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SOUTH REGION

Juvenile Justice Continuum of Care Report

A Playbook for Advancing Diversion & Keeping Youth Closer to Home

DECEMBER 2025

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

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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SOUTH REGION

KEY FINDINGS & STRATEGIC PRIORITIES

REGIONAL SNAPSHOT

The South Region includes a diverse mix of border communities, mid-sized hubs, and rural counties spanning a large geographic area.

Juvenile departments operate across 16 lead counties, often serving surrounding areas with limited infrastructure.

While the region faces persistent challenges related to access, distance, and system capacity, it is characterized by strong local leadership, practical problem-solving, and a growing commitment to regional collaboration.

SOUTH 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 South Region CoC Report.

SCAN HERE

to access the full regional report

MEADOWS MENTAL HEALTH POLICY INSTITUTE

TEXAS JUVENILE JUSTICE DEPARTMENT

TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

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KEY FINDINGS
1. HIGH NEEDS, LIMITED INFRASTRUCTURE
• Youth often have complex needs that exceed available community services.
• Probation departments frequently serve as the primary access point for care.
2. INCONSISTENT ACCESS TO CARE
• Limited crisis stabilization, inpatient, and treatment options.
• Long wait times and significant travel distances to access services.
3. WORKFORCE CONSTRAINTS
• Shortage of licensed clinicians and case managers.
• Smaller counties face challenges sustaining specialized programs.
4. JUSTICE SYSTEM AS THE DEFAULT RESPONSE
• Lack of early intervention and crisis services leads youth to enter the justice system to access care.
5. BARRIERS TO FAMILY ENGAGEMENT
• Families face challenges with transportation, scheduling, and navigating multiple systems.
• These barriers impact engagement and continuity of care.
6. FRAGMENTED SYSTEM COORDINATION
• Gaps in data sharing, communication, and formalized partnerships.
• Missed opportunities for early intervention and efficient service delivery.
STRENGTHS TO BUILD ON
Strong local leadership and problem-solving culture
Emerging regional collaboration models (pooling resources and sharing staff)
Effective on-the-ground engagement and warm handoffs
Promising partnerships, including embedded behavioral health providers
Momentum from recent funding and initiatives
KEY GAPS
Limited crisis stabilization and inpatient treatment options
Shortage of behavioral health workforce and providers
Gaps in early intervention and diversion infrastructure
Inconsistent access across rural and border communities
Barriers to family engagement and service navigation
Lack of integrated data systems and coordination structures
Limited specialized services for youth with complex needs
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)
• Pilot shared staffing models and telehealth expansion
• Strengthen partnerships and referral coordination
• Identify priority gaps and target counties for pilots
MID-TERM (6–18 MONTHS)
• Develop regional service hubs and crisis response capacity
• Formalize cross-system coordination structures
• Expand diversion and early intervention programming
LONG-TERM (12–24 MONTHS)
• Scale regional models across counties
• Stabilize funding for workforce and services
• Build a sustainable, community-based continuum of care
BOTTOM LINE
The South Region has a strong foundation of leadership and collaboration, but continues to face structural challenges related to service access, workforce capacity, and system coordination. With targeted investment and regional approaches, the region is well-positioned to shift from a system that reacts to needs after justice involvement to one that delivers timely, community-based support earlier.
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Project Overview &
South Region Context

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

Methodology

On February 6, 2025, the Meadows Institute convened a South Region site visit and mapping session in Corpus Christi 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 South 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 South 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 South Region.

County Juvenile Justice System in the South Region

The South 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 16 county-based juvenile departments. Each department is anchored in one county but may serve surrounding counties as well. In total, these 16 departments provide coverage for most of the 25 counties in the South Region. This report focuses on the 16 "lead" counties where the departments are based.

Figure 1. TJJD South Region

TJJD classifies juvenile departments as large, medium, or small, depending on the population served.[2] The South Region has one large department, six 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 South Region[3]

Size	#	County Juvenile Departments = 16
Large	1	Hidalgo
Medium	6	Cameron, Maverick, Nueces, San Patricio, Starr, Webb
Small	9	Brooks, Calhoun, Duval, Jim Wells, Kleberg, Refugio, Uvalde, Willacy, Zapata

Because many counties in the South Region are rural with smaller youth populations, some 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 293rd Judicial District Department is based in Maverick County but also serves Dimmit and Zavala counties. A full list of these multi-county arrangements is provided in Table 2.

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

Judicial District	Counties Included (Lead County Listed First)
36th	**San Patricio**, Aransas, Bee, Live Oak, McMullen
38th	**Uvalde**, Real
293rd	**Maverick**, Dimmit, Zavala

Geographic Context of the South Region

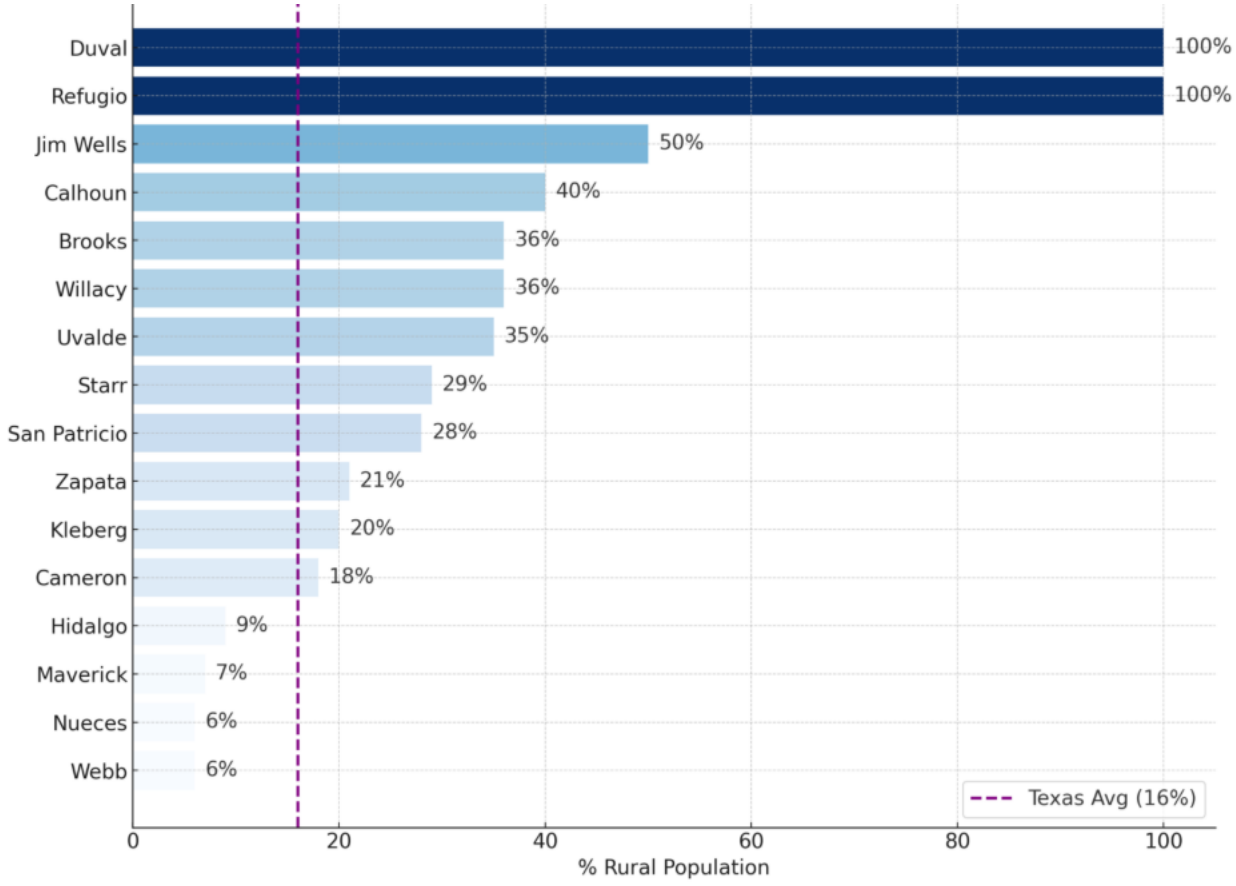
TJJD's South Region spans the southernmost part of the state and includes counties that reflect a blend of border dynamics and deep-rooted rural communities. The region is anchored by Hidalgo County, a large and densely populated area that includes McAllen and other cities within the Rio Grande Valley. Hidalgo, along with Cameron, Webb, and Nueces counties, serves as a regional hub for economic activity, education, and services, but also bears the weight of significant social and economic challenges. While Nueces (Corpus Christi), Hidalgo (McAllen/Edinburg), and Webb (Laredo) are regional anchors, many small counties (e.g., Duval, Brooks, Jim Wells) rely on them for placements, healthcare, and justice system resources.

Many South region counties are located along or near the U.S.–Mexico border, which deeply influences youth and family experiences. Cross-border movement, immigration enforcement, and family separation linked to border enforcement often shape the landscape of youth-serving systems in these areas. Border proximity impacts juvenile referrals, housing stability, school enrollment consistency, and access to care.

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

The region includes many rural areas (see Figure 2) and some of the poorest counties in the nation, with deeply entrenched cycles of economic disadvantage and underfunded public infrastructure. The South Region also contains many colonias, which are unregulated, underdeveloped rural subdivisions lacking basic infrastructure. Departments here frequently navigate complex jurisdictional issues and must account for the linguistic needs of youth from mixed-immigration status families.

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



Geographically, South Texas is both remote and interconnected. The region includes coastal areas and large swaths of sparsely populated borderlands, which pose unique transportation barriers and emergency preparedness considerations. For example, Calhoun County is vulnerable to coastal storms, while Uvalde County faces challenges due to national attention and community trauma following a mass casualty school shooting. These localized crises place

[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

added pressure on already limited youth-serving systems and often outstrip the available mental health infrastructure.

Youth in South Texas are overwhelmingly Latino and often bilingual, which presents both strengths and service needs. While strong family networks are assets in the region, many communities also experience intergenerational poverty and limited educational opportunities. Juvenile justice staff are often called upon to serve not only in their justice roles but also as de facto service navigators and trusted community connectors.

The South Region's unique combination of rural isolation and border-specific legal considerations require a continuum of care that is bilingual, trauma-informed, and border-aware. Many grassroots and faith-based organizations have strong local trust but lack formal contracts with juvenile probation or sustainable funding. Regional collaboration across counties, partnerships with trusted community organizations, and flexible funding models will be critical to ensuring access to services and reducing justice system involvement for youth across South Texas.

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

Juvenile Justice Service Landscape in the South Region

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

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

Table 3. Select Juvenile Department Services in the South Region[6]

Program or Service	#	Department
Alternative Referral Agreement with Prosecutor on File with TJJD, Texas Family Code 52.031(d)	0	None on file
Dialectical Behavior Therapy (DBT) Implementation	1	Cameron
First Offender Programs, Texas Family Code 52.031	3	Cameron, Hidalgo, Nueces
Juvenile Justice Alternative Education Programs (JJAEPs)	4	Cameron, Hidalgo, Nueces, Webb

[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 South 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
Special Needs Diversionary Programs (SNDP)	3	Cameron, Hidalgo, San Patricio
TCOOMMI Detention Diversion Pilot Project	1	Nueces
TJJD-Funded Prevention and Intervention Programs	5	Calhoun, Cameron, Hidalgo, Kleberg, Webb
Trust Based Relational Intervention (TBRI) Implementation	6	Cameron, Hidalgo, Kleberg, Nueces, San Patricio, Starr; Entire Region Exploring
Youth Sequential Intercept Model (SIM) Mapping Completed	2	Cameron, Hidalgo

Juvenile Specialty Courts in the South Region

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

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

Department	#	Specialty Courts
Cameron	2	1. Accountability Creates Trust (ACT) Juvenile Specialty Court 2. Cameron County Youth Offender Court
Hidalgo	2	1. Hidalgo County LIFELINES Girls Juvenile Mental Health Court 2. Hidalgo County Juvenile Drug Court
Nueces	1	1. Nueces County Juvenile Drug Court
Webb	1	1. Webb County Juvenile Drug Treatment Court Program

In-House Mental Health Workforce in the South Region

Table 5 provides a snapshot of the type of licensed behavioral health professionals employed directly by juvenile probation departments across the South 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 four departments were identified as having in-house clinicians at the time of data collection.

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

Table 5. Juvenile Department In-House Licensed Professionals in the South Region[8,9]

Department	#	In-House Licensed Professionals
Cameron	6	LPC, LPC-A, LCDC-I
Hidalgo	2	LPC, LPC-S, LSOTP
Maverick	1	LPC
Nueces	3	LPC-S, LPC-A

This inventory highlights wide variation in what supports are available to youth and families. Larger counties such as Hidalgo and Cameron 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 interventions.

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

Several departments have piloted innovative programs, such as 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.

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

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

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

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year[12]
Calhoun	**PASS Program**	Prevention and Intervention (P&I)	$60,000	2022	20
Calhoun	**Youth Advocacy Program**	P&I	$65,078	2022	9
Cameron	**Forensic Treatment Program**	Community	$52,500	2024	15
Cameron	**Mentoring and Tutoring**	P&I	$124,729	2022	50
Cameron	**Substance Use Disorder Treatment**	Residential Enhancement	$495,179	2023	30
Hidalgo	**Parenting Program**	P&I	$326,980	2022	300
Kleberg	**Anger Management**	P&I	$7,200	2022	7
Nueces	**Tele-Health Services**	Community	$103,192	2023	15
Nueces	**Bed Expansion Program**	Residential Expansion	$900,236	2024	10
Webb	**Southwest Key Program/Wraparound**	P&I	$126,513	2022	72

[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]
Total	**10**		**$2,261,607**		

In July 2025, juvenile probation departments in the South Region submitted 6 applications for new DSA funding, requesting a combined total of $808,822 to support local innovations, diversion programs, and community-based services. Four were awarded for a total of $662,439 to the region in 2025 (see Table 7).

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

Applicant	Type	Description	Requested	Awarded
Cameron	Vocational	Cadets for Vets Vocational Trade Skills with TBRI	$145,378	$100,000
Cameron	Residential	Careers, Trade Skills, and Healing	$159,128	$159,128
Hidalgo	Vocational	Facility Video Conferencing System	$50,000	$50,000
Nueces	Community	School-Based Prevention Program	$60,000	*Not awarded*
Nueces	Community	Anger Management, Family Preservation, Case Management	$86,383	*Not awarded*
Webb	Community	In-Home Family Services	$307,933	$307,933
Total	**6**		**$808,822**	**$662,439**

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

Juvenile Justice Facilities in the South 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

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

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. The table below provides an overview of juvenile facilities in the South Region. A glossary of facility types can be found in Appendix C.

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

County	Juvenile Justice Facility	Populations Served and Special Programs
Pre-Adjudication Detention Facilities		
Cameron	Darrell B. Hester Juvenile Justice Center	None listed in registry
Hidalgo	Judge Mario E. Ramirez Jr. Juvenile Justice Center	None listed in registry
Nueces	Nueces County Juvenile Justice Center/Overflow	None listed in registry
San Patricio	San Patricio County Juvenile Detention Center	Mental Health (MH)
Starr	Starr County Juvenile Justice Center	None listed in registry
Webb	Solomon Casseb Jr. Webb County Youth Village	Substance Use (SUD), MH, Sex Offender, Female
County Secure Post-Adjudication Facilities		
Cameron	Amador R Rodriguez Academic & Vocational Center	Males, Physical Training, MH
Cameron	L.I.F.E. Residential Program	Females, MH
Hidalgo	Judge Mario E. Ramirez, Jr. Juvenile Justice Center	Males, Physical Training, MH
Nueces	Robert N. Barnes Regional Juvenile Facility	Males/Females, SUD

The South Region's facility landscape reflects a clustered but uneven distribution of detention and post-adjudication capacity, concentrated primarily in Cameron, Hidalgo, Nueces, and Webb and serving a large, geographically dispersed area. All four post-adjudication facilities share bed space through contracts with other counties. The region has no county-run nonsecure or private secure facilities. Webb, Cameron, and Hidalgo operate programs with special services, while Nueces provides one of the region's only SUD-focused post-adjudication options and is widely recognized for its strong vocational and skilled trades programming. A bright spot is the region's collective commitment to implementing TBRI across all facilities, which provides a

[15] Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, 2024*. https://www2.tjjd.texas.gov/publications/other/searchfacilityregistry.aspx
[16] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan, December 2024*.
[17] Texas Juvenile Justice Department. *Facility Handbook, Version Four, September 2025.* https://www.tjjd.texas.gov/wp-content/uploads/2025/08/FacilityHandbook-V4.pdf

shared therapeutic framework and an opportunity to build consistent, trauma-informed practice regionwide.

Table 9. Summary of Juvenile Justice Infrastructure in the South Region[18,19]

Regional Resource	#	Details
DSA Grants Awarded (2020-24)	10	10 active projects, $2,261,607 awarded per year
DSA Grants Awarded (2025)	4	4 awards, $662,439 awarded
Post-Adjudication Facilities	4	176 beds total (rated capacity from Facility Registry)
Pre-Adjudication Detention Facilities	6	322 beds total (rated capacity from Facility Registry)
Regional Diversion Alternatives (RDA) Applications in 2023	42	38 approved, 32 youth placed
TJJD Program Registry Listings[20]	121	49 contract, 50 in house, 3 LMHA, 7 private, 12 other

Behavioral Health Service Landscape in the South Region

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

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

[18] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan, December 2024*.
[19] Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, 2024*. https://www2.tjjd.texas.gov/publications/other/searchfacilityregistry.aspx
[20] Texas Juvenile Justice Department. *Program Registry: South Region Programs*. Data exported Aug. 1, 2025. https://www2.tjjd.texas.gov/ProgramRegistryExternal

Table 10. LMHAs and LIDDAs Serving the South Region[21,22]

LMHA/LIDDA	South Region Departments Served
Border Region	Starr, Webb, Zapata
Camino Real	Maverick
Coastal Plains	Brooks, Duval, Jim Wells, Kleberg, San Patricio
Gulf Bend Center	Calhoun, Refugio
Hill Country	Uvalde
Nueces Center	Nueces
Tropical Texas	Cameron, Hidalgo, Willacy

Behavioral Health Providers in the South Region

Access to timely, community-based behavioral and pediatric health services is foundational to effective diversion and treatment. Youth in or at risk of involvement with the juvenile justice system often require intensive and coordinated care. Table 11 highlights the overall number and rate of behavioral health providers (to residents) across TJJD's South Region in 2024. Compared to statewide averages, the South Region has a substantially lower provider availability across nearly all specialties, indicated by higher residents-per-provider ratios. The most pronounced shortages are among behavioral health physicians, psychologists, and psychiatric nurse practitioners, where the ratios are two to three times worse than state averages. The only exception is with licensed chemical dependency counselors, where the region has a lower ratio than the state as a whole.

[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

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

Provider Type	South Region		Texas (Statewide)	
	Number of Providers	Average Residents / Provider	Number of Providers	Average Residents / Provider
Licensed Behavioral Health Physicians[27]	**108**	**20,000**	**3,671**	**7,500**
Children and Youth Behavioral Health Physicians	29	16,000	1,034	5,000
Psychiatrists	100	22,000	3,470	8,000
Non-Physician Providers[28]				
Licensed Psychologists	153	14,000	5,069	5,500
Licensed Clinical Social Workers	1,118	1,900	21,309	1,300
Licensed Professional Counselors	1,559	1,400	25,396	1,100
Licensed Specialists in School Psychology	212	10,000	3,268	8,500
Licensed Marriage and Family Therapists	60	36,000	3,284	8,500
Licensed Chemical Dependency Counselors[29]	939	2,300	9,510	2,900
Psychiatric Nurse Practitioners[30]	139	16,000	4,985	5,500
Psychiatric/Substance Use Registered Nurses[31]	409	5,500	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 South Region

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

Program	#	South Region Provider
Children's System Navigator Pilot	1	1. Coastal Plains
Coordinated Specialty Care (CSC) *for First Episode Psychosis age 15+*	4	1. Border Region 2. Coastal Plains 3. Nueces Center 4. Tropical Texas
LIDDA Transitional Support Teams	1	1. Nueces Center
Mental Health Deputy Program	0	None

[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.* Retrieved at: https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf

Program	#	South Region Provider
Multisystemic Therapy (MST) Providers[33]	2	1. Hill Country MHDD Centers 2. Liberty Resources (Nueces JPD-funded) 3. Tropical Texas
Outreach, Screening, Assessment, and Referral (OSAR) SUD Programs	1	1. Tropical Texas
Residential Treatment Centers (RTCs)	0	None
Youth Crisis Outreach Teams (YCOT)	1	1. Border Region
Youth Crisis Respite Facilities	0	None

The South Region has a modest but regionally dispersed network of HHSC-funded behavioral health programs for youth, with several providers covering wide multi-county areas along the border and coastal corridor. The region has two MST teams, serving four counties, while Border Region Behavioral Health Center runs the sole YCOT team across four border counties. Four CSC programs are distributed among Tropical Texas, Border Region, Coastal Plains, and Nueces Center, providing early psychosis intervention across a large geographic footprint. Additionally, Coastal Plains hosts the region's only Children's System Navigator pilot, offering care coordination across nine counties.

Despite these important assets, there are no Youth Crisis Respite Facilities or RTCs, leaving limited options for youth in acute crisis or needing short-term stabilization. When compared with the region's four post-adjudication juvenile facilities, an imbalance emerges between community-based treatment capacity and system-based services. The juvenile justice system currently offers more consistent access to residential programming for youth with high or complex needs than what is available through community pathways. As a result, many youth must enter the justice system to receive the level of treatment and structure they require. Expanding mobile crisis teams, in-home therapies, and short-term stabilization options could help shift this dynamic, ensuring that effective, evidence-based care is available to families before system involvement becomes the default route to treatment.

Federally Qualified Health Centers (FQHCs) in the South 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,

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

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 South 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 South Region[34]

FQHC Provider/Organization	County	# Clinics
Amistad Community Health Center, Inc.	Nueces	4
Atascosa Health Center, Inc.	Live Oak, McMullen	4
Coastal Bend Wellness Foundation, Inc.	Kleberg, Nueces	3
Community Action Corporation of South Texas	Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg	13
Community Health Development, Inc.	Real, Uvalde	6

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

FQHC Provider/Organization	County	# Clinics
Gateway Community Health Center, Inc.	Jim Hogg, Webb, Zapata	9
New Horizon Health Center - Brownsville Community Health Clinic Corporation	Cameron	4
Nuestra Clinica Del Valle, Inc.	Hidalgo, Starr	12
South Texas Rural Health Services, Inc.	Dimmit, Maverick, Uvalde	4
Su Clinica Familiar	Cameron, Willacy	5
United Medical Centers	Maverick	5
Vida Y Salud-Health Systems, Inc.	Zavala	2

Prevention and School-Based Service Landscape in the South Region

Prevention and early intervention programs are critical pillars in building a strong continuum of care, offering support to youth and families before needs escalate into deeper system involvement. In the South 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 South 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 Corpus Christi, Willacy, Cameron, and Webb).
2. **Family and Youth Success (FAYS):** A statewide crisis intervention and short-term counseling program for at-risk youth and families, available in all South 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 South Region has three active SMART Innovation programs.[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 South Region[36]

Program	#	South Region Provider
Community Youth Development (CYD)	4	1. City of Corpus Christi 2. Good Samaritan Community Service 3. Rio Grande Valley Empowerment Zone Corporation 4. Southwest Keys Programs
Family and Youth Success (FAYS)	6	1. BCFS Health and Human Services 2. Buckner Children and Family Services 3. Circles Of Care 4. K'Star 5. Mid-Coast Family Services 6. Serving Children and Adults in Need
Family Resource Centers (FRCs)	4	1. BCFS Family Resource Center (Cameron) 2. Easterseals Family Resource Center (Hidalgo) 3. Easterseals South Texas College Family Resource Center (Starr) 4. Serving Children and Adolescents in Need (Webb)
Healthy Outcomes Through Prevention And Early Support (HOPES)	3	1. BCFS Health and Human Services 2. Easter Seals Rio Grande Valley 3. Education Service Center Region 2

[35] Health and Human Services Commission. *SB 26 Supporting Mental and Emotional Resiliency in Texans (SMART) Innovation Grant Program, 2024.* https://resources.hhs.texas.gov/rfa/hhs0013881
[36] Health and Human Services Commission. *Behavioral Health Services Snapshot, July 2024.* https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf

Program	#	South Region Provider
Opportunity Youth Hubs	0	None
SMART Innovation Grant Programs	3	1. Serving Children and Adults in Need (Webb) 2. Tropical Texas Behavioral Health (Hidalgo) 3. Boys Club of Pharr (Hidalgo)
Statewide Youth Services Network (SYSN)	2	1. BBBS Lone Star 2. Texas Alliance of Boys and Girls Clubs
SUD Prevention Resource Centers	2	1. Behavioral Health Solutions of South Texas 2. San Antonio Council on Alcohol and Drug Abuse

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

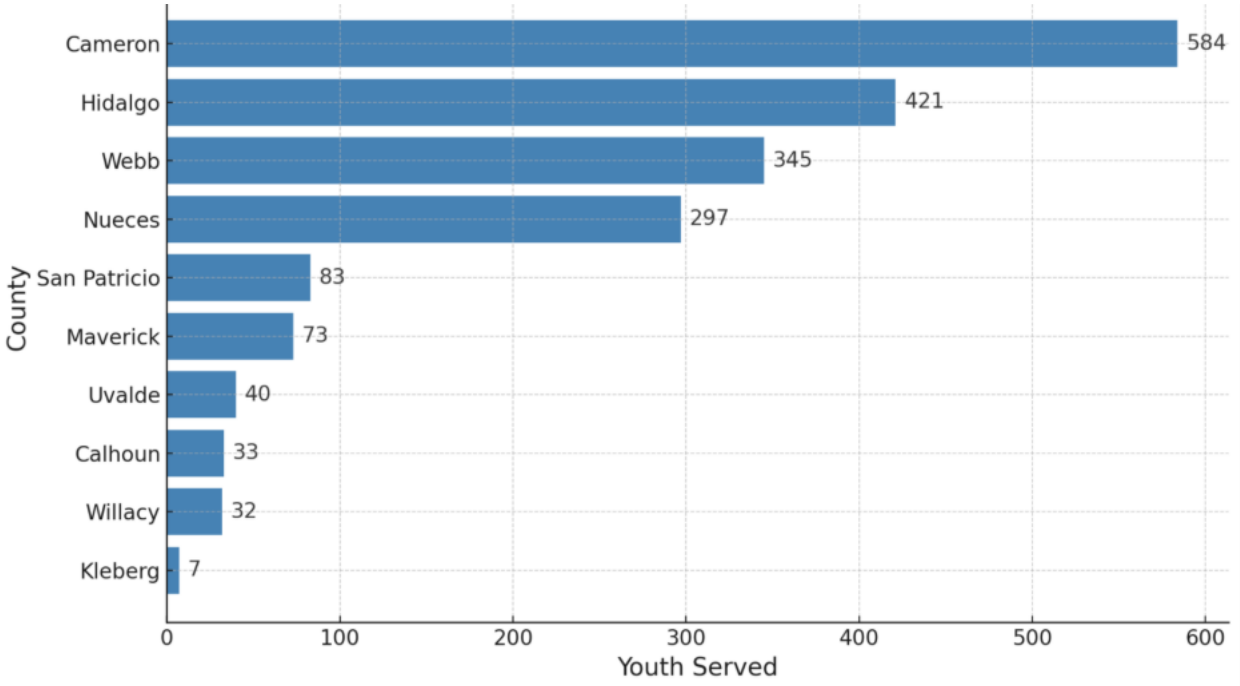
Table 15. Statewide Prevention Program Outcomes, FY 2024[37]

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

While the statewide outcomes demonstrate strong overall performance across prevention programs, it is also important to understand where services are being delivered on the ground. The figure below highlights the top 10 South 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 South Region Departments by Youth Served by FAYS, FY 2024[38]



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

TCHATT is a state-funded initiative that connects school districts with mental health professionals through free telehealth to provide 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 South 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 South 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 1	Brooks, Cameron, Hidalgo, Starr, Webb, Willacy, Zapata	433,143	379,085	46	38

[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 29, 2025 at: 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
Region 2	Calhoun, Duval, Jim Wells, Kleberg, Nueces, Refugio, San Patricio	93,584	52,491	45	24
Region 3	Calhoun	47,403	45,438	37	35
Region 20	Maverick, Uvalde	503,243	458,277	88	68

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 or deferred supervision, 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 South Region

Juvenile departments in the South 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 South Region

Liaison or Service Center	Provider/Contact
Child Psychiatry Access Network (CPAN) of the Texas Child Mental Health Care Consortium	• The University of Texas Health Science Center at San Antonio • The University of Texas Rio Grande Valley School of Medicine • 888-901-CPAN (2726) extension 3 to enroll
Children's Advocacy Centers (CAC)	• Directory of local CACs by county in the South Region
Community Resource Coordination Group (CRCG) Regional Liaison	• Raquel Ballesteros, Raquel.Ballesteros@hhs.texas.gov
DFPS Juvenile Justice Liaison – Child Protective Services (CPS)	• DFPS Region 8 Janisa Harris (512) 289-2975 • DFPS Region 11, Iris Rodriguez (956) 998-6348
DFPS Juvenile Justice Liaison – Child Protective Investigations (CPI)	• DFPS Region 8 Rob Vela (956) 279-5798 • DFPS Region 11, Rob Vela (956) 279-5798
DFPS Community-Based Care (CBC) Single Source Continuum Contractor	• DFPS Region 8b (27 counties) SSCC: Belong, Status: Stage III • DFPS Region 11a/b: Not Started - In Legislative Request
DFPS Transition Centers *for homeless and current/former foster youth*	• Corpus Christi Transition Center • McAllen Transition Center BCFS-HHS • Harlingen Transition Center BCFS-HHS
Education Service Centers (ESCs)	• ESC 1, 2, 3, 20
Law Enforcement Fusion Centers *supporting school behavioral threat assessments and diversion*	• Southwest Texas Fusion Center - San Antonio • Texas Fusion Center | 866-786-5972
LMHA + ESC Liaison Behavioral Health Partnership Program	Liaison located at: • Tropical Texas Behavioral Health • Nueces Center for Mental Health and Intellectual Disabilities
Regional Council of State Governments (COGs)	• Middle Rio Grande Development Council • Golden Crescent Regional Planning Commission • Coastal Bend Council of Governments • South Texas Development Council • Lower Rio Grande Valley Development Council
Regional Mental Health Policy Center	• Meadows Mental Health Policy Institute – South Texas

Higher Education in the South Region

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

Public Universities	Location/County
Sul Ross State University	Uvalde
Sul Ross State University- Eagle Pass Campus	Maverick
Texas A&M University – Corpus Christi	Nueces
Texas A&M University – Kingsville	Kleberg
Texas A&M University – McAllen	Hidalgo
Texas A&M International University	Webb
University of Texas Rio Grande Valley	Cameron, Hidalgo
Community and Two-Year Colleges	**Location/County**
Coastal Bend College	Nueces, San Patricio
South Texas College	Hidalgo
Southwest Texas College	Uvalde
Texas Southmost College	Cameron
Laredo College	Webb
South Texas College of Eagle Pass	Maverick

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 South 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-based indicators, to further inform local planning and highlight where targeted investments may be most needed.

South Region
Data Snapshot

South Region Data Snapshot

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

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

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

Child Welfare Data Snapshot in the South 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 South 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 South Region

Table 19 presents a point-in-time snapshot of the number of children in substitute care in the South 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 South Region[44]

TJJD South Region Dept (Lead County)	Total in Substitute Care	*Foster Home*	*Kinship Care*	*Residential Treatment Center*	*Emergency Shelter*	*General Residential Operation*	*Other*
Brooks	10	5	3	0	2	0	0
Calhoun	14	2	8	2	0	0	2
Cameron	263	108	103	15	4	8	25
Duval	23	11	8	2	0	0	2
Hidalgo	226	94	78	13	9	6	26
Jim Wells	75	22	41	4	4	0	4
Kleberg	38	17	19	1	0	0	1
Maverick	35	7	21	3	0	2	2
Nueces	377	144	168	20	23	4	18
San Patricio	53	13	32	4	4	0	0
Starr	17	6	10	0	0	0	1
Uvalde	9	1	3	2	1	1	1

[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, 2024. https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Activity_on_August_31.asp

TJJD South Region Dept (Lead County)	Total in Substitute Care	*Foster Home*	*Kinship Care*	*Residential Treatment Center*	*Emergency Shelter*	*General Residential Operation*	*Other*
Webb	238	135	65	8	12	2	16
Willacy	36	9	17	1	1	2	6
Zapata	20	10	9	1	0	0	0
Region Total	**1,434**	**584**	**585**	**76**	**60**	**25**	**104**
Statewide Total	**16,069**	**7,195**	**5,534**	**1,101**	**303**	**750**	**1,186**

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

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

Community-Based Care

Beginning in 2013, DFPS began transitioning from a primarily state-operated foster care system to a new model known as Community-Based Care. Under the traditional ("legacy") approach, DFPS CPS staff were responsible for most aspects of foster care, including placement, case management, and service coordination. CBC gradually shifts many of these responsibilities to a local based lead agency known as a Single Source Continuum Contractor (SSCC), which oversees a network of community providers within a defined geographic area. Under this model, DFPS maintains core legal and oversight functions and DFPS' Child Protective Investigations (CPI) unit continues to investigate reports of abuse and neglect. The goal of CBC is to create a more flexible, locally driven system that can respond to the unique needs of children and families in each region. The transition to CBC is phased based in two important ways. First, it is being rolled out region by region across the state and in some cases only part of a DFPS region is included in an initial rollout. Second, within a regional rollout, responsibilities are transitioned in phases. This transition is actively occurring with a goal of having all of Texas served by CBC by 2029. The most up-to-date information regarding the status of the transition can be found on the DFPS CBC website.

DFPS divides the state into 11 regions. Most counties in TJJD's South Region fall under DFPS Region 11a/b, shown in Figure 4. Region 11a/b has not yet transitioned to CBC.

Figure 4. Map of DFPS Region 11a/b

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 South 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. As shown in Table 20, from 2015 to 2024, Region 11 saw an increase in CPS and CPI turnover, rising from 16.1% to 25.5%. At the same time, average daily caseloads dropped by 34.8%, from 18.7 to 12.2 cases per worker.[45] This reduction is promising, as it can allow for more meaningful engagement with families, but the rise in turnover could undermine these gains if not addressed.

[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

Table 20. CPS/CPI Staff Turnover and Average Daily Caseload in DFPS Region 11, FY2015 & 24[46]

DFPS Region 11	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	16.1%	25.5%	+58.4%
Avg Daily Caseload (cases/day)	18.7	12.2	-34.8%

DFPS Family Based Safety Services in the South 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 11 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.

DFPS Region 11 served 1,551 children ages 6 and older through FBSS in 2024, a 53.9% increase from the previous year. FBSS is one of the most direct, upstream interventions that could stabilize families before youth end up in the justice system**.** For juvenile justice reform efforts, FBSS represents a vital intercept point for early intervention and strengthening family supports. Departments in the region should consider building formal bridges between FBSS providers, DFPS agency staff, and juvenile probation for families with risk of crossover into both systems.

Table 21. FBSS Children Served and One-Year Outcomes, FY 2024 (Region 11 and Statewide)[47]

DFPS Region	Children Served (Ages 6+)	% Change in Children Served (from FY 2023)	% Unsuccessful Completions (Ages 6+)
Region 11	1,551	53.9% increase	18.6%
Statewide	13,736	17.8% increase	17.9%

[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

[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

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.

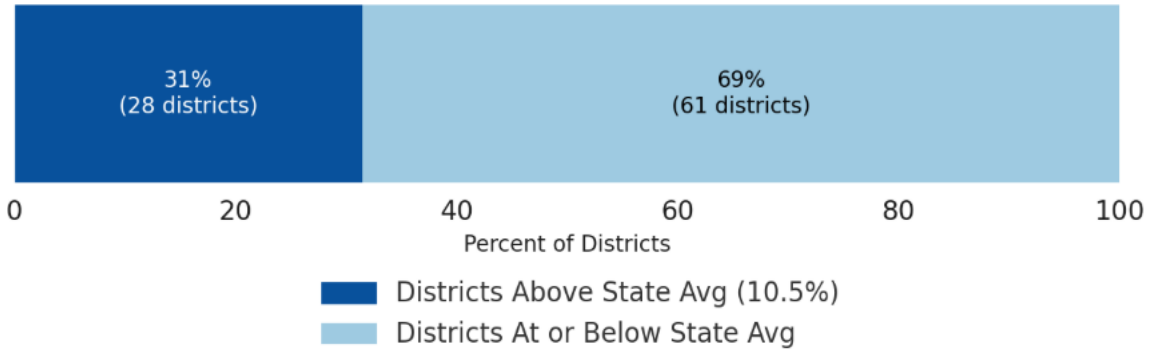
School Discipline Data Snapshot in the South Region

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

Exclusionary Discipline in the South Region

In school year 2023–24, 31% (28 of 89) school districts in the South 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 South Region, 2023-24[48]



[48] Texas Education Agency. *Discipline Reports: Annual District Summary, 2023.24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/Discipline_Summary_Download.html

The table below ranks the top 30 districts with the highest exclusionary discipline rates in the South Region. Alice ISD (Jim Wells County) and Taft ISD (San Patricio County) have the highest discipline rates in the region, exceeding 23%. In San Patricio County alone, seven districts exceed the state average, revealing local concentration of high exclusionary practices.

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

Rank	Department	School District	Rate
1	Jim Wells	ALICE ISD	25%
2	San Patricio	TAFT ISD	24%
3	Nueces	FLOUR BLUFF ISD	19%
4	Maverick	CRYSTAL CITY ISD	18%
5	San Patricio	ODEM-EDROY ISD	17%
6	Refugio	WOODSBORO ISD	17%
7	Nueces	ROBSTOWN ISD	17%
8	San Patricio	ARANSAS PASS	15%
9	San Patricio	INGLESIDE ISD	15%
10	San Patricio	ROCKPORT ISD	15%
11	Nueces	CALALLEN ISD	15%
12	San Patricio	BEEVILLE ISD	15%
13	Refugio	REFUGIO ISD	14%
14	Kleberg	KINGSVILLE ISD	14%
15	San Patricio	SINTON ISD	14%
16	Cameron	LOS FRESNOS ISD	14%
17	Jim Hogg	JIM HOGG ISD	14%
18	Hidalgo	DONNA ISD	14%
19	Nueces	WEST OSO ISD	13%
20	Webb	WEBB CISD	13%
21	San Patricio	GEORGE WEST	13%
22	Cameron	POINT ISABEL ISD	13%
23	Hidalgo	WESLACO ISD	12%
24	San Patricio	MATHIS ISD	12%
25	Hidalgo	MERCEDES ISD	12%
26	Nueces	CORPUS CHRISTI	12%
27	Starr	RIO GRANDE CITY	12%
28	Hidalgo	MISSION CISD	12%
29	Cameron	RIO HONDO ISD	11%
30	Cameron	SAN BENITO CISD	11%

Education Service Centers (ESCs) in the South 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 South Region fall under ESC Region 1 and 2. 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.

[49] Texas Education Agency. *Discipline Reports: Annual District Summary, 2023.24*.

Table 23. Education Service Centers (ESCs) Serving TJJD South Region Departments

ESC Region	#	South Region Departments Served
Region 1	7	Brooks, Cameron, Hidalgo, Starr, Webb, Willacy, Zapata
Region 2	7	Calhoun, Duval, Jim Wells, Kleberg, Nueces, Refugio, San Patricio
Region 20	2	Maverick, Uvalde

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 South Region

DAEPs are alternative instructional settings for students removed from their home campus for misconduct. Between 2018–19 and 2023–24, DAEP placements increased in both ESC regions, though both were below the state average (Table 24).

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

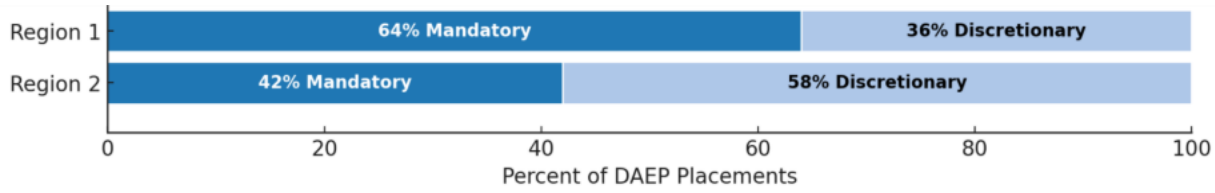
ESC Region	2018–19 Placements	2023–24 Placements	% Increase
Region 1	7,922	11,060	+40%
Region 2	3,283	4,228	+29%
Statewide	96,345	151,045	+57%

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.

Figure 6 shows that discretionary DAEP placements are common across the South Region (36% in Region 1 and 58% in Region 2 in 2023-24).

[50] Texas Education Agency, *Disciplinary Data Portal: Region 1 and 2 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.

Figure 6. Proportion of Mandatory vs. Discretionary DAEP Placements in the South 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.

JJAEP Expulsion Trends in the South 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 provide 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.

As shown in Table 25, nearly all JJAEP students in ESC Region 1 are economically disadvantaged (92%), and nearly one in five receive special education services (19%). These data underscore that JJAEPs primarily serve students with compounding academic, behavioral, and social needs.

Table 25. JJAEP Expulsions in the South Region[53,54]

ESC Region	2023-24 Expulsions	% Change since 2018-19	% Economically Disadvantaged	% Special Education
Region 1	229	-20%	92%	19%

Data provided by TJJD in Table 26 shows JJAEP expulsions declined dramatically across the South Region from school year 2022–23 to 2024–25. Most counties saw year-over-year decreases in mandatory expelled student days, with a major decline in Cameron County.

[52] Texas Education Agency. *Disciplinary Data Portal: Region 1 and 2 DAEP Tab for 2018-19 and 2023-24.*
[53] Texas Education Agency. *Disciplinary Data Portal: Region 1 JJAEP Placement and Student Counts for 2018-19 and 2023-24.* https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html
[54] TEA did not report data for Region 2 due to small JJAEP population size in 2023-24.

Discretionary expelled days decreased or remained stable in all except Hidalgo. *Note: JJAEP expulsion totals reflect raw counts and are not adjusted for county population or school enrollment size. Caution should be used when comparing across jurisdictions, as larger counties naturally report higher volumes.*

Table 26. Expelled Student Attendance Days at JJAEPs in the South Region, 2022-25[55]

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	
Cameron	20,965	14,626	1,970	**37,561**	99	110	96	**305**
Hidalgo	2,713	1,744	1,073	**5,530**	0	0	1,691	**1,691**
Nueces	963	953	191	**2,107**	907	645	649	**2,201**
Webb	2,591	2,087	429	**5,107**	2,052	2,606	1,767	**6,425**
Total	**27,232**	**19,410**	**3,663**	**50,305**	**3,058**	**3,361**	**4,203**	**10,622**

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

Arrest Data Snapshot in the South 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 South Region, highlights the role of law enforcement and probation departments, and then takes a closer look at school-based incidents, which is a significant driver of youth arrests that often remains hidden when only referral source data is considered.

TJJD data show most juvenile justice referrals (arrests) in the South Region come from law enforcement agencies, which accounted for 89% of all referrals in 2022-2024. Probation departments were the second largest source, responsible for roughly 6% of referrals. These cases often involve youth who are already on probation or under court supervision and receive

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

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 5%.[56]

School-Based Arrests and Referrals in the South Region

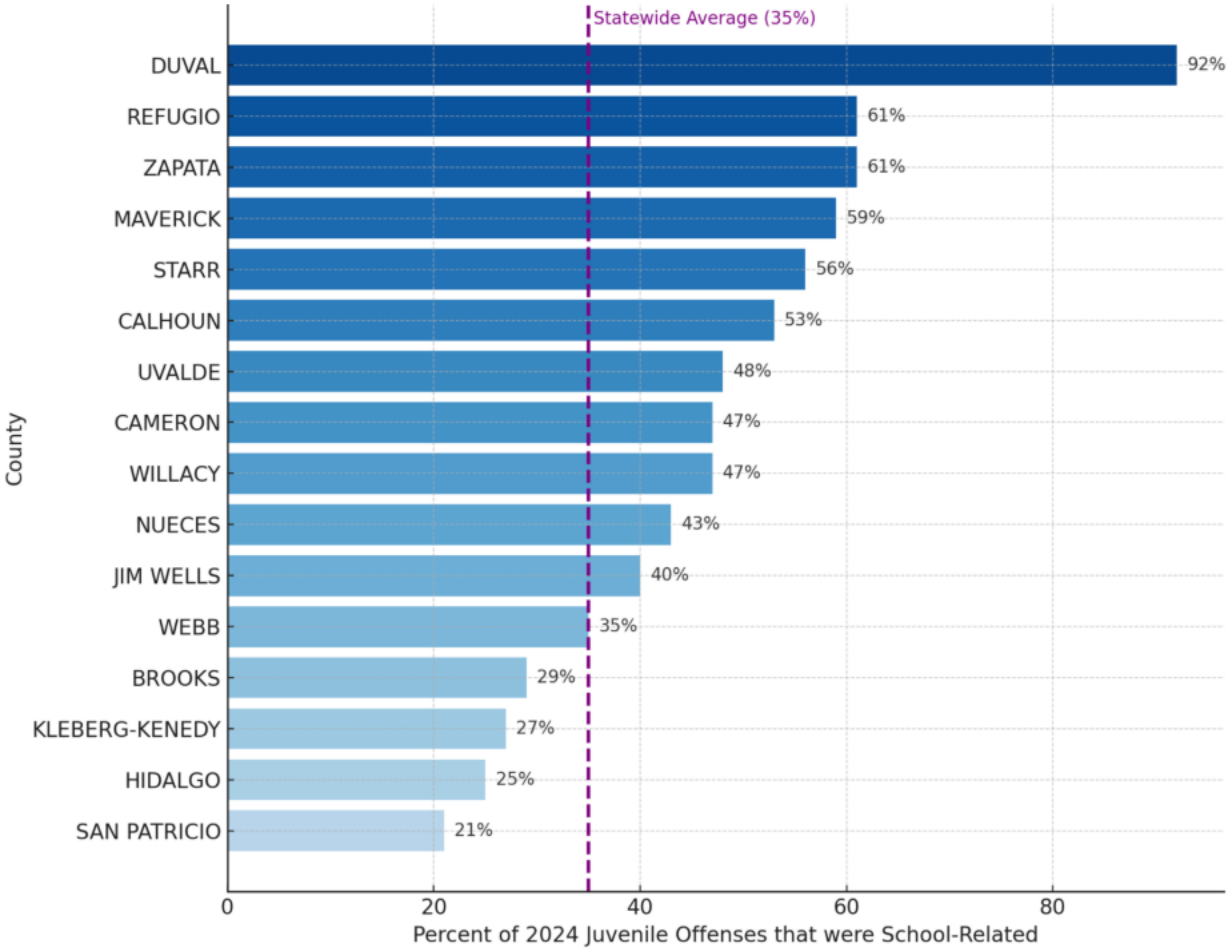
At first glance, the small share of arrests attributed to schools suggest that schools play only a minor role in initiating referrals. However, this data is based on referral source, which categorizes the agency or entity making the referral. In practice, most law enforcement agencies that respond to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

When we instead examine location (where the alleged offense occurred), we see that a substantial share of juvenile justice referrals in the South 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 21% (San Patricio County) to 92% (Duval County). Most counties in the South Region had school-based referral (arrest) rates well above the statewide average of 35%.

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

Figure 7. School-Related Juvenile Justice Referrals in the South Region, 2024[57]



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

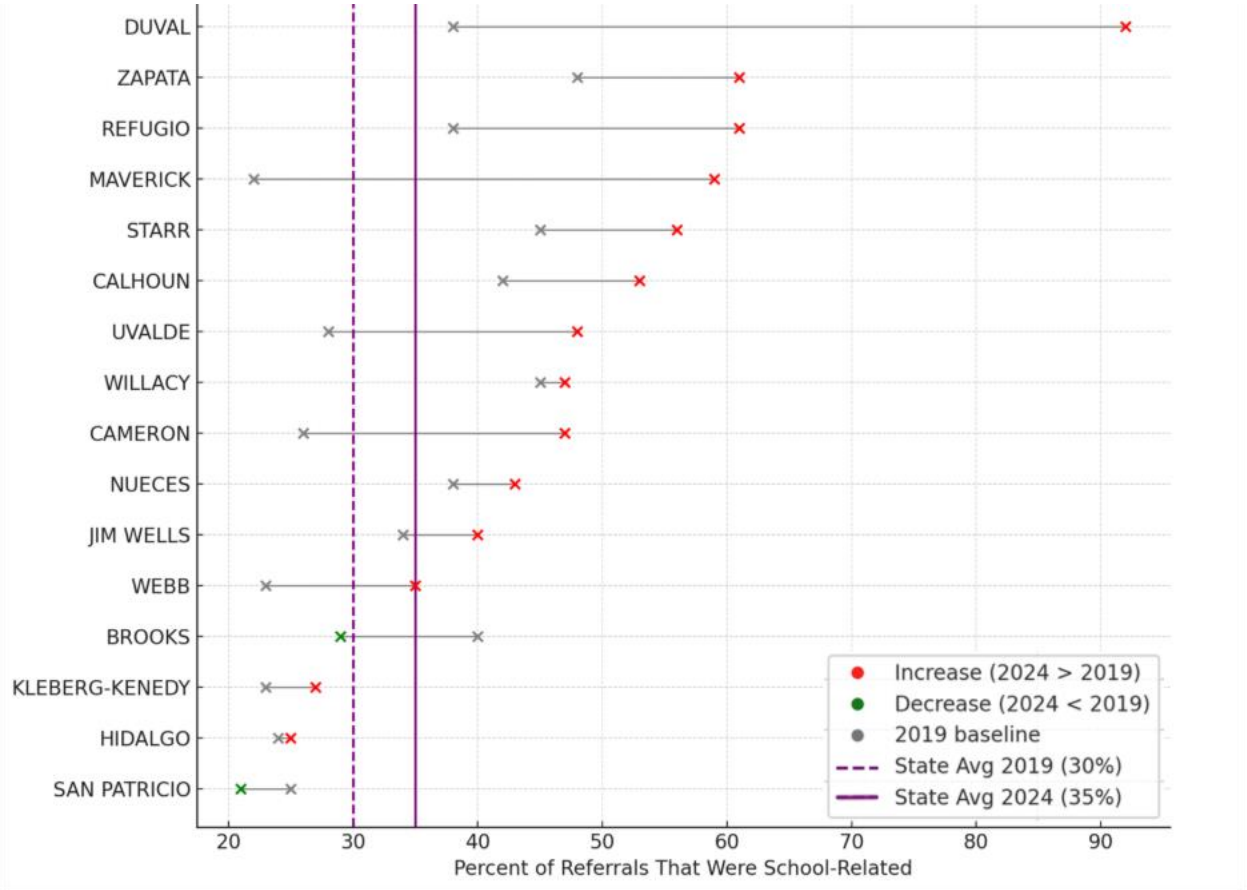
To better understand changes over time, Figure 8 presents the percentage of school-related offenses by county from 2019 to 2024. Each line connects two data points for each county: a

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

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

Increases occurred in several smaller counties, including Duval (from 38% to 92%), Maverick (22% to 59%), Refugio (38% to 61%), and Zapata (48% to 61%). A few counties experienced decreases, including San Patricio (25% to 21%) and Brooks (40% to 29%), though these were less common. The regional trend overall skews toward rising school-related referrals, as the majority of counties moved above the statewide average of 35% in 2024, compared to just a few exceeding the 30% average in 2019.

Figure 8. School-Based Referrals in the South Region, Change from 2019 to 2024[58]



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

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

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

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

Juvenile Justice Data Snapshot in the South Region

This section presents an analysis of juvenile justice trends across TJJD's South Region. While overall referral volumes have remained relatively stable since 2019, system responses are shifting. Felony referrals are rising, placements and TJJD commitments are falling, and the region continues to face widespread trauma exposure and behavioral health challenges. 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.

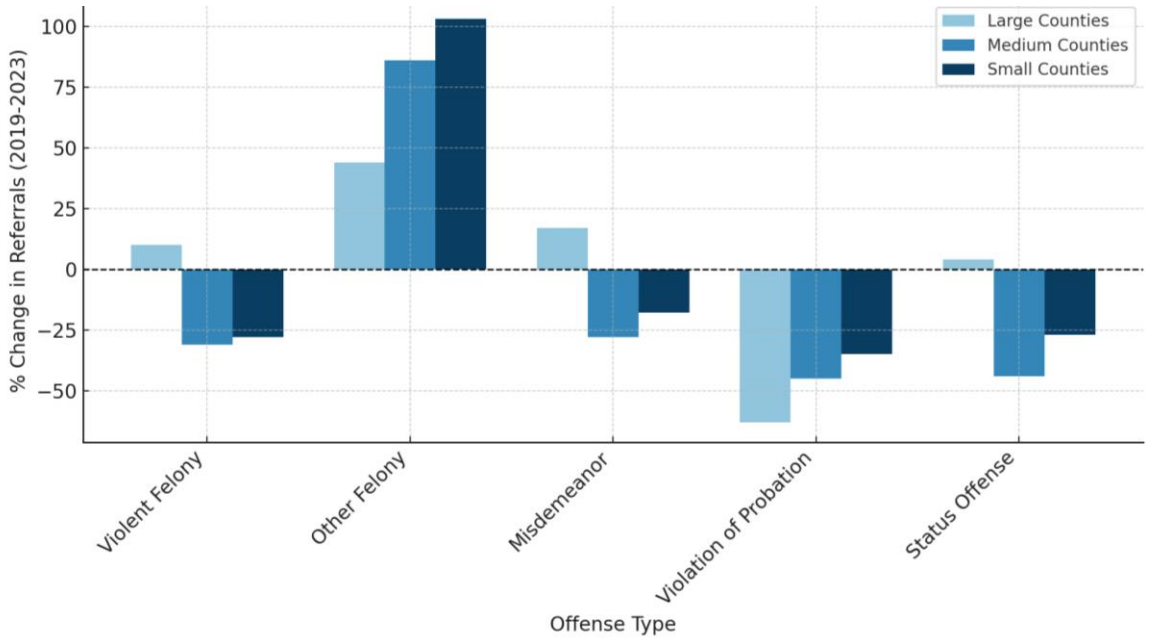
Referrals and Offense Types

Overall referrals are flat, but felony referrals are rising, especially in small counties.

In 2023, the South Region recorded 6,506 total juvenile referrals, a number that has remained relatively consistent since 2019.[59] Referrals for what TJJD categorizes as "Other Felony" offenses (e.g. burglary, theft, property, drug, weapons) rose across counties of all sizes. 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. Trends in misdemeanors and status offenses[60] differed by county size, with large counties showing small increases while medium and small counties showed declines. Violations of probation (VOP) dropped across all county sizes, signaling a shift toward alternative responses to technical violations. These trends are illustrated in Figure 9, which displays percent changes in referral rates by offense type across county sizes between 2019 and 2023.

[59] 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.
[60] 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 9. Juvenile Justice Referral Rates by Offense Type in the South Region, Comparing FY 2019 and 2023[61]



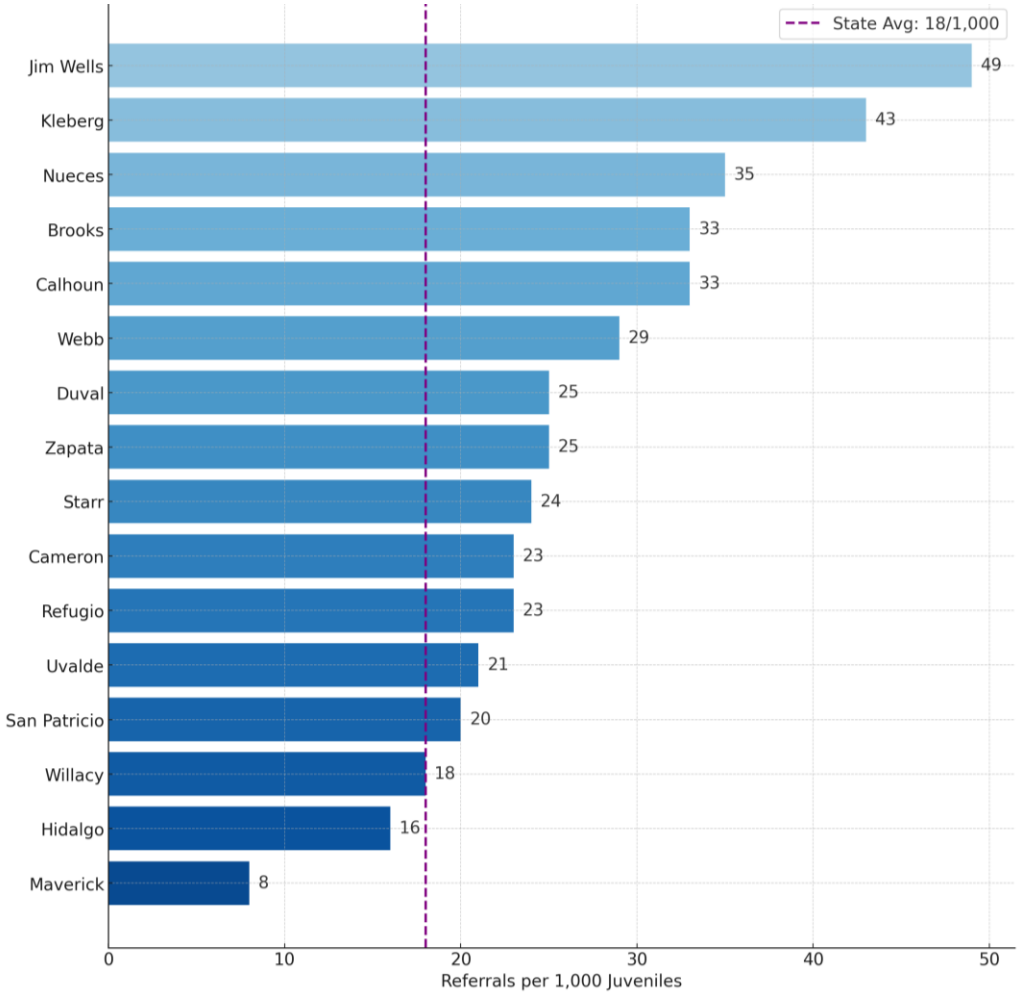
Referral Rates by County

Large local variation reveals different referral practices and service access.

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

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

Figure 10. Juvenile Referral Rate by County in the South Region, CY 2023[62]



Share of Referrals Involving Violent Felonies

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

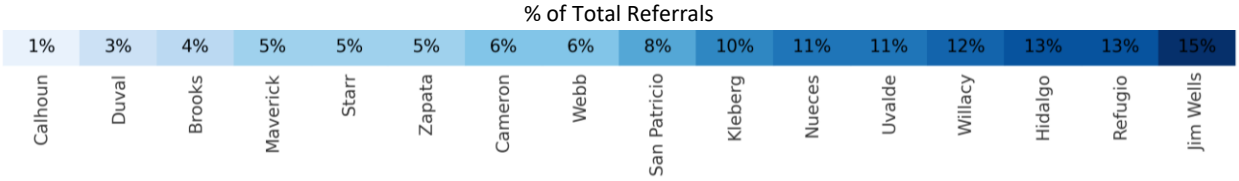
Following the county-level referral rate analysis, the next figure shifts focus from how often youth are referred into the juvenile justice system to the types of cases being referred. Specifically, it shows the share of total juvenile referrals that involve violent felony offenses in each county. These measures are not directly comparable but are complementary: referral rates (Figure 10 above) reflect how frequently youth are referred into the system, while the share of violent felony referrals (Figure 11 below) reflects the composition of those referrals. Viewed together, the two figures provide insight into how counties differ in their use of the

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

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, several counties with high referral rates, including Kleberg, Brooks, and Calhoun, do not have the highest shares of violent felony referrals. This suggests law enforcement and probation may rely more heavily on formal referrals across a wider range of behaviors. By contrast, Refugio and Hidalgo counties report some of the highest violent felony shares in the region, despite not ranking among the highest in overall referral volume. This pattern indicates a more selective referral approach, where formal system involvement is more concentrated among serious cases. Jim Wells, which has both the highest referral rate (49/1,000) and the highest violent felony share (15%), stands out as an exception, reflecting elevated system use across both lower-level and more serious offenses. Together with referral rate data, this pattern highlights differences in how counties use the juvenile justice system rather than differences in underlying youth violence or behavior.

Figure 11. Juvenile Violent Felony Referrals as Percent of Total for South Region Counties, CY 2023[63]



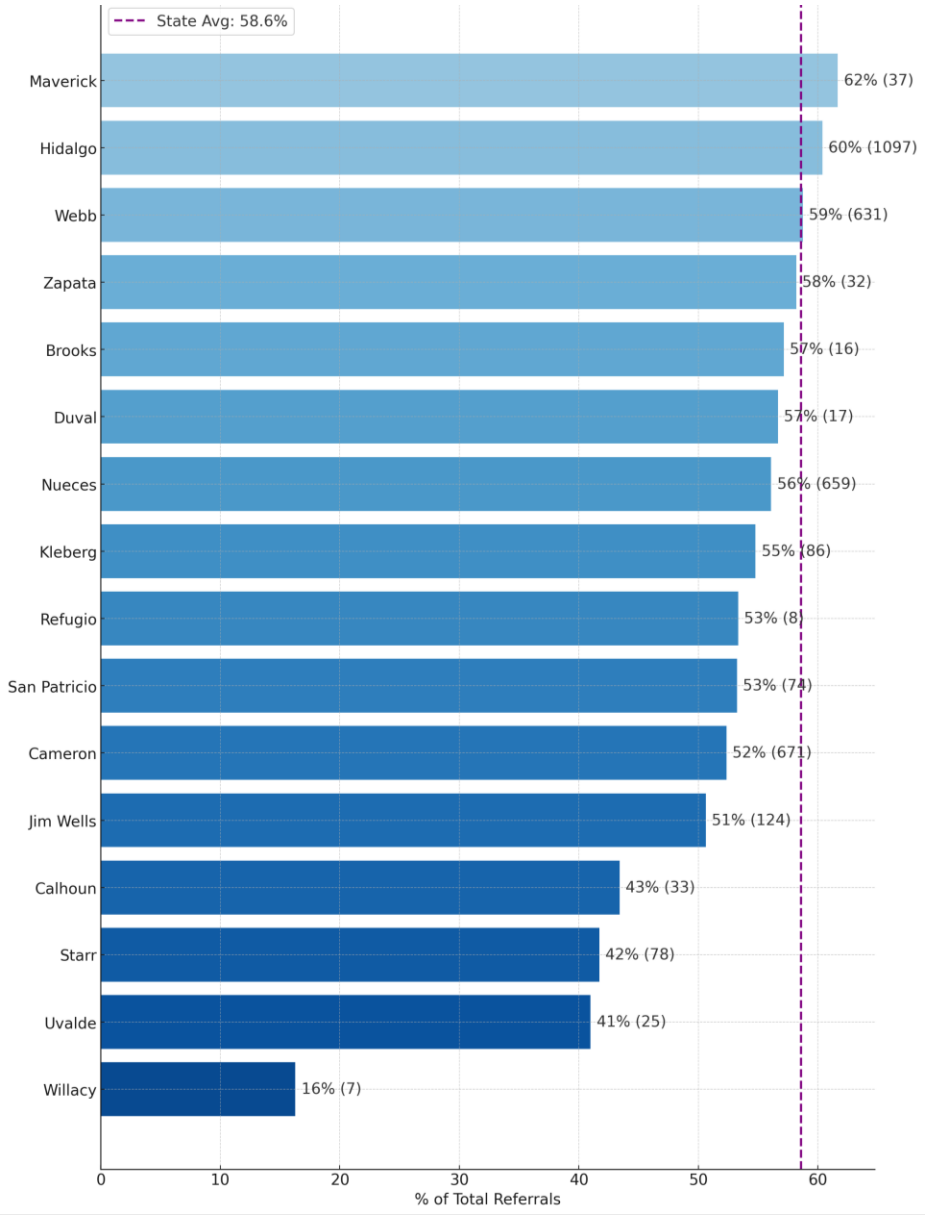
Non-Felony Referrals

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

Despite public attention on youth violence, most system involvement in the South 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 contact and recidivism. County-level variation in these trends is visualized in the figure below, which maps non-felony referral rates across the region.

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

Figure 12. Non-Felony Referral Rate by County in the South Region, CY 2023[64]

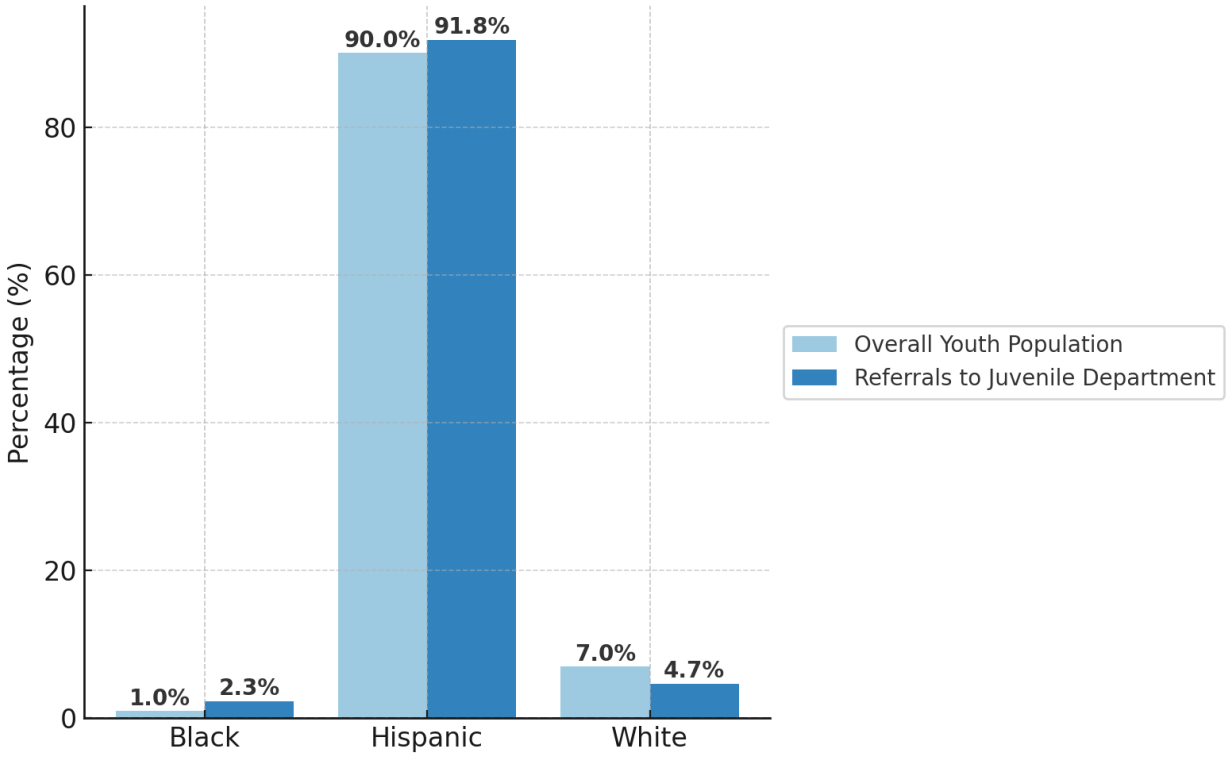


Note: Count of referrals in parentheses.

Figure 13 shows that the demographic composition of youth referred closely mirrored each group's share of the overall youth population in 2022-24, with only minor variations of a few percentage points.

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

Figure 13. Juvenile Referrals by Race in the South Region, FY 2022-2024[65]



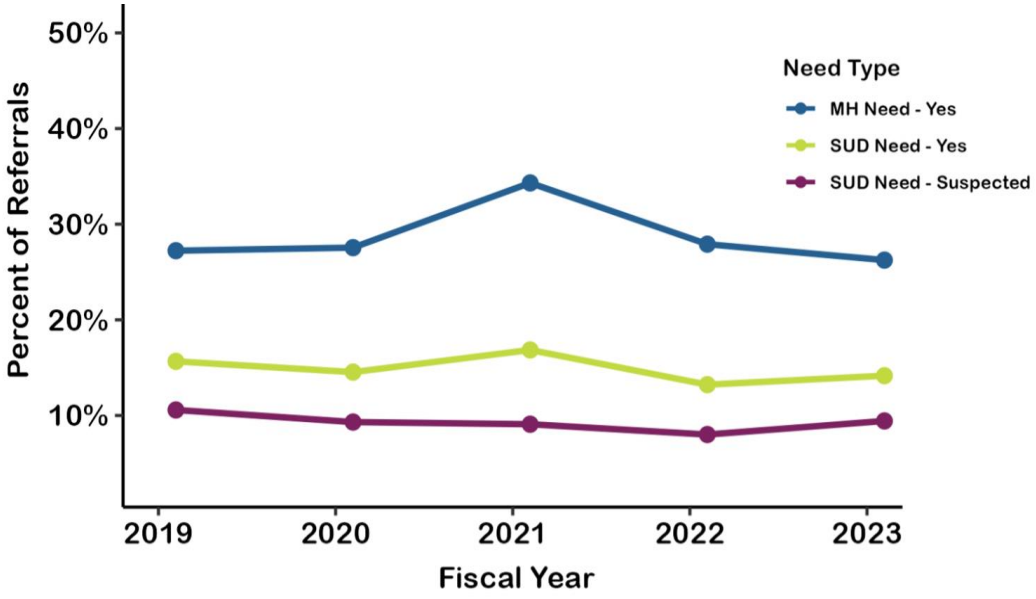
Justice-Involved Youth Needs

Behavioral health and trauma needs are widespread and likely underreported.

Data from the MAYSI screener administered at intake by county departments show 48% of youth had experienced at least one traumatic event.[66] According to 2023 data from TJJD County Profiles shown in Figure 14, 23% of youth had known or suspected substance use disorder (SUD) and 26% had mental health (MH) needs. These figures have remained relatively stable since 2019, with mental health needs peaking in 2021 before declining slightly. However, probation staff have cautioned that these assessments are typically completed only at intake and rarely updated. As a result, behavioral health needs are likely underreported.

[65] Texas Juvenile Justice Department. *Juvenile probation department demographics - fiscal years 2022-2024.* Received by Meadows Institute from TJJD email communication on December 6, 2024.
[66] Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: MAYSI tab.* Received by Meadows Institute from TJJD email communication on July 31, 2024.

Figure 14. Youth Needs in the South Region, FY 2019-2023[67]



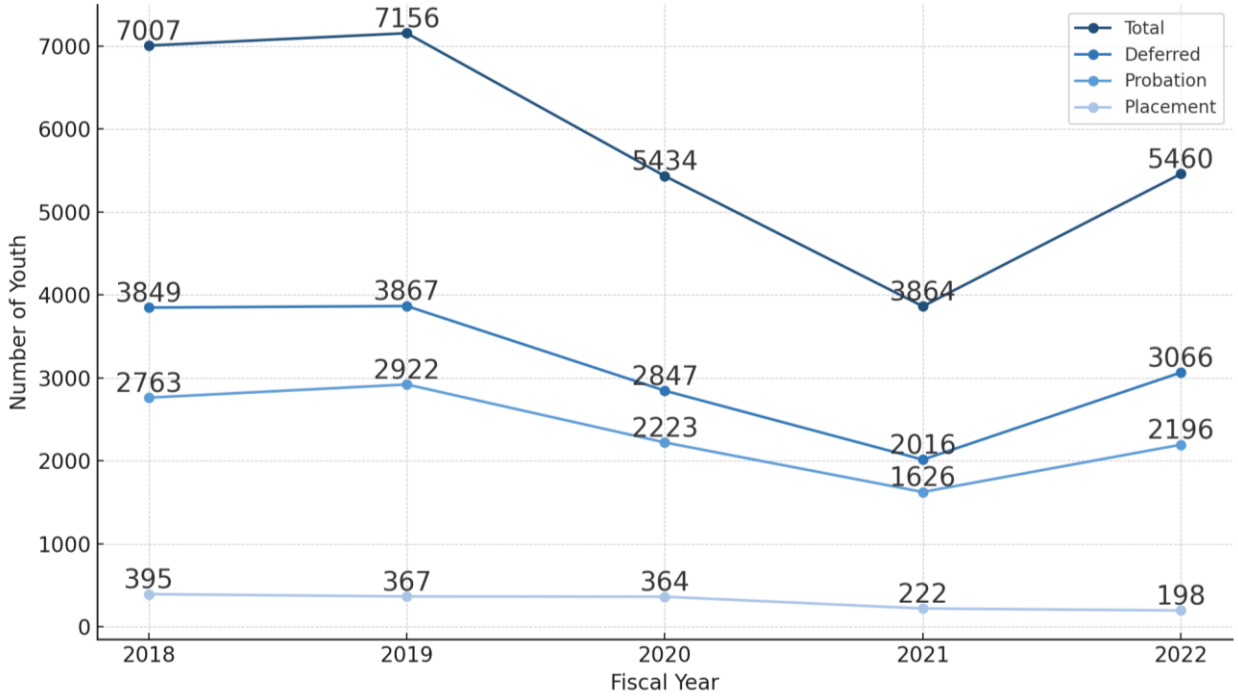
Supervision and Placement

Supervision is declining overall, with notable drops in placement.

Between 2018 and 2022, the total number of youth under supervision in the South Region declined by 22%. Placements saw the largest drop with an average 50% reduction across department sizes, and formal probation decreased by 21%. The drop in placements may reflect both policy and practice changes, such as increased use of local diversion programs, a greater emphasis on keeping youth in their communities, and resource constraints or capacity issues within residential facilities, as well as pandemic-related impacts. Deferred prosecution remains the most widely used form of supervision in the region, often serving as an alternative to deeper involvement. While these declines are promising, they also raise important questions: Are youth who might previously have been placed now receiving adequate support in the community? And are local alternatives equipped to meet the needs of youth with complex challenges? The following figure provides a breakdown of supervision types over time.

[67] 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 15. Juvenile Supervision by Type in the South Region, FY 2018-2022[68]



TJJD Commitment

Commitments have decreased across all county sizes.

From 2019 to 2023, TJJD commitments fell across the South Region for departments of all sizes. Department staff attribute this to deliberate efforts to reduce deep-end placements and the growing use and effectiveness of TJJD's Regional Diversion Alternatives (RDA) program.

Table 27. TJJD Commitments in the South Region, Comparing FY 2019 and 2023[69]

Department Size	Youth Committed to TJJD in 2019	Youth Committed to TJJD in 2023	% Change
Small	7	3	-57%
Medium	44	11	-75%
Large	23	6	-74%

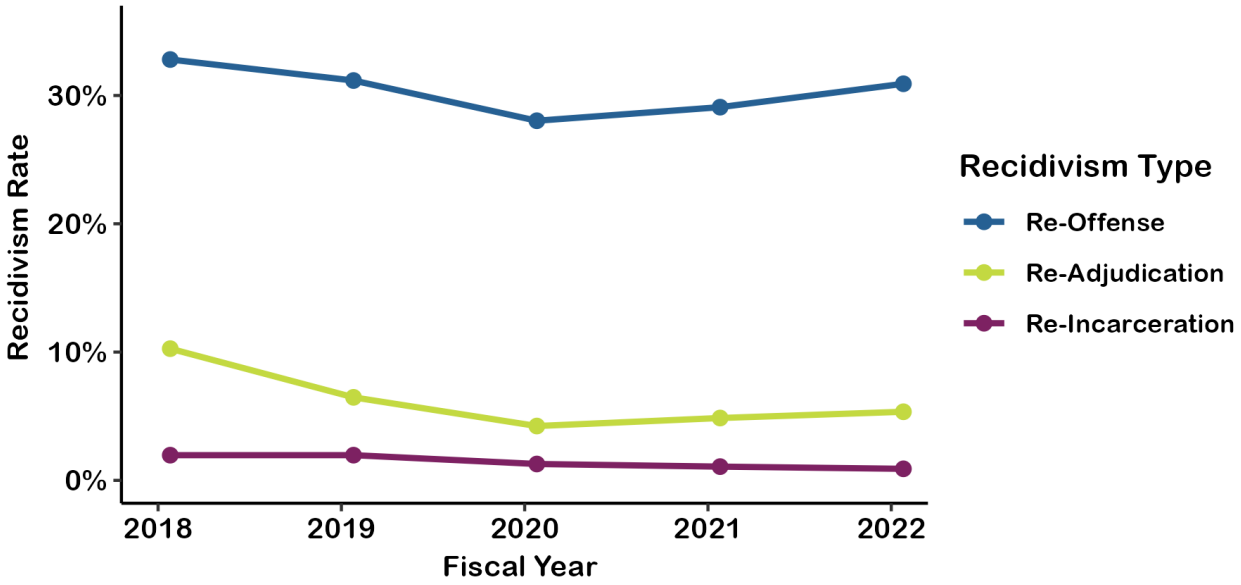
Recidivism

Recidivism has steadily declined across all three measures.

[68] 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.
[69] 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.

Between 2018 and 2022, re-offense, re-adjudication, and re-incarceration rates all declined slightly in the South Region. The re-adjudication rate dropped by 50%, indicating that fewer youth are reentering the system through the courts. The figure below illustrates recidivism trends over the five-year period. Refer to Appendix F for details on the recidivism calculation methodology used by TJJD.

Figure 16. Youth Recidivism in the South Region, FY 2018-2022[70]



The South Region has maintained stable referral volumes since 2019, but offense patterns are shifting, with a rise in non-violent felony referrals across all counties sizes, and drops in violent felonies, misdemeanors, probation violations, and status offenses for small and medium departments. Encouragingly, commitments to TJJD have declined across the board, and some counties have made progress in reducing recidivism. 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.

[70] 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.

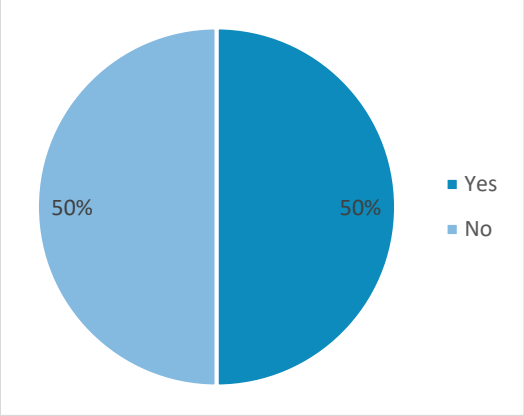
Juvenile Justice System Needs and Opportunities Survey

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 South Region respondents only (n = 16). While the survey received 98 total responses statewide, the figures shown here reflect perspectives specific to the South Region and are intended to highlight region-specific strengths and areas for improvement (items with zero responses were excluded).

Quantitative Survey Results for the South Region

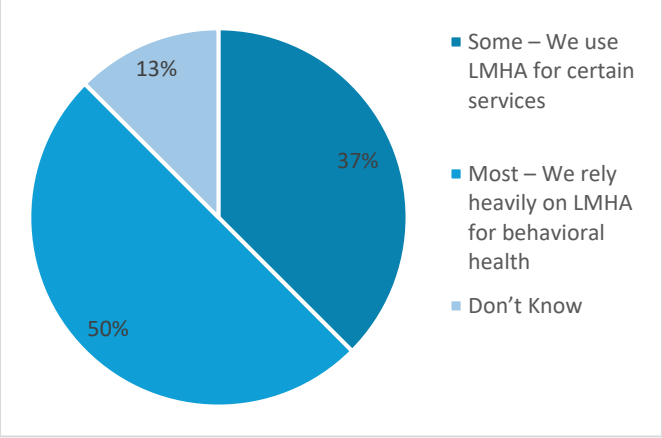
Half of the responding departments indicated they have in-house mental health staff.

Figure 17. Juvenile Department In-House Mental Health Staff



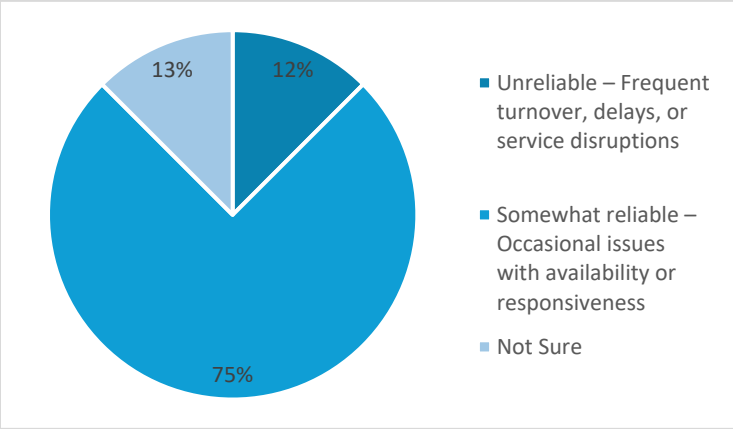
Most responding counties reported at least some reliance on their Local Mental Health Authority (LMHA), with half relying heavily on LMHAs as the primary provider of youth behavioral health services.

Figure 18. Reliance on LMHAs for Behavioral Health Services



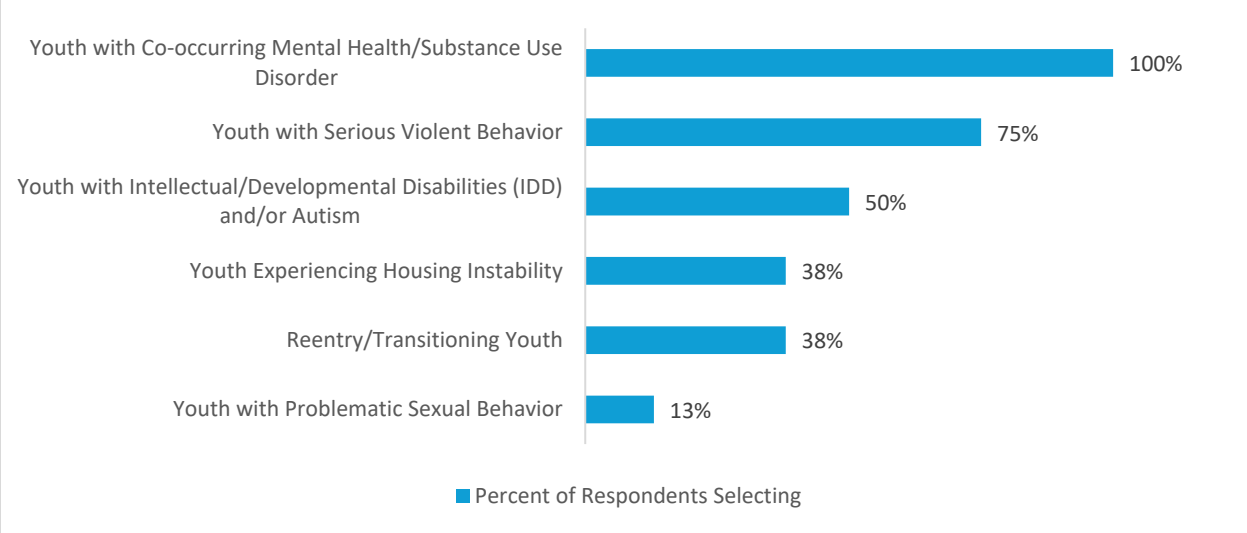
Responses suggest that while most provider partnerships are considered somewhat reliable, some counties face inconsistencies, delays, or disruptions in care.

Figure 19. Reliability of External Behavioral Health Partnerships



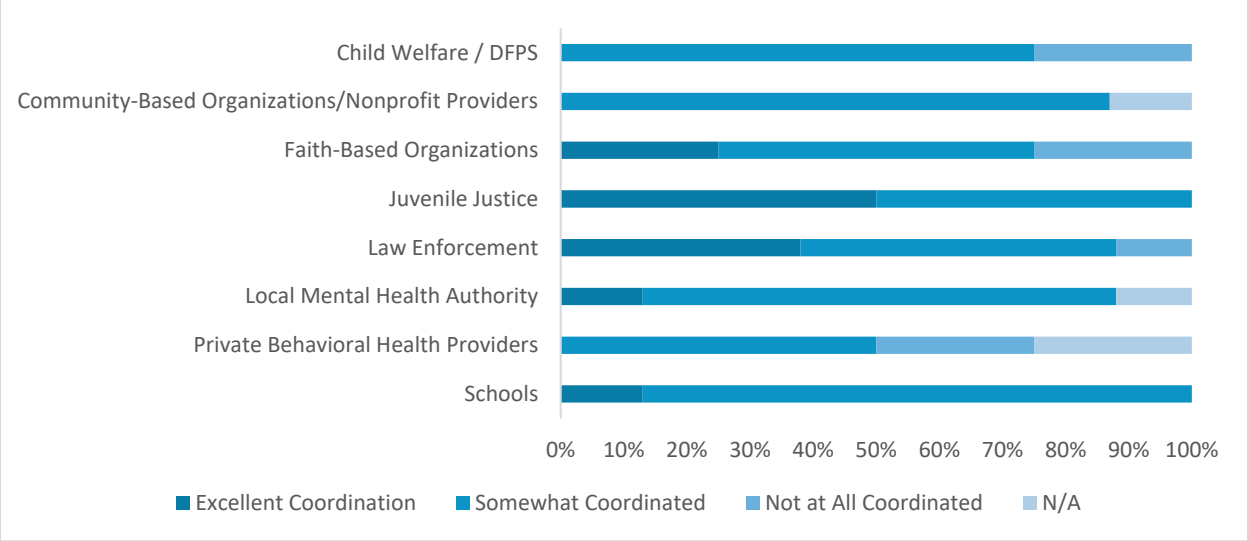
Youth with co-occurring mental health, serious violent behavior, and IDD/Autism were cited as having the greatest unmet needs.

Figure 20. Special Populations with Greatest Unmet Needs



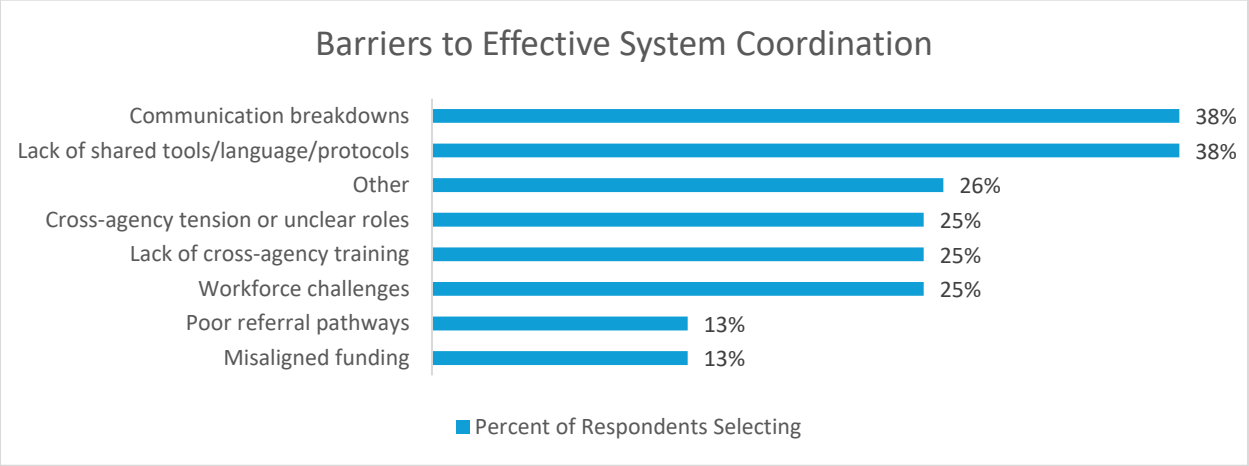
Juvenile justice, schools, and law enforcement were rated highest for coordination, while private behavioral health providers and child welfare systems received lower coordination scores

Figure 21. Coordination Across Youth-Serving Systems



Top barriers to collaboration were communication breakdowns and lack of shared tools/language/protocols.

Figure 22. Barriers to Effective System Coordination



Qualitative Survey Results for the South 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 South 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, South Region respondents highlighted the following issues:

- **Severe shortage of inpatient, residential, and crisis stabilization options** – Respondents reported extensive waits for psychiatric and residential beds, especially for youth with co-occurring or behavioral needs.
- **Limited coordination across systems** – Respondents pointed to weak alignment among LMHAs, CPS, and probation departments.
- **Family instability and housing challenges** - Youth affected by parental incarceration or fear of deportation were frequently mentioned as falling through gaps in housing and case management, particularly in border areas.
- **Linguistic barriers** – Respondents emphasized that many service models do not adequately address language access needs.
- **Barriers to family engagement** – Respondents noted that many parents and caregivers are unaware of existing youth programs and family well-being resources available through schools and community-based organizations, even in areas with relatively robust offerings, and fear of DFPS involvement discourages some families from seeking behavioral health or family support services, even when needs are acute.

Table 28. Most Commonly Reported Gaps Across the South Region

Challenge	# Counties Reporting
Inpatient / crisis stabilization shortage	8
Workforce shortages and turnover	7
Cross-system coordination failures	6
Family engagement and support barriers	5
Funding and sustainability challenges	4
Special-population gaps (IDD, co-occurring, CSEY)	4

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

- **Cross-system crisis collaboration** – Respondents called for regional crisis teams or one-stop centers linking LMHAs, courts, and probation.
- **Early-intervention and diversion programs** – Respondents proposed short-term stabilization and diversion centers to prevent detention admissions.
- **Regional shared staffing** – Respondents suggested state-supported clinician pools that serve multiple jurisdictions to counter staffing gaps.
- **Workforce and navigator models** – Community Health Workers and *promotores de salud* were suggested as a workforce solution for addressing access barriers, particularly

in border and bilingual communities, and were seen by respondents as a valuable but underutilized asset alongside existing navigator models.

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

- **Embedded LMHA partnerships** – Webb and Nueces Counties have clinicians on-site at probation facilities, improving service coordination and referral speed.
- **Cross-agency coordination culture** – Departments maintain informal collaboration networks to share clinicians, funding, and information.
- **Trauma-informed and family-centered approaches** – Some counties use TBRI principles or wraparound services to improve youth stability and family outcomes.
- **Community-based mentoring and CSR programs** – Zapata County's civic engagement model (ex: partnerships with fire departments and food banks) strengthens youth accountability while reducing recidivism.

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

- **Regional crisis and stabilization centers** dedicated to youth, reducing detention as a last resort.
- **Workforce channel development** with loan forgiveness and rural incentives for bilingual and trauma-informed clinicians.
- **Sustainable funding** mechanisms to maintain staff and contract flexibility.
- **Family engagement supports** such as transportation vouchers, stipends, and flexible scheduling.
- **Cross-system data-sharing** and case-management systems to unify LMHAs, CPS, and probation.

From Data to Action

The preceding analysis offers a snapshot of how the juvenile justice system is functioning across the South 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 the South Texas.

South Region
Findings & Recommendations

South Region Findings and Recommendations

This final section summarizes what we learned in the South 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 South Region

The South Region brings a distinctive mix of border communities, mid-sized hubs, and widely dispersed rural counties. Despite significant access challenges, stakeholders consistently highlighted resilient teams, practical innovations, and a growing appetite for regional collaboration. The assets below are grounded in site-visit discussions, survey feedback, and regional data trends, and point to a strong foundation for scaling diversion, family-centered supports, and coordinated reentry.

Readiness to pool resources and share capacity.
Chiefs described contributing referrals into a regional telehealth counseling/wraparound hub to overcome small-county scale limits and long waits, an approach counties endorse and want to expand. Several leaders noted past attempts (and future openness) to pool funds so small caseloads can sustain evidence-based services; when used, this model "seems to work well."

Practical, community-rooted prevention.
Probation Officers routinely adjust schedules, meet families where they are, and "walk families to services" instead of handing off a cold referral, habits that improve engagement in a region with long travel times and tech/language barriers. Locally run truancy/attendance programs are coupling attendance support with behavior and grade monitoring and family help.

A strengthening funding environment to build on.
Stakeholders reported: (1) a substance-use grant expanding from ~$600k to ~$1.6M annually starting in 2025 for youth services across settings; and (2) various Discretionary State Aid programs in the works combined with an increase in base probation funding (plus salary support) funded by the legislation, momentum that can underwrite regional pilots.

Cross-system problem-solving culture.
Departments are negotiating MOUs, co-locating staff where possible, and escalating issues (e.g., LMHA wait times, reentry handoffs) through regional forums, behavior that lays the groundwork for a formal services-hub approach. Teams are normalizing practices like warm handoffs, flexible hours, and in-office introductions to counselors to increase buy-in, especially for families facing language, literacy, and transportation barriers.

Emerging models with replication potential.

Counties highlighted crisis lines/teams and interest in short-stay respite options to reduce default-to-detention decisions during family conflict or dysregulation, an asset to build out region-wide. Evidence-based programs such as MST/YCOT operate in parts of the region and could scale via pooled contracts to close a widely cited in-home services gap.

Border-region expertise.
Multiple stakeholders and provider lists indicate Spanish-speaking staff and programs attuned to binational family realities, an essential regional asset as immigration policy shifts.

Promising Programs in the South Region

These examples, spanning school-connected prevention, family-based treatment, SUD/behavioral health supports, specialty courts, and regional/shared-capacity models, illustrate immediate replication potential across counties of different sizes. Each item includes why it's promising and how it can scale.

School-Connected Prevention and Early Diversion

- Local Truancy/Attendance Intervention (district–JPD partnership): Small, relationship-driven program with strong anecdotal success. Integrates attendance support, behavior/grade monitoring, and family help.
  - Why promising: Keeps youth out of formal processing; low cost; builds school–probation alignment.
  - Scale path: Template MOUs and eligibility; pair with parent navigator hours and transportation stipends.
- First Offender Programs / Pre-arrest Diversion Pathways (select districts): Stakeholders identified pockets of First Offender programming and diversion programs that route low-level, school-based incidents to services instead of intake.
  - Why promising: Reduces unnecessary referrals; fast on-ramp for smaller counties.
  - Scale path: Regional, standardized criteria; TJJD and ESC-supported training; shared outcome tracking.
- TCHATT and Communities in Schools (CIS) footprints (county-dependent): School-based counseling and case management models that are widely available across the region, familiar to districts and probation departments, and easier to access than clinic-based care.
  - Why promising: Lowers access barriers; leverages existing school infrastructure.
  - Scale path: ISD superintendents' council briefings; joint referral scripts with JPDs; bilingual materials.

Family-Focused and In-Home Treatment

- MST / YCOT (selected counties; Hidalgo proposal noted): Evidence-based family therapy and crisis models are operating or proposed in parts of the region and repeatedly cited as the "missing middle" between basic outpatient and residential.
  - Why promising: Strong evidence base; diverts from placement; fits high-need families.
  - Scale path: Multi-county contracts to aggregate caseloads; hybrid funding (P&I, DSA, LMHA, HHSC); evening/weekend slots.
- Regional Telehealth Counseling/Wraparound Hub (pooled referrals): Chiefs described contributing referrals into a regional telehealth/wraparound "hub" to overcome small-county scale and long waits.
  - Why promising: Solves rural access; sharable clinician pool; quick to expand.
  - Scale path: Formalize as a multi-county co-op; add bilingual clinicians; mobile/home-visit add-ons.

Substance Use and Peer Recovery

- Palmer Drug Abuse Program (PDAP) – Corpus Christi: Youth-focused peer recovery, family groups, and SUD supports at no cost.
  - Why promising: Accessible, youth-friendly, and family-inclusive; complements court/JPD conditions.
  - Scale path: Regional referral agreements; virtual groups for rural counties.
- Behavioral Health Solutions of South Texas (multi-county): Prevention education, counseling, and parent groups in English/Spanish across border/coastal counties.
  - Why promising: Bilingual capacity; prevention + early intervention reach.
  - Scale path: Bundle with First Offender tracks; integrate with navigator roles.

Community and Border-Region Assets

- Texas A&M Colonias Program (border colonias): Youth development and health outreach embedded in unincorporated, high-need areas.
  - Why promising: Deep place-based trust; bridges to health/education systems.
  - Scale path: Co-located navigator hours; referral pipeline from JPD/ISD; summer intensives for at-risk youth.
- BCFS Health and Human Services (regional): Residential and community-based supports that can accept justice-involved youth in some locations.
  - Why promising: Adds capacity in placement deserts; transitional/reentry potential.
  - Scale path: Regional bed-set-asides, joint staffing meetings, and step-down pathways.

Specialty Courts and Targeted Tracks

- Juvenile Drug Courts (multiple counties) and related specialty dockets: Targeted tracks for SUD/complex cases; some dockets layering counseling, drug testing for accountability, and family work.
  - Why promising: Structured accountability plus treatment; judges report better engagement than standard probation.
  - Scale path: Regional learning collaborative; standard phase models; connect to local SUD infrastructure and navigator supports.

Key Themes and Findings in the South Region

The themes and findings presented here capture the most pressing challenges, opportunities, and patterns identified during the South 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: Family engagement barriers are persistent, especially language access.

Challenge: Families often struggle to participate because of language, literacy, work schedules, and online system requirements. Stakeholders emphasized inconsistent bilingual support, stigma, and the need for relationship-based approaches.

Opportunity: Stand up bilingual caregiver navigators, interpreter access on intake and court days, and evening or weekend parent sessions with digital help and transportation supports.

> *"Spanish-speaking programs are rare. LMHAs said they 'might' develop one, but there's no urgency. Yet half our families speak Spanish first."*
>
> *"You tell a single mom, 'Be here at 5 PM', she could lose her job. And we act like she doesn't want to help."*

Theme 2: Schools are a major referral source, while early diversion and truancy supports work when present.

Challenge: District practices vary widely, with some counties routing many campus incidents to probation. Where truancy and first offender tracks exist, leaders see fewer youth

reaching juvenile intake. School-based juvenile referral shares rose in multiple counties, with Cameron moving from 26 percent to 47 percent in 2024 and over 1,000 school referrals that year. Regionally 37% of referrals were from schools in 2024.

Opportunity: Formalize school diversion pathways and truancy partnerships, standardize referral and data sharing expectations with ISDs, and scale first offender programming with shared criteria and reporting.

"One school refers every incident to probation. The one across the street keeps everything in-house. There's no consistency. It depends on the principal."

"Schools ask for info that probation legally can't share. It creates distrust. We're working with the same kids, but not speaking the same language."

Theme 3: Access to LMHAs is slow, youth are often not prioritized, and availability is limited.

Challenge: Youth face long waits (often 60 to 90 days), limited evening and weekend hours, and low follow through after referral. Adult caseloads take precedence, especially at LMHAs. Feedback loops are often weak across LMHAs, schools, and probation.

Opportunity: Regional MOUs with response standards, youth prioritization flags, shared referral tracking, and pooled after-hours capacity across counties.

"Adult cases get priority. Juveniles are last in line."

"There's a stigma in our communities. Even when parents do reach out, if the LMHA doesn't call back or shows no urgency, they just stop trying."

Theme 4: Reentry and aftercare supports are thin, navigation is a stand-out gap.

Challenge: Youth often leave detention or DAEP without a coordinated handoff back to school and services. The region lacks youth-specific navigators and care coordinators for aftercare, including summer supports and transportation help.

Opportunity: Fund reentry navigators tied to JPD or community partners, set 7, 30, and 60 day post-release check points, and build second chance job pathways with local industries.

"It's like... we tell them, 'Go here, do that.' But we never ask, 'Can you get there? Do you need help?' They're just lost after probation ends."

"We need someone who acts like a big brother or big sister. When kids get out, they don't know what's next. We need to show them."

Theme 5: Rural transportation and digital access limit engagement.

Challenge: Families struggle to reach appointments and to use telehealth reliably. The region has insufficient public transit, low connectivity in some areas, and inconsistent telehealth viability.

Opportunity: Transportation stipends, mobile clinicians, regional telehealth hubs with device or hotspot lending, and on-campus evening clinics with bilingual staff.

"We have to refer to other cities or counties, it is hard for parents to get kids to appointments due to lack of funds or transportation."
"We assume everyone has a phone. Internet. A tablet. That's not true."

Theme 6: Substance use treatment for higher-need youth is improving in places, yet length and capacity remain concerns.

Challenge: Regional expansion for deeper-end SUD treatment helped, with vocational add-ons, but length of stay and court timelines can clash. The region consistently elevated SUD as a priority, including training and added funding for programming.

Opportunity: Create court aligned SUD tracks with staged milestones, offer shorter step-down phases, and reserve regional beds while building family therapy add-ons to reduce drop off.

"Sometimes the parents are like, 'It's just marijuana. It's legal.' Not in Texas, but they think it's harmless. Or it's just a vape. But there's an impact."

Theme 7: Workforce and sustainability constraints limit scale, especially in small counties.

Challenge: Small departments struggle to maintain contracts or in-house clinicians and rely on neighboring areas. Most programs are grant dependent or pilot scale without regional pooling or sustainability plans.

Opportunity: Multi-county pooled contracts for MST, FFT, wraparound, and shared telehealth staffing, tied to a regional evaluation to attract renewals and diversified funding.

"We are small, rural, with very limited resources, my counselor is no longer under contract, until next year I have no one."
"One program is too expensive alone, but together we could afford it."

Priority Recommendations for the South Region

The following recommendations are grounded in the South Region's distinctive mix of coastal, border, and rural communities. They respond directly to the major themes identified through site visits, interviews, and survey responses, while building on the strengths and promising programs already active in the region, from bilingual caregiver engagement and truancy prevention programs to emerging telehealth and SUD treatment initiatives. Each recommendation is designed to be practical and scalable, recognizing the realities of limited staffing and vast geography. Together, they offer a roadmap for strengthening prevention, diversion, treatment, and reentry supports, ensuring that every youth and family in the South Region can access help early, close to home, and in their own language.

Expand Bilingual Family Navigation and Caregiver Support

Finding 1: Families face persistent language, literacy, and system-navigation barriers that delay service access and court compliance.

Recommendation 1: Launch bilingual caregiver navigation programs housed in probation departments or partner agencies to assist families with court requirements, scheduling, transportation, and referrals.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Identify pilot counties with bilingual probation or community staff. • Provide interpreter access at intake and hearings.	• Develop training modules for navigators. • Create shared resource guides in English and Spanish. • Formalize referral protocols with LMHAs and schools.	• Integrate navigators into regional multi-agency teams. • Secure sustained funding through P&I or DSA grants.

Existing Local Assets to Build On	Lead Partners
Spanish-speaking staff across several counties; bilingual programs within Behavioral Health Solutions of South Texas.	County JPDs, Community-Based Organizations (CBOs), ISDs, LMHAs

Rating: High Feasibility / Moderate Cost

This model leverages existing bilingual staff and community organizations already embedded across the region. Primary barriers are stable funding and consistent role definition. Implementation could begin through reallocation of existing prevention funds or short-term grants, with sustainability achieved through shared cost agreements among counties and agencies.

Strengthen School-Based Diversion and Truancy Prevention

Finding 2: Schools remain the largest referral source to probation, but successful truancy and First Offender Programs (FOPs) show strong prevention outcomes.

Recommendation 2: Establish standardized school diversion and truancy intervention agreements between ISDs, probation departments, and community partners.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Document existing truancy models and FOPs. • Identify willing ISDs for pilot agreements.	• Provide regional training for school administrators and police on FOPs and referral alternatives. • Track participation and outcomes.	• Scale model agreements through ESC partnerships. • Advocate for sustained prevention funding at state level.

Existing Local Assets to Build On	Lead Partners
Local truancy intervention and FOP programs; school-based counseling through TCHATT and CIS.	County JPDs, ESCs, ISDs, TJJD Regional Support Team

Rating: High Feasibility / Low Cost

This recommendation builds on proven local truancy models and requires minimal new infrastructure. Barriers are primarily procedural, not financial. Implementation depends on school district buy-in and shared data use agreements, which can be supported by TJJD's technical assistance and ESC-led professional development.

Improve Access to Youth Mental Health Services Through Regional Coordination

Finding 3: Youth face long wait times and limited evening availability at LMHAs, particularly in rural areas.

Recommendation 3: Develop regional MOUs and shared scheduling systems across LMHAs, probation, and schools to prioritize youth and expand evening/weekend access.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Map youth-serving clinicians and available after-hours capacity. • Formalize referral pathways for high-priority cases through MOUs with LMHAs.	• Pool funding for shared clinician contracts and telehealth rotations across counties.	• Institutionalize a regional behavioral health coordination hub with shared data and accountability metrics.

Existing Local Assets to Build On	Lead Partners
Regional telehealth counseling hub model; LMHA partnerships already in place in select counties.	County JPDs, LMHAs, TJJD Regional Support Team

Rating: Moderate Feasibility / Moderate Cost

This strategy builds directly on the successful telehealth hub model and existing LMHA collaborations. Challenges include aligning billing structures and addressing workforce shortages, but regional scheduling and pooled contracts are administratively achievable. Grant funds or interlocal agreements (MOUs) could jump-start implementation while long-term sustainability is pursued through state appropriations.

Build Reentry Navigation and Aftercare Supports for Youth Returning Home

Finding 4: Youth exiting detention or alternative education often lack coordinated reentry planning and follow-up.

Recommendation 4: Create youth reentry navigator positions to coordinate school re-enrollment, counseling, transportation, and family follow-up.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Identify 1–2 pilot counties to embed navigators within probation or community nonprofits.	• Establish standardized post-release check-ins at 7, 30, and 60 days • Develop school reentry MOUs.	• Integrate reentry navigation into regional CRCGs and transition planning for all youth returning home.

Existing Local Assets to Build On	Lead Partners
Local community partners with experience in wraparound and youth employment programs.	County JPDs, ISDs, LMHAs, Workforce Boards

Rating: High Feasibility / Moderate Cost

This approach aligns with growing interest in navigation roles across multiple sectors. Implementation requires clear role definition and modest investment in staff positions. Early pilots can be funded through local reentry or prevention grants, with future sustainability through integration into probation budgets or partnerships with workforce boards.

Address Transportation and Digital Access Barriers in Rural Areas

Finding 5: Families struggle to attend appointments and utilize telehealth due to distance, cost, and connectivity gaps.

Recommendation 5: Fund transportation stipends, ride vouchers, and mobile service teams; equip counties with shared telehealth and hotspot lending resources.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Use existing flex funds for gas cards and transportation stipends. • Identify mobile service pilot areas.	• Establish regional telehealth hubs with technology support and bilingual staff.	• Integrate transportation supports into probation supervision plans and sustainability budgets.

Existing Local Assets to Build On	Lead Partners
Informal transportation assistance programs in rural departments; existing telehealth hub infrastructure.	County JPDs, LMHAs, Local Nonprofits, TJJD Regional Support Team

Rating: Moderate Feasibility / Low-Moderate Cost
This recommendation is logistically simple but requires ongoing operational funding. Transportation stipends are inexpensive and highly effective for immediate relief, while mobile services and telehealth hubs offer scalable long-term solutions. Regional collaboration is key to avoid duplication and sustain cost-sharing among small counties.

Expand Substance Use Disorder (SUD) Treatment and Step-Down Options

Finding 6: Regional SUD programs are expanding but need flexible lengths and stronger family integration.

Recommendation 6: Build out tiered SUD treatment tracks with short-term stabilization, outpatient, and step-down phases aligned with probation timelines.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Document current regional SUD capacity and average program lengths • Identify facilities open to step-down partnerships.	• Add family therapy and vocational components. • Formalize cross-county referral pathways.	• Integrate SUD continuum into juvenile court conditions and state funding frameworks.

Existing Local Assets to Build On	Lead Partners
Behavioral Health Solutions of South Texas; Parmer Drug Abuse peer recovery program.	County JPDs, LMHAs, Specialty Courts, TJJD Regional Support Team

Rating: Moderate Feasibility / Moderate-High Cost
This builds upon the region's recent SUD funding increases and existing provider networks. Major barriers are staffing and alignment of program lengths with court expectations. Phased implementation allows counties to pilot shorter treatment cycles while scaling up regional capacity and pursuing Medicaid alignment for longer-term funding.

Strengthen the Rural Workforce Pipeline and Regional Shared Staffing Models

Finding 7: Small counties cannot sustain full-time clinicians or specialized staff, limiting service availability.

Recommendation 7: Develop regional shared staffing agreements for clinicians, case managers, and licensed specialists; partner with universities for training pipelines.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Map shared needs across counties.	• Launch multi-county telehealth rotations and joint supervision models.	• Institutionalize regional workforce incentives (loan

• Identify available clinicians interested in cross-county contracts.	• Establish MOUs for staff sharing.	repayment, housing stipends) supported by TJJD and LMHAs.

Existing Local Assets to Build On	Lead Partners
Existing telehealth counseling hub; local university and internship programs.	County JPDs, Higher Education Partners, LMHAs, TJJD Regional Support Team

Rating: Moderate Feasibility / Moderate Cost

This model builds directly on practices already used informally in several regions. The approach is administratively feasible but requires coordination and shared HR policies. Partnerships with universities can reduce cost by supplying interns and practicum students while long-term incentives ensure retention of licensed professionals.

Sustain and Build on Positive Regional Trends

Finding 8: Recidivism and placements have declined, but sustaining progress requires earlier diversion and stronger community supports.

Recommendation 8: Reinforce proven prevention and diversion strategies while investing in family engagement, mental health, and reentry infrastructure.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
• Share success data region-wide. • Recognize counties with declining placement and increased diversion rates as learning sites.	• Reinvest savings from reduced placements into diversion pilots and workforce training.	• Track outcomes regionally through TJJD data dashboards to inform continuous improvement.

Existing Local Assets to Build On	Lead Partners
Declining recidivism and placement data; probation departments already collaborating across counties.	County JPDs, LMHAs, Regional Council of Governments, TJJD data analysts

Rating: High Feasibility / Low Cost

This recommendation capitalizes on demonstrated success and strong leadership among chiefs. No major policy changes are needed, only structured coordination and data sharing. TJJD can reinforce sustainability by linking future funding opportunities to measurable progress on diversion, family engagement, and placement reduction metrics.

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 South Region's priority recommendations.[71]

Expand Bilingual Family Navigation and Caregiver Support

- Youth and caregivers emphasized that language barriers prevent meaningful participation in services and court processes.
- Spanish-speaking caregivers in the TNOYS report described being confused by system paperwork and unable to advocate for their children.
- TNOYS Recommendation: Hire bilingual caregiver navigators and interpreters to bridge communication gaps and build trust in system processes.
- *Quote: "They talked about me like I wasn't there, I just stopped going."*

Strengthen School-Based Diversion and Truancy Prevention

- Youth described school-based discipline and referrals as the main entry point into the system, often for minor or inconsistent infractions.
- Caregivers said schools sometimes called probation instead of offering family meetings or counseling, increasing system involvement.
- TNOYS Recommendation: Expand restorative justice, peer mentorship, and first offender programs as fair, early diversion tools.
- *Quote: "All kids in my school do the same thing, but only some of us get arrested."*

Improve Access to Youth Mental Health Services Through Regional Coordination

- Youth across the TNOYS sessions described long waits, poor quality therapy, and inconsistent follow-up.
- Caregivers shared that youth often needed to "get in trouble to get help" with mental health care.
- TNOYS Recommendation: Build stronger partnerships with LMHAs and embed youth-friendly, trauma-informed clinicians in communities.
- *Quote: "The system made my mental health terrible, and the person they gave me just tried to relate — not listen."*

[71] 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.

Build Reentry Navigation and Aftercare Supports for Youth Returning Home

- Youth said they often felt lost and disconnected after leaving facilities or probation.
- *Quote: "When kids get out, they don't know what's next. We need someone to show us."*
- Caregivers called for support re-enrolling in school, transportation to appointments, and peer mentors to guide their youth.
- TNOYS Recommendation: Fund reentry navigators and peer mentors to support transition and strengthen family follow-up.

Address Transportation and Digital Access Barriers in Rural Areas

- Youth and caregivers described transportation as a major obstacle to attending services or court, especially in rural counties.
- *Quote: "If you don't have a car, you just get violated."*
- Families also cited limited internet and technology access as barriers to participating in telehealth or virtual programs.
- TNOYS Recommendation: Provide gas cards, transportation stipends, mobile service units, and telehealth access supports.

Expand Substance Use Disorder (SUD) Treatment and Step-Down Options

- Youth spoke about marijuana, vaping, and substance use as common but poorly addressed issues in their communities.
- They said most programs were punitive or lacked real counseling.
- TNOYS Recommendation: Offer tiered treatment options that integrate family therapy, peer recovery, and positive youth engagement instead of punishment.
- *Quote: "We were in counseling, but nobody really talked to us about what was going on, they just told us to stop."*

Strengthen the Rural Workforce Pipeline and Regional Shared Staffing Models

- Youth described overworked, burned-out staff and frequent turnover, making it hard to trust adults or stay engaged.
- Caregivers noted that youth lose progress when their counselor or probation officer changes.
- TNOYS Recommendation: Build a sustainable and youth-centered workforce by investing in training, supervision, and cross-county staffing models.
- *Quote: "Every time I finally trust someone, they quit or move."*

Sustain and Build on Positive Regional Trends

- Youth emphasized the importance of feeling seen and heard by adults who actually follow through.

- Caregivers said progress only lasts when systems keep communicating and stay consistent across programs.
- TNOYS Recommendation: Create ongoing youth and caregiver advisory groups to inform regional planning.
- *Quote: "They always ask for our opinion but never do anything with it."*

Next Steps for the South Region

The South Region's work to strengthen its continuum of care is already underway. The findings and recommendations in this report provide a shared roadmap, but success will depend on coordinated action across counties, state partners, and community organizations. The next phase will focus on translating these insights into practice: piloting early wins, formalizing partnerships, and securing the infrastructure needed for sustained improvement. The actions below are designed to align with existing momentum in bilingual engagement, school-based diversion, telehealth expansion, and workforce development while setting the foundation for long-term system change.

Action Step	Lead / Partners	Timeline
Share and Discuss Findings – Present the report to the South Region Association of Juvenile Probation Chiefs and cross-system partners; facilitate county-level discussions to identify 1–2 priority recommendations to advance locally.	TJJD Continuum of Care Coordinators, County Juvenile Probation Chiefs, LMHAs, School and Community Partners	Within 60 days of report release
Integrate into TJJD Strategic Planning – Use South Region recommendations to guide regional workplans, identify policy priorities (e.g., bilingual navigator programs, rural telehealth pilots), and inform future funding allocations.	TJJD Executive Leadership, Regional Support Teams, Policy and Grants Divisions	Next TJJD strategic planning cycle and legislative session
Launch Quick-Win Pilots – Select 2–3 high-feasibility initiatives for immediate implementation, such as a bilingual caregiver navigator pilot, a school-based diversion partnership, or a telehealth counseling expansion. Track outcomes for replication.	Volunteer Counties, TJJD Continuum of Care Coordinators, LMHAs, ISDs, Local Providers	Initiate within 6–9 months
Build Regional Service-Sharing Agreements – Formalize cross-county arrangements for shared clinician staffing,	County JPDs, LMHAs, School Districts,	Agreements established within 12 months; quarterly

Action Step	Lead / Partners	Timeline
telehealth rotations, and transportation supports to expand access across rural areas.	Nonprofits, TJJD Regional Team	coordination meetings ongoing
Leverage New and Existing Funding Opportunities – Align South Region recommendations with DSA, P&I, and federal grants to expand prevention, family engagement, and SUD services. Provide technical assistance to counties in proposal development using report data.	TJJD Grants Team, County JPDs, Regional Funders, TJJD Continuum of Care Coordinators	Begin immediately; align with next funding cycles
Develop Regional Workforce Pipeline Initiatives – Partner with local colleges and universities to create internship, fellowship, and telehealth rotation programs for clinicians and probation staff serving rural counties.	TJJD Regional Support Teams, Higher Education Institutions, LMHAs, County JPDs	Planning within 6 months; pilots within 12 months
Monitor and Report Progress – Establish regional performance metrics (e.g., family engagement, diversion participation, service wait times) and share annual progress updates with counties and state partners.	TJJD Continuum of Care Coordinators, County Chiefs, Data Analysts	Metrics framework within 6 months; first report in 12 months

The South Region's blend of creativity, collaboration, and community commitment provides fertile ground for progress. Counties have already demonstrated the ability to innovate, whether through school-based truancy programs, cross-county telehealth hubs, or bilingual service expansion. With continued coordination and support from TJJD's regional support team, the region can transform these individual successes into a cohesive, sustainable continuum of care that reaches every youth and family, regardless of geography or language.

This report is intended to serve as both a roadmap and a living document, guiding immediate action, shaping future investments, and evolving as the South Region continues to strengthen its foundation for youth justice reform. The opportunity to build on this momentum is now.

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

Appendix X. South Region Site Visit Mapping Session Agenda and Participants

February 6, 2025 | 10:00 am – 1:00 pm | Corpus Christi, Texas
Meadows Institute Facilitators: Layla Fry, Kaila Berrian, Gladys Sanchez

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 South 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 South 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 South 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

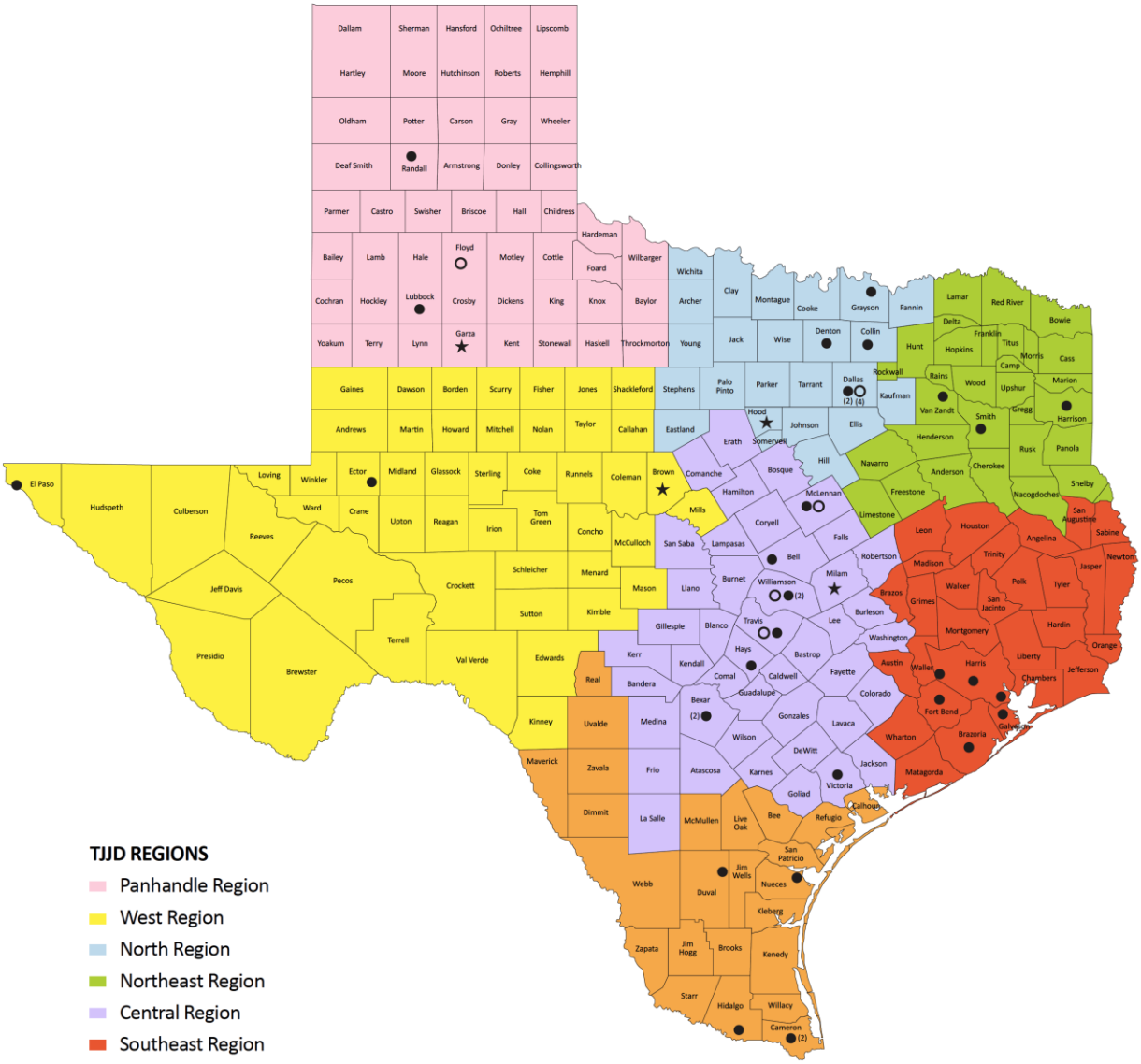
12:45 – 1:00 p.m. | Report-Out, Next Steps & Closing

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

Participants

- Javier Aguilar
- Pablo Aguillon
- Marissa Arispe
- Veronica Delgado-Savage
- Leslie Elizardi
- Homer Flores
- Rebekah Frampton
- Charity Franco
- Raul Garza
- Rose Gomez
- Julissa Gutierrez
- Kate Jones
- Luis Leija
- Mary Alice Longoria
- John Milam
- Evan Norton
- Fernando Rodriguez
- Doralisa Saenz
- Darrin Thomas
- Patrick Williams
- Michael Zamora

Appendix B. Map of TJJD Regions and Facilities



Appendix C. Program Descriptions and System Terminology

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

I. JUVENILE JUSTICE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. BEHAVIORAL HEALTH & CRISIS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Texas Child Health Access Through Telemedicine **(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 and Referral; Texas' statewide SUD access point.
P&I – Prevention and Intervention; TJJD-funded early intervention programs.
PRC – Prevention Resource Center; regional youth substance use data and training hub.
QMHP – Qualified Mental Health Professional; credential to provide certain BH services.
RTC – Residential Treatment Center; live-in mental health or SUD treatment facility.

RDA – Regional Diversion Alternatives; regional post-adjudication programs preventing commitment.
SUD – Substance Use Disorder.
SOC – System of Care; coordinated network of behavioral health supports.
SNDP – Special Needs Diversionary Program.
SYSN – Statewide Youth Services Network; diversion and case management program.
TBRI – Trust-Based Relational Intervention; trauma-informed caregiving model.
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!