared transportation	County JPDs, nonprofits, LMHAs, TJJD

Rating: Moderate Feasibility / Low-Moderate Cost

Gas cards and vouchers are inexpensive and easy to implement; mobile service delivery requires more coordination and some capital investment. Funding could come from county budgets, grants, or reallocations.

Leverage Local Talent and Higher Education Partnerships		
Finding 8: The region has untapped potential in local universities and community colleges that could help fill probation, clinician, and case manager roles. Without intentional pipelines, staffing shortages will persist and service capacity will remain limited.		
Recommendation 8: Partner with the extensive network of local universities and colleges in the region (e.g., UNT, TWU, UTA) to build a pipeline of probation officers, licensed clinicians, case managers, and peer mentors.		
Short-Term (0–6 Months)	**Mid-Term (6–18 Months)**	**Long-Term (12–24 Months)**
• Meet with higher ed partners to align curricula. • Launch 1–2 pilot internship placements.	• Develop paid internship/fellowship programs. • Create joint training modules.	• Institutionalize pipelines through MOUs. • Advocate for state funding for workforce pipelines.
Existing Local Assets to Build On		**Lead Partners**
UNT, TWU, UTA training programs; Existing internships in probation departments; University-led MH training		Higher ed institutions, County JPDs, TJJD
Rating: High Feasibility / Low Cost		
Leverages existing university programs and internship frameworks. Minimal start-up costs; main barrier is securing ongoing funding for paid positions and ensuring mutual alignment on training goals.		

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 North Region's priority recommendations.[75]

Expand Access to Family-Based Mental Health and In-Home Supports

- Youth described unsafe or unsupportive home environments as the root cause of system involvement.
- Caregivers requested family plans, respite options, and peer parent support groups.

[75] 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.

Strengthen the Behavioral Health Workforce

- Youth reported low-quality counseling and overmedication in facilities.
- TNOYS Recommendation: Expand youth-focused counseling, incentivize providers in underserved regions.
- *Quote: "The system made my mental health terrible, and the person they gave me just tried to relate, not actually listen."*

Create Local Crisis Stabilization and Respite Options

- Youth and caregivers said detention was often used when respite would have been more appropriate.
- Caregivers regretted calling police for help when no other options were available.
- TNOYS Recommendation: Establish family respite and short-term crisis supports.

Remove Referral Barriers and Gatekeeping

- Youth said they were often charged before being connected to services ('trumped up charges').
- TNOYS Recommendation: Open referral pathways from schools, CPS, and community programs before formal charges.

Establish and Expand Diversion Pathways

- Youth described unfair treatment in schools and differences in who was more likely to be arrested or receive supports based on similar behavior.
- TNOYS Recommendation: Standardize diversion criteria; expand restorative practices.
- *Quote: "All kids in my school do the same thing, but only some of us get arrested."*

Improve Cross-System Coordination

- Caregivers said once probation was involved, CPS and other systems disengaged.
- Youth said adults rarely listened and services were inconsistent.
- TNOYS Recommendation: Build caregiver advocate/peer navigation networks.

Launch Transportation Supports

- Caregivers highlighted transportation as a barrier to visitation and court compliance.
- Youth reported isolation when unable to see siblings or participate in activities.
- TNOYS Recommendation: Provide family stipends and transportation supports.

Leverage Local Talent and Higher Education Partnerships

- Youth asked for mentors and trusted adults outside of the system.

- YYA Recommendation: Build pipelines for mentors/credible messengers via universities and CBOs.

Next Steps for the North Region

The work of building a stronger continuum of care in the North Region does not end with the publication of this report—it begins here. The themes, findings, and recommendations presented in the preceding sections provide a clear playbook, but lasting change will require sustained action, collaboration, and accountability. The following next steps translate the report's insights into concrete actions for counties, TJJD, cross-system partners, and policymakers. They are designed to balance near-term wins with long-term systems change, ensuring that progress is both measurable and durable.

Action Step	Lead / Partners	Timeline
Share and Discuss Findings – Present the report to the North Region Association of Juvenile Probation Chiefs and cross-system partners; facilitate county-level discussions to select 1–2 priority recommendations locally.	TJJD Continuum of Care Coordinators and Regional Support Teams, County Juvenile Probation Chiefs, Cross-System Partners	Within 60 days of report release
Integrate into TJJD Strategic Planning – Use recommendations to guide regional workplans, identify legislative priorities, and inform agency funding requests.	TJJD Executive Leadership, TJJD Regional Support Teams, Policy Team	Next TJJD strategic planning cycle and upcoming legislative session
Launch Quick-Win Pilots – Select 2–3 recommendations with high feasibility and strong local interest for immediate piloting; track outcomes for scaling.	Volunteer Counties, TJJD Continuum of Care Coordinators and Regional Support Teams, Local Service Providers	Launch within 6–9 months
Strengthen Regional Collaboration – Formalize service-sharing agreements to address gaps in mental health, diversion, and transportation; convene quarterly learning sessions.	County JPDs, LMHAs, School Districts, Nonprofits, TJJD Continuum of Care Coordinators	Agreements in place within 12 months; quarterly sessions ongoing
Leverage Funding Opportunities – Align recommendations with DSA grants; support counties in grant proposal development using report data.	TJJD Grants Team, Counties, Regional Funders, TJJD Continuum of Care Coordinators and Regional Support Teams	Begin immediately; align with upcoming funding cycles

Action Step	Lead / Partners	Timeline
Monitor and Report Progress – Create shared metrics tied to recommendations (e.g., diversion rates, service wait times, family engagement) and report annually to stakeholders.	TJJD Continuum of Care Coordinators and Regional Support Teams, County Chiefs, Data Analysts	Metrics framework within 6 months; first report in 12 months

The North Region has the leadership, innovation, and collaborative spirit to turn these recommendations into reality. While the challenges outlined in this report are significant, so too are the assets: dedicated professionals, promising programs, and a shared commitment to supporting youth and families before they reach the deepest ends of the justice system. By acting on the steps outlined here, counties and partners can not only strengthen their own systems but also contribute to a more coordinated and effective juvenile justice continuum across Texas.

This report is intended to be a living document that guides decision-making today, informs legislative priorities tomorrow, and evolves alongside the needs of the youth and communities we serve. The momentum starts now.

Appendix

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Appendix C. Program Descriptions and System Terminology
Brief descriptions of programs and resources referenced in the report and definitions of frequently used terminology, including:

1. Juvenile justice programs, services, facility types, and system terminology
2. Youth behavioral health and crisis services and system terminology
3. Child welfare, prevention/caregiver programs, and system terminology
4. Education and school-based programs and system terminology
5. Cross-sector liaison roles and service centers

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
Definitions for substitute care placement types referenced in the Child Welfare data section Table 19.

Appendix F. TJJD County Profile and Recidivism Data Methodology
Methodology and data definitions used by TJJD to calculate statewide and department-level county profile data and recidivism rates.

Appendix G. Juvenile Justice System Needs and Opportunities Survey
Survey instrument distributed to juvenile probation departments in July 2025.

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

March 6, 2025 | 10:00 am – 1:00 pm | Denton, Texas
Meadows Institute Facilitators: Layla Fry, Kaila Berrian, Ron Stretcher

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

- Participant sign-in and informal networking
- Overview of meeting purpose and agenda
- Participant introductions and icebreaker

10:15 – 10:30 a.m. | Project Overview & Continuum of Care Framework

- Overview of the Continuum of Care Project
- Review of project goals, deliverables, and regional site visit process
- Introduction to Continuum of Care framework and its application to juvenile justice reform in Texas

10:30 – 10:45 a.m. | Visioning Exercise: What Works in the North Region

- Table-based small group discussion and report out
- Guiding questions focused on prevention, early intervention/diversion, and reducing recidivism
- Groups identified top three strategies or resources that are most effective in keeping youth out of the system or preventing deeper system involvement

10:45 – 11:25 a.m. | Regional Data Summary & Facilitated Discussion

- Presentation of North Region data visualizations and highlights, including:
    - Juvenile Justice referrals by offense type and race
    - Commitments to TJJD by county size
    - Supervision, placement, and recidivism trends
    - Youth behavioral health needs and trauma exposure
- Discussion prompts focused on trends, contributing factors, and service gaps observed across counties

11:25 – 11:45 a.m. | Service Gaps & Resource Landscape

- Review of TJJD Regionalization Survey results for the North Region
- Identification of top service gaps, including behavioral health, family-based supports, crisis response, school-based diversion, and specialized services
- Overview of existing funded resources, including Discretionary State Aid (DSA) grants and in-house service capacity
- Discussion on barriers to accessing services and opportunities for regional collaboration

11:45 a.m. – 12:00 p.m. | Working Lunch: Resource & Program Mapping

- Participants documented key community-based resources, service providers, and model programs in their counties
- Identification of programs with potential for replication or regional scaling
- Inputs captured via sticky notes and poster boards for later synthesis

12:00 – 12:15 p.m. | Review of Top Regional Themes & Priority Setting

- Presentation of preliminary "Top 10 Themes" emerging from data, surveys, and discussions
- Participants voted to identify priority areas that are both high-impact and feasible for action planning
- Participants selected a priority theme for small group work

12:15 – 12:45 p.m. | Small Group Mapping: Challenges, Root Causes & Opportunities

- Thematic small group discussions
- Identification of key challenges and underlying root causes (policy, practice, funding, coordination)
- Development of potential solutions, strategies, and "wish list" ideas for regional or state-level action

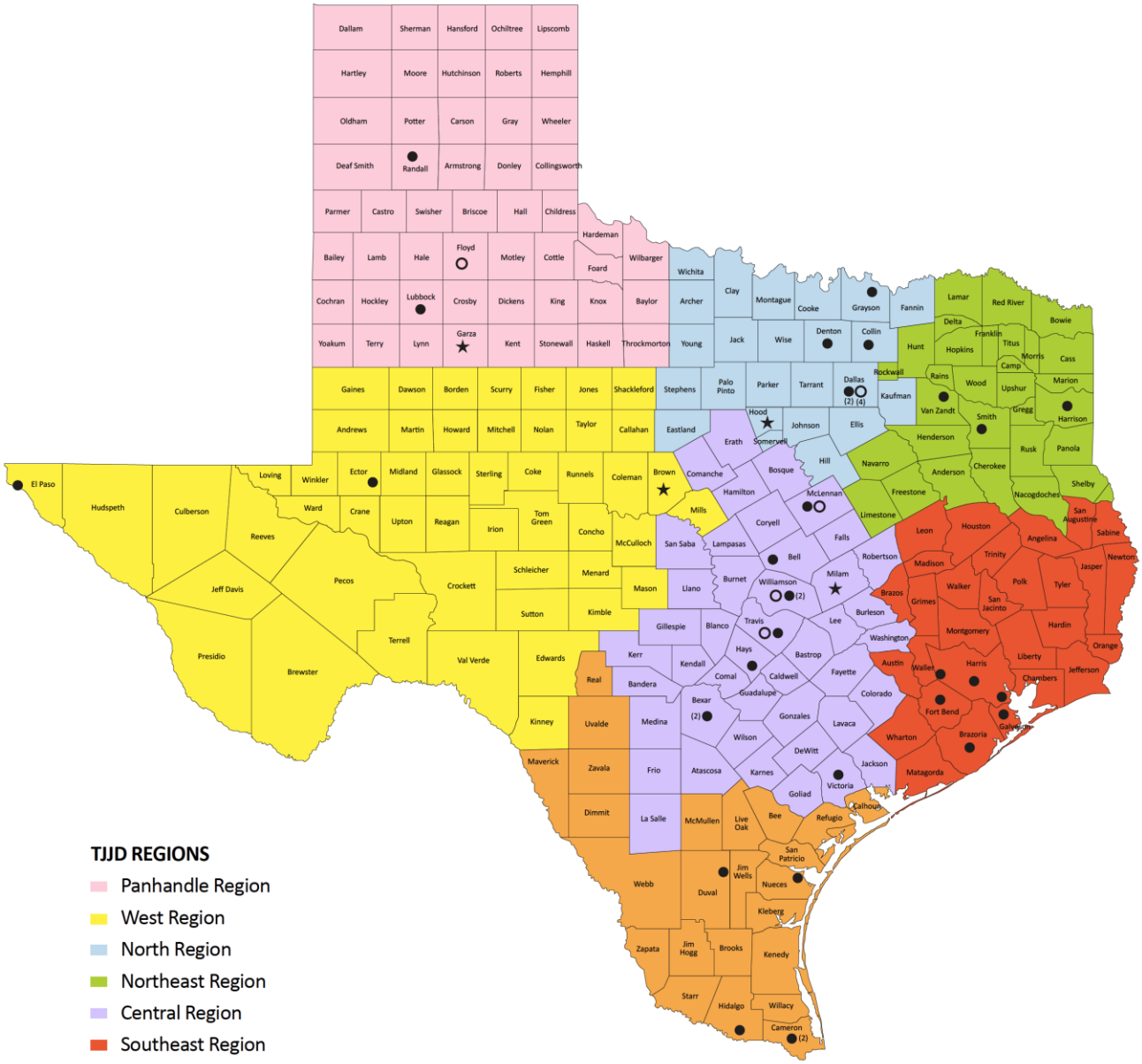
12:45 – 1:00 p.m. | Report-Out, Next Steps & Closing

- Small group report-outs of key challenges and opportunities
- Overview of how site visit findings will inform the North Region report and statewide Continuum of Care recommendations
- Closing remarks and appreciation to participants

Participants:

- Marcus Boyd
- Ryan Bristow
- Steve Grant
- Ashley Kintzer
- Brooke Leird
- Tina Lincoln
- Matt Marick
- Ashley Marineau
- Kristi McQuiston
- Marvin Mitchell
- Evan Norton
- Tommy Parker
- Riley Shaw
- Chelsea Smith
- Greg Sumpter

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 & 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 (TCHATT): 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 & 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.
TCHATT – Texas Child Health Access Through Telemedicine; school-linked behavioral telehealth.
TCOOMMI – 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 TJJD 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 *((recent year – earliest year)/(earliest year))*100.* **For example:** *((FY2023 Total State Award – FY2019 Total State Award)/(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.

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.

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!