

MEADOWS
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SOUTHEAST REGION

Juvenile Justice Continuum of Care Report

DECEMBER 2025



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

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TEXAS JUVENILE JUSTICE CONTINUUM OF CARE

SOUTHEAST REGION**KEY FINDINGS & STRATEGIC PRIORITIES****REGIONAL SNAPSHOT**

The Southeast Region is one of Texas' largest and most complex regions, encompassing 30 counties and 24 juvenile probation departments.

The region includes two major metropolitan areas—Harris County (Houston) and Fort Bend County—along with suburban and rural communities.

Strong infrastructure, local expertise, and deep community partnerships provide a solid foundation to build a more coordinated, community-based continuum of care.

SOUTHEAST REGION COUNTIES (30)**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 Southeast Region CoC Report.

**SCAN HERE**

to access the full regional report

KEY FINDINGS



1. INFRASTRUCTURE STRENGTH, BUT SYSTEM UNDER PRESSURE

- Extensive network of providers, hospitals, and community resources.
- High volume and complexity drive workforce strain and service demand.
- Rapid growth outpaces available capacity in many areas.



2. SCHOOLS DRIVE ENTRY INTO THE SYSTEM

- Referrals often stem from school discipline and unmet needs.
- Limited early intervention and behavioral supports in schools.
- Opportunity to strengthen diversion pathways before court involvement.



3. BEHAVIORAL HEALTH ACCESS IS INCONSISTENT

- Strong services in some counties; limited access in others.
- Workforce shortages and long wait times for higher-acuity care.
- Youth escalate in the system while waiting for support.



4. DIVERSION OPPORTUNITIES EXIST BUT ARE NOT SCALED

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



5. YOUTH WITH COMPLEX NEEDS CYCLE THROUGH SYSTEMS

- High rates of multi-system involvement (mental health, substance use, child welfare).
- Limited placement options for high-acuity youth.
- Justice system often used as default access point.



6. REGIONAL COORDINATION IS A KEY OPPORTUNITY

- Strong local leadership and willingness to collaborate.
- Gaps in data sharing, communication, and referral pathways.
- Opportunity to build a more connected and aligned regional system.

STRENGTHS TO BUILD ON

- ✓ Robust behavioral health ecosystem and service infrastructure
- ✓ Strong local expertise and workforce
- ✓ Embedded and co-located service models
- ✓ Growing cross-system collaboration and partnerships
- ✓ Investment in trauma-informed approaches and training

STRATEGIC PRIORITIES



IMPLEMENTATION APPROACH



BOTTOM LINE

The Southeast Region has the strongest foundation in Texas to scale a true continuum of care—with deep infrastructure, skilled leaders, and strong community partnerships. With targeted investment in workforce, coordination, and early intervention, the region can better meet the needs of youth and families and reduce reliance on the justice system.



Project Overview & Southeast Region Context

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

Methodology

On January 14, 2025, the Meadows Institute convened a Southeast Region site visit and mapping session in Fort Bend County as part of the statewide CoC initiative (see Appendix A for a list of participants and the event agenda). This regional session brought together juvenile probation chiefs and their staff from counties in the region to identify gaps, challenges, and priorities in diversion, intervention, and reentry.

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

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

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

County Juvenile Justice System in the Southeast Region

The Southeast 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 24 county-based juvenile departments. Each department is anchored in one county but may serve surrounding counties, as well. In total, these 24 departments provide coverage for all 30 counties in the Southeast Region (shown in Figure 1). This report focuses on the 24 “lead” counties where the departments are based.



Figure 1. TJJD Southeast Region

TJJD classifies juvenile departments as large, medium, or small, depending on the population served.² The Southeast Region has two large departments, nine medium-sized departments and thirteen 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 Southeast Region³

Size	#	County Juvenile Departments = 24
Large	2	Fort Bend, Harris
Medium	9	Angelina, Brazoria, Brazos, Galveston, Jefferson, Liberty, Montgomery, Orange, Polk
Small	13	Austin, Chambers, Grimes, Hardin, Houston, Jasper, Leon, Madison, Matagorda, Tyler, Walker, Waller, Wharton

Because some counties in the Southeast Region are rural with smaller youth populations, a few departments serve multiple counties through a shared judicial district. In these cases, one lead county houses the department, which also provides services for the other counties in the district. For example, the 1st Judicial District Department is based in Jasper County but also serves Newton, Sabine, and San Augustine counties. A full list of these multi-county arrangements is provided in the table below.

Table 2. Shared Judicial Districts in the Southeast Region⁴

Judicial District	Counties Included (Lead County Listed First)
1st	Jasper , Newton, Sabine, San Augustine
258th	Polk , San Jacinto, Trinity

Geographic Context of the Southeast Region

TJJD's Southeast Region is one of the most populous and complex regions in the state, encompassing a mix of urban, suburban, and rural counties. It includes two large metropolitan jurisdictions – Harris County, home to Houston, and Fort Bend County – which serve as major population centers and regional engines of economic activity. These counties have multifaceted youth-serving systems and are at the forefront of both innovation and challenges with coordination across sprawling service networks.

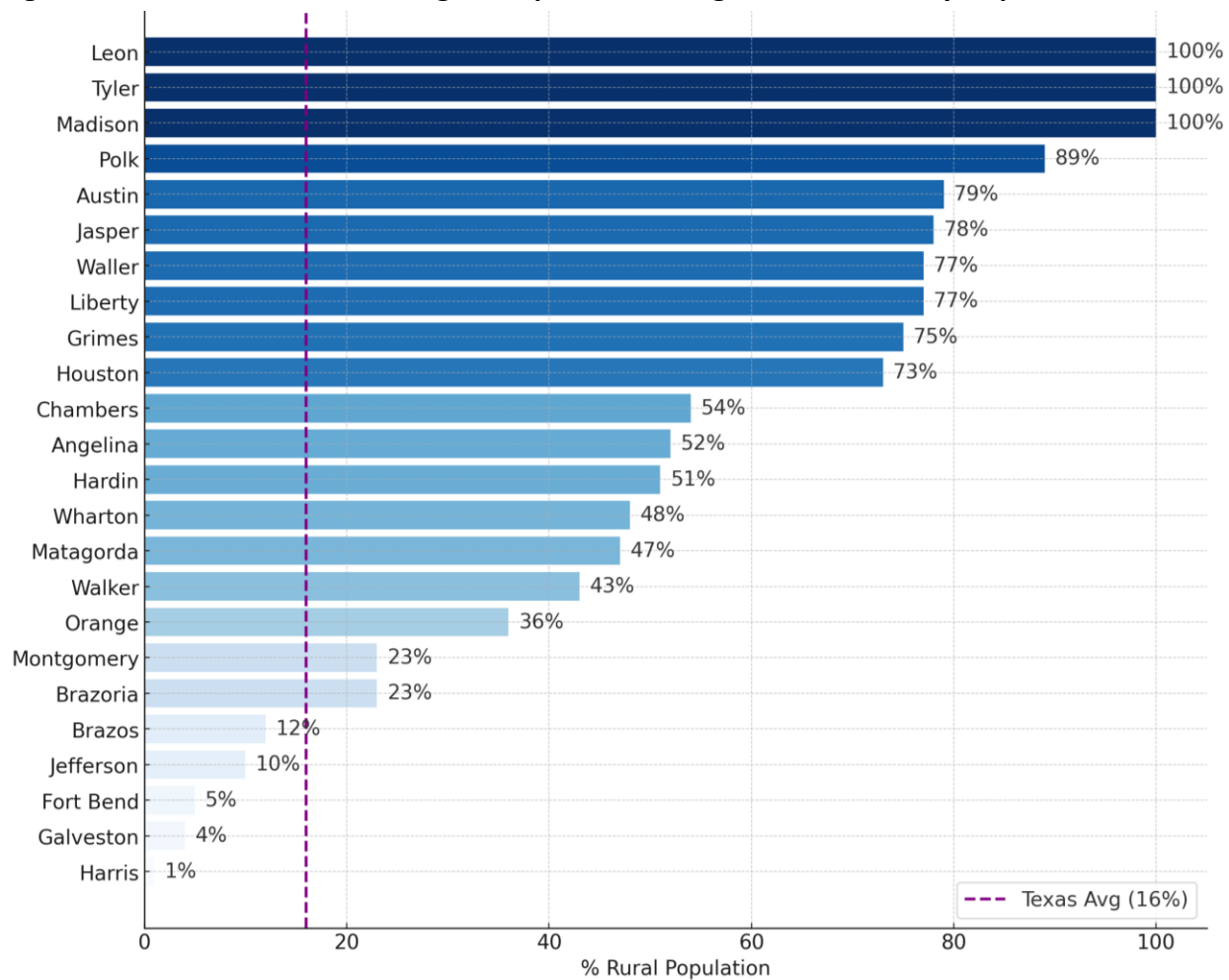
Surrounding this urban core are medium-sized counties such as Brazoria, Galveston, Montgomery, Jefferson, and Brazos, which function as suburban and regional hubs. These areas are experiencing rapid growth, especially in suburban areas outside of Houston, and often face tension between increasing service demands and existing system capacity. Counties like Montgomery and Liberty are seeing major population shifts but still lack the full breadth of youth services available in larger urban centers.

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

⁴ Texas Juvenile Justice Department. *County Profiles by Region, 2024*.

The region also includes 13 small counties, such as Jasper, Matagorda, Leon, and Hardin, many of which are rural, economically constrained, and dependent on neighboring counties for higher-level services (see Figure 2). Juvenile probation departments in these areas typically operate with minimal staff and limited access to local mental health, substance use, or diversion programs. Youth in rural Southeast Texas often must travel long distances or cross county lines for specialized services, with growing concerns around workforce shortages in youth-serving professions.

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



Geographically, the Southeast Region is marked by coastal counties with frequent exposure to hurricanes (e.g., Harvey, Ike) and flooding that disrupts youth services, education, housing

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

stability, and continuity of care, particularly in Harris, Jefferson, Galveston, and Chambers counties.

Recovery efforts often draw staff and funding away from prevention and intervention programming, and repeated disaster trauma increases behavioral health needs for youth. Emergency preparedness and recovery frequently affect youth and family stability, with major weather events disrupting housing, employment, economic stability, schooling, and service access for families. Counties like Chambers, Tyler, and Polk may have trouble maintaining consistent services in the face of disaster-related displacement and economic instability.

High concentration of refineries, chemical plants, and industrial zones along the Gulf Coast contributes to environmental health risks and economic differences, particularly in low-income communities near Houston, Port Arthur, and Texas City. The Houston Ship Channel, Golden Triangle, and other Gulf Coast zones are home to major refineries and petrochemical facilities. These areas often experience environmental health challenges, economic instability, and concentrated poverty. Wealthier areas (e.g., Fort Bend, Montgomery) exist alongside some of the most economically distressed communities in Texas. This leads to regional differences in school resources, probation department capacity, and youth-serving infrastructure.

At the same time, the region benefits from a large network of nonprofits, faith-based organizations, residential treatment facilities, educational institutions, and public-private partnerships, many of which are working to expand access to trauma-informed, youth-centered care. The region is also in the midst of planning for the placement of a [new state secure 104-bed TJJD facility in Brazoria County](#) in 2028. The facility will serve youth with the highest levels of violent behavior committed to TJJD. While this investment may bring jobs and expand infrastructure, collaboration among the counties in the region and with TJJD will be critical to ensure the facility does not pull focus, funding, or staff away from county departments or diversion efforts across the region.

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

Juvenile Justice Service Landscape in the Southeast Region

The snapshot below reflects a portion of the infrastructure currently available within the juvenile justice system across the Southeast 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 Southeast 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 Southeast Region⁶

Program or Service	#	Department
Alternative Referral Agreement with Prosecutor on File with TJJD, Texas Family Code 52.031(d)	1	Austin
Dialectical Behavior Therapy (DBT) Implementation	1	Harris
First Offender Programs, Texas Family Code 52.031	4	Fort Bend, Harris, Jefferson, Montgomery

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 Southeast region to verify available programs and gather additional services not yet captured in this table. Their outreach will help ensure a more complete, regionwide inventory of department-led programs.

Program or Service	#	Department
Juvenile Justice Alternative Education Programs (JJAEPs)	7	Brazoria, Brazos, Fort Bend, Galveston, Harris, Jefferson, Montgomery
Special Needs Diversionary Program (SNDP)		Angelina, Fort Bend, Harris, Jefferson, Polk
TCOOMMI Detention Diversion Pilot Project	1	Montgomery
TJJD-Funded Prevention and Intervention Programs	3	Fort Bend, Jasper, Wharton
Trust Based Relational Intervention (TBRI) Implementation	5	Brazoria, Fort Bend, Harris, Jefferson, Montgomery
Youth Sequential Intercept Model (SIM) Mapping Completed	2	Brazoria, Harris

Juvenile Specialty Courts in the Southeast Region

The table below lists the four counties in the Southeast 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 Southeast Region⁷

Department	#	Specialty Courts
Fort Bend	2	1. Creating Opportunities Through Rehabilitation and Empowerment (C.O.R.E.) Court 1. Fort Bend County Court at Law No. 3
Harris	4	1. Sobriety Over Addiction and Relapse (SOAR) Drug Court Program 2. Creating Advocacy, Recovery, and Empowerment (CARE) Court Program 3. GRIP Court 4. Court 360
Jefferson	1	1. Jefferson County Juvenile Mental Health Court
Montgomery	1	1. Power Recovery Court

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

In-House Mental Health Workforce in the Southeast Region

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

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

Department	#	In-House Licensed Professionals
Brazoria	1	LPC-S
Brazos	7	LPC, LPC-S, LSSP, LSOTP, LMFT, LMFT-A, LP
Fort Bend	15	LPC, LPC-S, LCDC, LCDC-I, LP, LSOTP, LSOTP-S
Harris	83	LPC, LPC-S, LPC-A, MSW, LMSW, PsyD, LMFT, LSOTP, LSOTP-S, LP, LCDC-I
Jefferson	2	LPC-S, LSOTP-S
Montgomery	6	LMFT, LPC, LPC-A, LPC-S

This inventory highlights wide variation in what supports are available to youth and families. Larger urban counties such as Harris and Fort Bend are able to offer a more comprehensive range of in-house programs, from specialized caseloads to evidence-based counseling and treatment. By contrast, many medium and small counties must rely on outside providers or neighboring counties when youth need more intensive or specialized interventions.

This uneven distribution of services underscores a key challenge: youth in smaller or rural counties often have fewer opportunities for diversion, treatment, or community supports close 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

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.

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 a two-pronged approach: bolstering the service capacity of smaller departments while also expanding regional collaborations and shared contracts to ensure youth in every county can access core diversion, mental health, and family support services.

Discretionary State Aid (DSA) in the Southeast Region

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

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

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

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year ¹²
Fort Bend	Xposed Excellence	Prevention and Intervention (P&I)	\$233,684	2023	140
Galveston	Psychotherapy Partnership for Youth	Community	\$67,500	2024	50
Harris	Community Based Step-Down Program	Community	\$483,919	2024	10

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

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

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

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

Dept	Program	Type	Awarded Annually	Year Awarded	# Served per Year ¹²
Harris	Secure Post-Adjudication (5 contract beds)	Residential	\$348,275	2020	36
Harris	Harris County Leadership Quest Program	Residential	\$925,932	2024	5
Jasper	Family Preservation	Community	\$117,546	2024	30
Jasper	Character, Attitude, Pride	P&I	\$42,075	2023	45
Jasper	School-Based Program for Interpersonal Skills	P&I	\$27,000	2023	30
Wharton	“Yes We Can” Program	P&I	\$168,217	2023	130
Total	9		\$2,414,148		

In July 2025, juvenile probation departments in the Southeast Region submitted 11 applications for new DSA funding, requesting a combined total of \$2,036,011 to support local innovations, diversion programs, and community-based services. Five were awarded, for a total of \$732,043 to the region in 2025 (see Table 7).

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

Applicant	Type	Description	Requested	Awarded
Fort Bend	Community	In-Home Services with LPC	\$133,240	\$133,240
Fort Bend	Community	Drug Abuse Prevention Program	\$121,382	<i>Not awarded</i>
Fort Bend	Community	Truancy Case Manager Specialist	\$103,618	<i>Not awarded</i>
Harris	Community	Youth Diversion Center	\$259,592	<i>Not awarded</i>
Harris	Community	Legal Education Attainment Program	\$129,041	<i>Not awarded</i>
Harris	Community	Functional Family Therapy	\$133,368	<i>Not awarded</i>
Harris	Vocational	Vocational Training, Therapeutic Support, and Career Development	\$250,000	\$100,000
Harris	Residential	Female Treatment Program	\$329,603	\$329,604
Harris	Residential	Shared TJJD Regional Diversion Beds	\$417,967	<i>Not awarded</i>
Jasper	Community	Animal or Equine Therapy	\$135,000	\$135,000
Waller	Community	Reentry and Workforce Development	\$23,200	\$34,200
Total	11		\$2,036,011	\$732,043

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

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

Juvenile Justice Facilities in the Southeast Region

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

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

County	Juvenile Justice Facility	Populations Served and Special Programs
Pre-Adjudication Detention Facilities		
Angelina	Angelina County Juvenile Detention Center	None listed in registry
Brazoria	Brazoria County Juvenile Detention Center	Substance Use Disorder (SUD), Mental health (MH), Sex Offender
Brazos	R. J. Holmgreen Juvenile Justice Center	None listed in registry
Fort Bend	Fort Bend County Juvenile Detention Center	SUD, MH, Sex Offender
Galveston	Jerry J. Esmond Juvenile Justice Center	None listed in registry
Hardin	Hardin County Juvenile Detention Center	None listed in registry
Harris	Harris County Juvenile Justice Center	SUD, MH
Jefferson	Minnie Rogers Juvenile Justice Center	None listed in registry

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

¹⁵ Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, CY 2024*.
<https://www2.tjtd.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.tjtd.texas.gov/wp-content/uploads/2025/08/FacilityHandbook-V4.pdf>

County	Juvenile Justice Facility	Populations Served and Special Programs
Montgomery	Montgomery County Juvenile Detention Center	None listed in registry
County Secure Post-Adjudication Facilities		
Brazoria	Brazoria County Residential Treatment Facility	Males/Females, SUD, MH, Sex Offender
Fort Bend	Fort Bend County Juvenile Leadership Academy	Males/Females, SUD, MH, Sex Offender
Galveston	Jerry J. Esmond Juvenile Justice Center	Males/Females, Sex Offender, MH
Harris	Leadership Academy	Males/Females, Physical Training, MH
Harris	Harris County Youth Village	Males/Females, SUD, MH

The Southeast Region’s facility landscape reflects a high concentration of detention and secure post-adjudication capacity, anchored by large and mid-sized counties such as Harris, Fort Bend, Brazoria, and Galveston. Many facilities operate treatment-oriented programs with SUD, MH, and sex-offender services, creating some of the broadest in-house specialization of any region.

The Southeast Region includes a mix of pre-adjudication detention centers and county-operated secure post-adjudication facilities that collectively serve one of the largest youth populations with complex needs in the state. Nearly every county in the region operates or has nearby access to a local detention facility, ensuring geographic coverage for pre-adjudication custody across both metropolitan and rural areas, but with uneven access to specialized programming. At the post-adjudication level, only two mid-sized the region’s urban departments operate secure facilities. The region has no county-run nonsecure or private secure facilities. These dynamics underscore the importance of regional coordination, shared service models, and community-based alternatives to ensure that youth with complex needs receive appropriate supports without unnecessary reliance on secure confinement.

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

Regional Resource	#	Details
DSA Grants Awarded (2020-24)	9	9 active projects, \$2,414,148 awarded per year
DSA Grants Awarded (2025)	5	5 awards, \$732,043 awarded
Post-Adjudication Facilities	5	292 beds total (rated capacity from Facility Registry)
Pre-Adjudication Detention Facilities	9	668 beds total (rated capacity from Facility Registry)

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

Regional Resource	#	Details
Regional Diversion Alternatives (RDA) Applications in 2023	39	22 approved, 23 youth placed
TJJD Program Registry Listings ¹⁹	418	132 contract, 172 in house, 7 LMHA, 77 private, 30 other

Behavioral Health Service Landscape in the Southeast Region

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

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

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

LMHA/LIDDA	Southeast Region Departments Served
Brazos Valley	Brazos, Grimes, Leon, Madison
Burke Center	Angelina, Houston, Polk, Tyler
Gulf Coast Center	Brazoria, Galveston
Spindletop Center	Chambers, Hardin, Jasper, Jefferson, Orange

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

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

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

LMHA/LIDDA	Southeast Region Departments Served
Texana Center	Austin, Fort Bend, Matagorda, Waller, Wharton
The Harris Center	Harris
Tri-County	Liberty, Montgomery, Walker

Behavioral Health Providers in the Southeast 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. The table below highlights the overall number and rate of behavioral health providers (to residents) across TJJD's Southeast Region for 2024. Compared to statewide averages, the Southeast Region has slightly better availability of behavioral health physicians, with a lower residents-per-provider ratio across physician categories. For non-physician providers, availability is generally comparable to or slightly worse than state averages. The only exception is with licensed specialists in school psychology, where the region has greater availability than the state as a whole.

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

Provider Type	Southeast Region		Texas (Statewide)	
	Number of Providers	Average Residents / Provider	Number of Providers	Average Residents / Provider
Licensed Behavioral Health Physicians²⁶	1,152	7,000	3,671	7,500
Children and Youth Behavioral Health Physicians	356	4,200	1,034	5,000
Psychiatrists	1,074	7,500	3,470	8,000
Non-Physician Providers²⁷				
Licensed Psychologists	1,420	5,500	5,069	5,500
Licensed Clinical Social Workers	4,878	1,600	21,309	1,300
Licensed Professional Counselors	5,939	1,300	25,396	1,100
Licensed Specialists in School Psychology	974	8,000	3,268	8,500
Licensed Marriage and Family Therapists	798	10,000	3,284	8,500
Licensed Chemical Dependency Counselors ²⁸	2,648	2,900	9,510	2,900
Psychiatric Nurse Practitioners ²⁹	1,291	6,000	4,985	5,500
Psychiatric/Substance Use Registered Nurses ³⁰	2,428	3,200	10,232	2,700

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

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

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

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

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

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

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

<https://bhec.texas.gov/open-records/>

²⁸ Texas Health and Human Services. (2024, April). *Licensed chemical dependency counselor roster*.

<https://www.hhs.texas.gov/business/licensing-credentialing-regulation/professional-licensing-certification-compliance/licensed-chemical-dependency-counselor-program>

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 Southeast Region

The table below highlights select state-funded programs available in the Southeast 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 Southeast Region³¹

Program	#	Provider
Children's System Navigator Pilot	0	None
Coordinated Specialty Care (CSC) for First Episode Psychosis age 15+	6	1. Burke Center 2. Gulf Coast Center 3. Texoma 4. Texana Center 5. The Harris Center 6. Tri-County
LIDDA Transitional Support Teams	1	1. Texana Center
Mental Health Deputy Programs	1	1. Spindletop Center

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

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

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

Program	#	Provider
Multisystemic Therapy (MST) Providers ³²	11	1. Gulf Coast Center 2. Harris County JPD (TJJD- and county-funded) 3. Spindletop Center 4. The Harris Center 5. Tri-County
Outreach, Screening, Assessment, and Referral (OSAR) SUD Programs	5	1. Burke 2. Alcohol and Drug Abuse Council of Deep East Texas 3. The Harris Center 4. Council on Recovery 5. Gulf Coast Center
Residential Treatment Centers (RTCs)	8	1. Harris Center 2. Lakes Regional 3. Tri-County
Youth Crisis Outreach Teams (YCOT)	2	1. Burke Center 2. Tri-County
Youth Crisis Respite Facilities	1	1. Harris Center (1 – Harris)

The Southeast Region has one of the most extensive networks of HHSC-funded youth behavioral health programs in the state, anchored by major population centers like Houston and Beaumont and supported by several multi-county service providers. Nine MST teams operate across 11 counties, providing intensive in-home intervention for youth at risk of system consequence. The region also benefits from two YCOT teams but only one Youth Crisis Respite Facility in Harris County. With eight HHSC-funded RTCs and six CSC programs, the Southeast Region demonstrates comparatively strong service depth, particularly for early psychosis treatment and residential-level care.

Despite this relative abundance of services, the region's five post-adjudication juvenile facilities highlight a persistent imbalance between community-based and system-based treatment access. The juvenile justice system continues to carry a large share of responsibility for serving youth with the most complex behavioral health needs. While urban counties like Harris and Montgomery benefit from robust behavioral health infrastructure, many rural or outlying areas still rely on probation-based placements as the primary access point for intensive treatment. Expanding access to MST, crisis respite, and mobile response across underserved counties could reduce this reliance on system entry, ensuring that youth can receive care in their homes and communities before reaching the point of justice involvement.

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

Federally Qualified Health Centers (FQHCs) in the Southeast Region

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

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

- Provide low- or no-cost medical care to address unmet physical health needs that often go untreated
- Offer limited, non-acute in-house 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 Southeast 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 Southeast Region³³

FQHC Provider/Organization	County	# Clinics
AccessHealth - Fort Bend Family Health Center, Inc.	Fort Bend, Waller	6

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

FQHC Provider/Organization	County	# Clinics
Avenue 360 - Houston Area Community Services, Inc.	Harris	6
Bee Busy Wellness Center	Harris	3
Chambers County Public Hospital District #1	Chambers, Liberty	3
Coastal Gateway Health Center	Chambers	1
Coastal Health and Wellness	Galveston	3
Denver Harbor Family Clinic - Houston Community Health Centers, Inc.	Harris	9
East Texas Community Health Services, Inc.	Angelina	1
El Centro De Corazon	Harris	2
Gulf Coast Health Center, Inc.	Hardin, Jasper, Jefferson, Orange	8
Health Center of Southeast Texas	Liberty, Polk	5
Healthcare for the Homeless-Houston	Harris	3
HealthPoint - Brazos Valley Community Action Agency, Inc.	Brazos, Grimes, Leon, Madison, Trinity, Waller	9
Hope Clinic - Asian American Health Coalition of The Greater Houston Area	Harris	5
Legacy Community Health Services, Inc.	Fort Bend, Harris, Jefferson	25
Lone Star Circle of Care	Harris	1
Lone Star Community Health Center, Inc.	Montgomery, Walker	5
My CHN - Stephen F. Austin Community Health Center, Inc.	Brazoria, Galveston, Harris	18
Open Door Mission	Harris	7
Pasadena Health Center, Inc.	Harris	5
Spring Branch Community Health Center	Harris	8
St. Hope Foundation	Fort Bend, Galveston, Harris, Montgomery	6

Prevention and School-Based Service Landscape in the Southeast 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 Southeast 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 Southeast 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 parts of Harris County).
2. **Family and Youth Success (FAYS):** A statewide crisis intervention and short-term counseling program for at-risk youth and families, available in all Southeast 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 Southeast Region has seven active SMART Innovation programs.³⁴

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

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

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 Southeast Region³⁵

Program	#	Southeast Region Provider
Community Youth Development (CYD)	2	- Boys and Girls Club of Greater Houston - Harris County
Family and Youth Success (FAYS)	8	- Deep East Texas Council of Governments - Colorado County Youth and Family Services - Youth and Family Counseling Services - Project Unity - Family Service Center of Galveston County - DePelchin Children's Center - Buckner Children and Family Services - Montgomery County Youth Services
Family Resource Centers (FRCs)	1	DePelchin Children's Center Family Resource Center
Healthy Outcomes through Prevention and Early Support (HOPES)	4	- BCFS Health and Human Services - Project Unity - Motivation Education and Training - Baylor College of Medicine
Opportunity Youth Hubs	3	Alliance of Community Assistance Ministries - Greater Houston Opportunity Youth Collaborative (Harris) Jasper Independent School District (Jasper) San Augustine Independent School District (San Augustine)
SMART Innovation Grant Programs	7	- Arrow Child and Family Ministries (Harris) - DePelchin Children's Center (Harris) - Family Service Center of Galveston County (Galveston) - Gulf Coast Center (Galveston) - The Harris Center for Mental Health and IDD (Harris) - Houston Area Women's Center (Harris) - Twin City Mission Inc (Brazos)
Statewide Youth Services Network (SYSN)	2	- BBBS Lone Star - Texas Alliance of Boys and Girls Clubs
SUD Prevention Resource Centers	1	Alcohol and Drug Abuse Council of Deep East Texas

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

³⁵ Health and Human Services Commission. *Behavioral Health Services Snapshot, July 2024*.

<https://www.hhs.texas.gov/sites/default/files/documents/presentation-to-house-youth-health-safety.pdf>

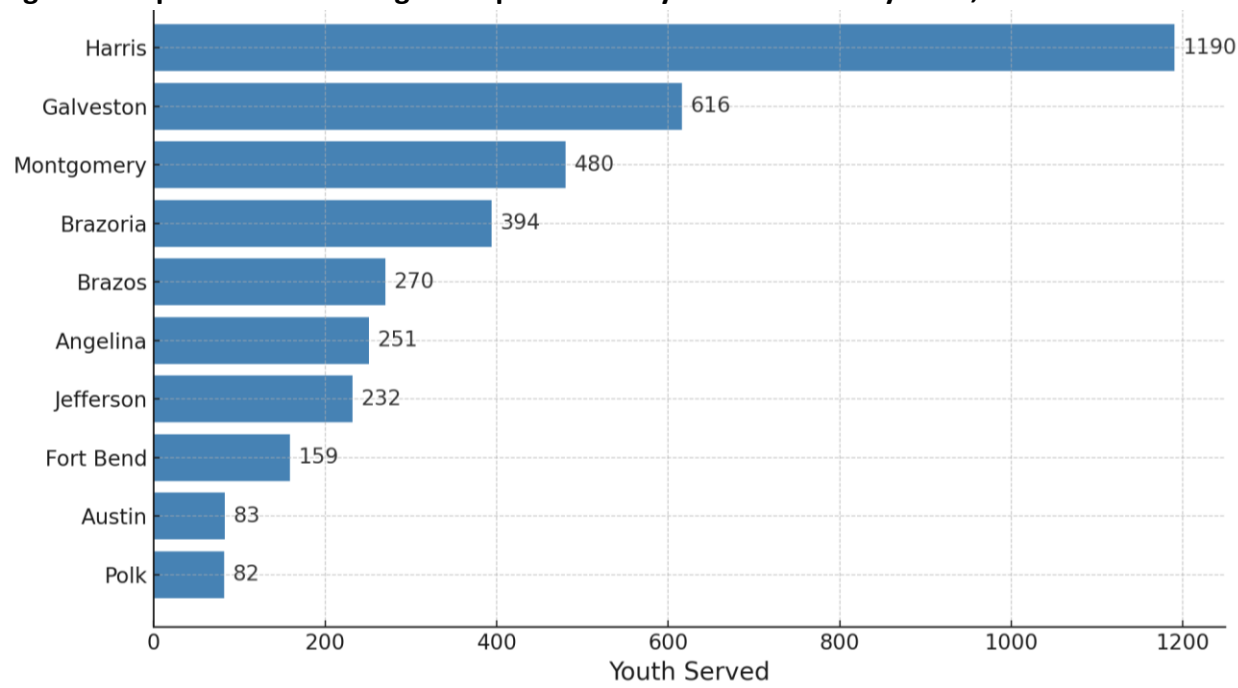
all three programs is the percentage of participants who are not referred to juvenile probation during or after program participation. As shown below, all three programs demonstrated high rates of success on this metric.

Table 15. Statewide Prevention Program Outcomes, FY 2024³⁶

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

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

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

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

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

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

Table 16. TCHAT Program Participation in the Southeast Region³⁸

ESC Region	Juvenile Departments Served by ESC/TCHAT	# Students in ESC Region Overall	# Students with Access to TCHAT	Total # of ISDs	Active ISDs
ESC 3	Austin, Matagorda, Wharton	47,403	45,438	37	35
ESC 4	Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Waller	1,251,820	1,031,262	91	69

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

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

ESC Region	Juvenile Departments Served by ESC/TCHATT	# Students in ESC Region Overall	# Students with Access to TCHATT	Total # of ISDs	Active ISDs
ESC 5	Hardin, Jasper, Jefferson, Orange, Polk, Tyler	82,120	67,611	38	28
ESC 6	Austin, Brazos, Grimes, Houston, Leon, Madison, Montgomery, Walker, Washington	223,390	199,443	59	48

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

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

Cross-Sector Liaisons and Service Centers in the Southeast Region

Juvenile departments in the Southeast 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 Southeast Region

Liaison or Service Center	Provider/Contact
Child Psychiatry Access Network (CPAN) of the Texas Child Mental Health Care Consortium	• Baylor College of Medicine • The University of Texas Health Science Center at Houston • The University of Texas Medical Branch at Galveston • Texas A&M University System Health Science Center • 888-901-CPAN (2726) extension 2 to enroll
Children's Advocacy Centers (CAC)	• Directory of local CACs by county in the Southeast Region
Community Resource Coordination Group (CRCG) Regional Liaison	• Lisette Spraggins, Lisette.Spraggins@hhs.texas.gov
DFPS Juvenile Justice Liaison – Child Protective Services (CPS)	• DFPS Region 5 Tracy Redeaux (409) 730-4126 • DFPS Region 6A Alexandra Brown (832) 652-9367 • DFPS Region 6B Keema Jones (281) 997-4707
DFPS Juvenile Justice Liaison – Child Protective Investigations (CPI)	• DFPS Region 5 Aleida Jarvis (979) 203-1683 • DFPS Region 6A & 6B Phillip Pannell (713) 689-4867
DFPS Community-Based Care (CBC) Single Source Continuum Contractor (SSCC)	• DFPS Region 5 (15 counties), SSCC: Texas Family Care Network, Current Status: Stage II • DFPS Region 6a/b: SSCC: DePelchin Children's Center, Current Status: Contract awarded
DFPS Transition Centers for homeless and current/former foster youth	• Buckner Children and Family Services • Houston Alumni and Youth (HAY) Center
Education Service Centers (ESCs)	• ESC 3, 4, 5, 6, 7
Law Enforcement Fusion Centers supporting school behavioral threat assessments and diversion	• Houston Regional Intelligence Service Center • Texas Fusion Center 866-786-5972
LMHA + ESC Liaison Behavioral Health Partnership Program	Liaison located at: • Gulf Bend Center • Spindletop Center • The Harris Center • Tri-County Behavioral Healthcare
Regional Council of State Governments (COGs)	• South East Texas Regional Planning Commission • Houston-Galveston Area Council • Deep East Texas Council of Governments
Regional Mental Health Policy Center	• The Hackett Center for Mental Health – Meadows Institute • Houston Regional Center • Trauma & Grief Center

Higher Education in the Southeast Region

The table below highlights a major strength in the Southeast Region's continuum of care: a large network of higher education institutions, including public universities, private institutions, and community colleges. These play a critical role in the broader ecosystem of support for youth, offering not only educational pathways but also opportunities for post-secondary workforce development and reentry support.

The region's above-average access to higher education is also 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.

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

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

Public Universities	Location/County
Lamar University	Beaumont
Prairie View A&M University	Waller
Sam Houston State University	Walker
Texas A&M University at Galveston	Galveston
Texas A&M University–Victoria	Victoria
Texas Southern University	Harris
University of Houston	Harris
University of Texas Medical Branch	Galveston
Private Universities	Location/County
Baylor College of Medicine	Harris
Houston Christian University	Harris
North American University	Harris

Rice University	Harris
Strayer University	Harris
University of St. Thomas	Harris
Community and Two-Year Colleges	Location/County
Alvin Community College	Brazoria
Brazosport College	Brazoria
College of the Mainland	Galveston
Galveston College	Galveston
Houston City College	Harris
Lamar Institute of Technology	Beaumont
Lee College	Harris
Lone Star College / University Center	Montgomery

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 Southeast Region. From county-operated interventions to community-based supports and statewide initiatives, the inventory helps illustrate the range of assets that contribute to the region's continuum of care. The following sections provide a deeper look at the region's system data, including referral trends, offense types, supervision and placement patterns, and school and child welfare indicators, to further inform local planning and highlight where targeted investments may be most needed.

Southeast Region Data Snapshot

Southeast 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 youth face 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 Southeast Region

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

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

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

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

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

This section examines child welfare indicators for the Southeast 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 Southeast Region

Table 19 presents a point-in-time snapshot of the number of children in substitute care in the Southeast 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 Southeast Region⁴³

TJJD Southeast Region Dept (Lead County)	Total in Substitute Care	Foster Home	Kinship Care	Residential Treatment Center	Emergency Shelter	General Residential Operation	Other
Angelina	126	60	47	12	0	1	6
Austin	1	0	0	0	0	1	0
Brazoria	112	54	27	9	2	9	11
Brazos	141	79	52	4	1	1	4
Chambers	12	4	5	1	0	2	0
Fort Bend	81	45	16	6	2	1	11
Galveston	146	69	48	16	2	2	9
Grimes	10	1	8	0	0	0	1
Hardin	30	9	12	7	0	0	2
Harris	1,644	1,029	324	83	22	36	150
Houston	32	16	12	3	0	0	1
Jasper	28	12	13	0	0	0	3

⁴² 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.

⁴³ Texas Department of Family and Protective Services. *CPS Conservatorship: Children in DFPS Legal Responsibility on August 31, 2024*. DFPS Data Book, 2024, https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Activity_on_August_31.asp

TJJD Southeast Region Dept (Lead County)	Total in Substitute Care	Foster Home	Kinship Care	Residential Treatment Center	Emergency Shelter	General Residential Operation	Other
Jefferson	238	124	83	15	0	6	10
Leon	11	5	5	1	0	0	0
Liberty	30	14	7	1	0	4	4
Madison	12	7	5	0	0	0	0
Matagorda	41	22	17	0	0	0	2
Montgomery	191	107	55	13	0	3	13
Orange	71	45	18	3	0	0	5
Polk	27	14	8	1	1	3	0
Tyler	15	4	10	0	0	0	1
Walker	27	12	5	2	0	0	8
Waller	8	5	1	1	0	0	1
Wharton	41	18	22	0	1	0	0
Region Total	3,075	1,755	800	178	31	69	242
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 Southeast Region fall under DFPS Region 5 and 6, shown in Figure 4 and 5.

In DFPS Region 5, the private entity that was awarded the state contract to assume these functions is the Texas Family Care Network. This SSCC began planning to transition to CBC in April 2023 and has been live in Stage 2 since April 2024. In DFPS Region 6, the SSCC is DePelchin Children's Center, which is in the readiness portion of Stage 1 and is anticipated to go live in early 2026. Practically, this means that the SSCC in each of these regions is responsible for placement, case management, kinship support, and reunification services.



Figure 4. Map of DFPS Region 5



Figure 5. Map of DFPS Region 6

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 Southeast Region

High caseloads and staff turnover in the region can lead to delays in service delivery and disruptions in coordination between CPS and juvenile probation officers for shared youth. The tables below show Region 5 experienced the highest CPS and Child Protective Investigations (CPI) staff turnover increase in the state, jumping from 15.0% to 62.6%, a 317.3% rise. Region 6, by contrast, saw a slight decrease in turnover (from 23.8% to 21.6%). Caseloads declined in both regions, down 31.5% in Region 5 and 41.2% in Region 6.⁴⁴ Probation departments in the catchment area would be wise to begin or continue relationship building with the SSCCs in the region to support coordination of services for shared youth during this workforce transition.

Table 20. CPS/CPI Staff Turnover and Average Daily Caseload in DFPS Region 5, FY2015 & 24⁴⁵

DFPS Region 5	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	15.0%	62.6%	+317.3%
Avg Daily Caseload (cases/day)	19.7	13.5	-31.5%

Table 21. CPS/CPI Staff Turnover and Average Daily Caseload in DFPS Region 6, FY2015 & 24⁴⁶

DFPS Region 6	FY2015	FY2024	% Change from FY2015
Staff Turnover (%)	23.8%	21.6%	-9.2%
Avg Daily Caseload (cases/day)	21.1	12.4	-41.2%

DFPS Family Based Safety Services in the Southeast 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.

⁴⁴ 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

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

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

⁴⁶ Texas Department of Family and Protective Services. *CPS/CPI Staff Turnover and Average Daily Caseload*. DFPS Data Book, FY 2015-2024.

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

The following table shows the number of children who completed FBSS in DFPS Region 5 and 6 and their outcomes. Successful FBSS completion means a child was able to remain safely with their family, a critical protective factor against school removal, instability, and justice system contact. Unsuccessful completions, by contrast, often precede placement into foster care.

Region 5 saw the largest increase in FBSS enrollment statewide, with a 79.7% jump in the number of youth served from 2023 to 2024, while Region 6 had a models 24.5% decline. 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 22. FBSS Children Served and One-Year Outcomes, FY 2024 (Region 5, 6, Statewide)⁴⁷

DFPS Region	Children Served (Ages 6+)	% Change in Children Served (from FY 2023)	% Unsuccessful Completions (Ages 6+)
Region 5	451	79.7% increase	20.4%
Region 6	1,449	24.5% decrease	13.5%
Statewide	13,736	17.8% increase	17.9%

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

School Discipline Data Snapshot in the Southeast Region

School discipline is a critical point of intersection between education and the juvenile justice system. In the Southeast Region, exclusionary practices such as suspensions, expulsions, and

⁴⁷ Texas Department of Family and Protective Services. *CPS Family Preservation: Six-Month, One-Year, and Five-Year Outcomes*. DFPS Data Book, FY 2024.

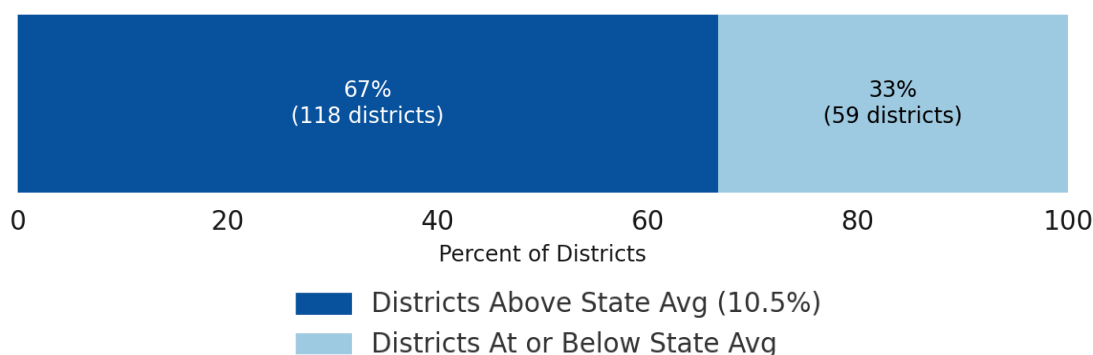
https://www.dfps.texas.gov/About_DFPS/Data_Book/Child_Protective_Services/Family_Preservation/Six-Month_One_Five_Year_Outcomes.asp.

alternative education placements are common responses to student misconduct. These measures often serve as the first step along a trajectory that can lead youth away from supportive learning environments and toward justice system involvement. Understanding these patterns is essential for designing preventive, community-based responses that keep students engaged in school and out of the justice system.

Exclusionary Discipline Rates in the Southeast Region

In school year 2023–24, 67% (118 of 177) school districts in the Southeast Region exceeded the statewide average suspension/expulsion rate of 10.5%, the highest proportion of any region in Texas (Figure 6).

Figure 6. Percentage of School Districts Exceeding Statewide Suspension/Expulsion Rate in the Southeast Region, 2023-24⁴⁸



The following table ranks the top 30 districts with the highest exclusionary discipline rates in the Southeast Region. Several districts report rates more than double the statewide average, including Trinity ISD (29%), Beaumont ISD (26%), and Texas City ISD (25%), placing them among the highest statewide. Polk, Liberty, and Jasper Counties each contain multiple high-rate districts, pointing to localized clusters of exclusionary discipline.

Table 23. Southeast Region Districts with Highest Suspension/Expulsion Rates, 2023-24⁴⁹

Rank	Department	School District	Rate	Rank	Department	School District	Rate
1	Polk	TRINITY ISD	29%	16	Galveston	GALVESTON ISD	20%
2	Leon	CENTERVILLE ISD	26%	17	Wharton	WHARTON ISD	19%
3	Jefferson	BEAUMONT ISD	26%	18	Austin	BRAZOS ISD	19%
4	Jasper	JASPER ISD	26%	19	Jasper	BURKEVILLE ISD	19%

⁴⁸ Texas Education Agency. *Discipline Reports: Annual District Summary, 2023-24*.

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

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

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

Rank	Department	School District	Rate
5	Galveston	TEXAS CITY ISD	25%
6	Jasper	NEWTON ISD	24%
7	Tyler	WOODVILLE ISD	24%
8	Orange	WEST ORANGE	23%
9	Polk	LIVINGSTON ISD	22%
10	Hardin	SILSBEE ISD	22%
11	Polk	COLDSPRING ISD	21%
12	Liberty	CLEVELAND ISD	21%
13	Karnes	RUNGE ISD	21%
14	Orange	LITTLE CYPRESS	20%
15	Liberty	HULL-DAISETTA	20%

Rank	Department	School District	Rate
20	Walker	NEW WAVERLY	19%
21	Waller	ROYAL ISD	19%
22	Matagorda	BAY CITY ISD	18%
23	Brazos	BRYAN ISD	18%
24	Polk	ONALASKA ISD	18%
25	Grimes	NAVASOTA ISD	18%
26	Houston	GRAPELAND ISD	18%
27	Brazoria	SWEENEY ISD	17%
28	Jasper	DEWEYVILLE ISD	17%
29	Angelina	DIBOLL ISD	17%
30	Liberty	DAYTON ISD	17%

Education Service Centers (ESCs) in the Southeast 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 Southeast Region fall under ESC Regions 4, 5 and 6, shown below. For juvenile departments and TJJD Regional CoC Coordinators, ESCs are a critical partner, offering a direct connection to school leadership, access to training infrastructure, and a strategic regional platform for strengthening school-based prevention, early intervention, and diversion supports.

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

ESC Region	#	Southeast Region Departments Served
ESC 3	2	Matagorda, Wharton
ESC 4	7	Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Waller
ESC 5	6	Hardin, Jasper, Jefferson, Orange, Polk, Tyler
ESC 6	9	Austin, Brazos, Grimes, Houston, Leon, Madison, Montgomery, Walker, Washington
ESC 7	1	Angelina

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

DAEP Placements in the Southeast Region

DAEPs are alternative instructional settings for students removed from class for misconduct. Between 2018–19 and 2023–24, the Southeast Region recorded one of the largest statewide increases in DAEP placements, with all three ESCs exceeding the state average. The 85% increase in Region 6 represents one of the highest growth rates of any region statewide (Table 25).

Table 25. DAEP Placements in the Southeast Region⁵⁰

ESC Region	2018–19 Placements	2023–24 Placements	% Increase
Region 4	18,646	31,531	+69%
Region 5	1,930	3,288	+70%
Region 6	3,725	6,891	+85%
Statewide	96,345	151,045	+57%

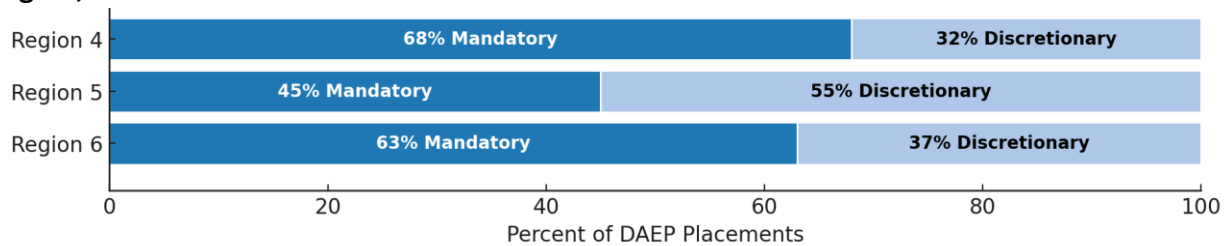
DAEP placements fall into two categories: mandatory and discretionary. Mandatory placements are required by state law for certain serious offenses, such as bringing a weapon to school, and are generally more objective and limited in scope. However, even mandatory placements require school administrators to consider mitigating factors (such as intent, disciplinary history, or disability status), meaning no placement is ever entirely automatic.⁵¹ In contrast, discretionary placements are determined by school personnel based on the district's local code of conduct for behaviors that are not legally mandated for removal, such as persistent misbehavior or repeated rule violations. This gives administrators significant discretion in deciding when and how to apply exclusionary discipline, contributing to wide variation in practice across districts.

While Figure 7 shows a majority of DAEP placements in the Southeast Region were mandatory, a large portion were discretionary removals determined by local school personnel based on the school's code of conduct (55% in Region 4, 37% in Region 5, and 37% in Region 6).

⁵⁰ Texas Education Agency, *Disciplinary Data Portal: Region 4-6 DAEP Tab for 2018-19 and 2023-24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html

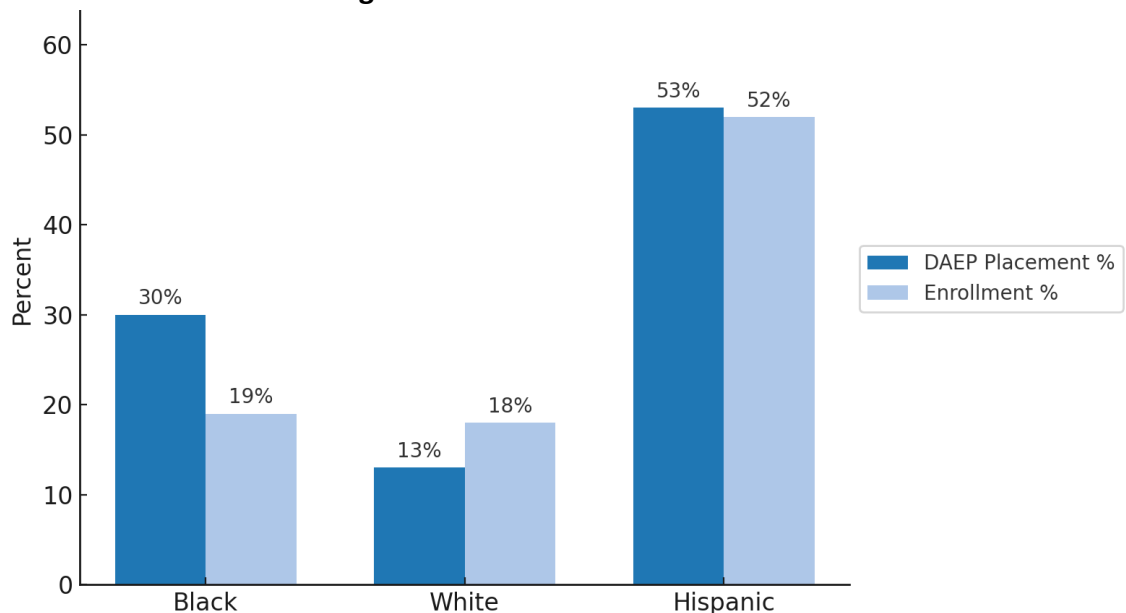
⁵¹ See Texas Education Code §§ 37.001, 37.006.

Figure 7. Proportion of Mandatory vs. Discretionary DAEP Placements in the Southeast Region, 2023-24⁵²



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. Figures 8, 9, and 10 compare the demographic composition of students placed in DAEPs with overall student enrollment across the region.

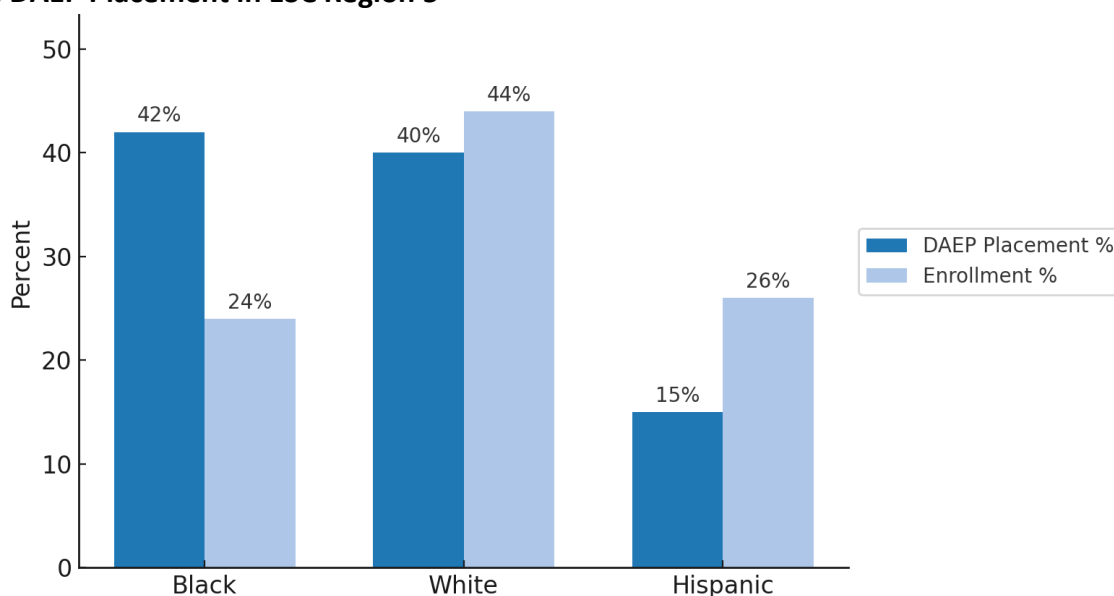
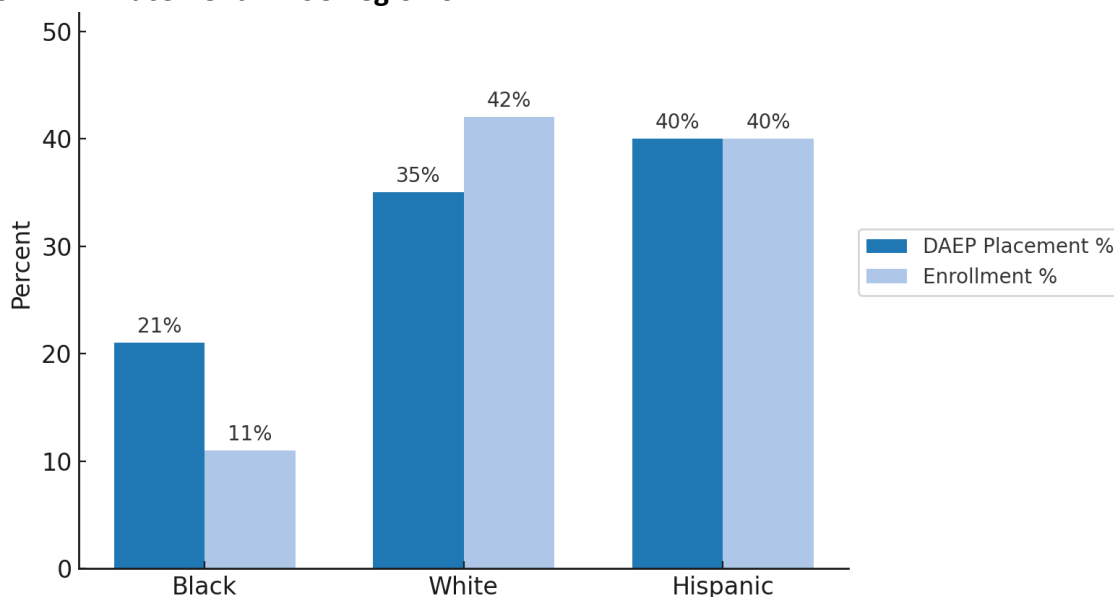
Figure 8. DAEP Placement in ESC Region 4^{53,54}



⁵² Texas Education Agency, *Disciplinary Data Portal: Region 4, 5 and 6 DAEP Tab for 2018-19 and 2023-24*.

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

⁵⁴ Texas Education Agency, *Disciplinary Data Portal: Region 4, 5 and 6 DAEP Tab for 2018-19 and 2023-24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html

Figure 9. DAEP Placement in ESC Region 5^{55,56}**Figure 10. DAEP Placement in ESC Region 6^{57,58}**

⁵⁵ Texas Education Agency. *Enrollment in Texas Public Schools, 2023-24*. <https://tea.texas.gov/reports-and-data/school-performance/accountability-research/enroll-2023-24.pdf>

⁵⁶ Texas Education Agency, *Disciplinary Data Portal: Region 4, 5 and 6 DAEP Tab for 2018-19 and 2023-24*. https://rptsvr1.tea.texas.gov/adhocrpt/Disciplinary_Data_Products/regiondiscipline.html

⁵⁷ Texas Education Agency. *Enrollment in Texas Public Schools, 2023-24*. <https://tea.texas.gov/reports-and-data/school-performance/accountability-research/enroll-2023-24.pdf>

⁵⁸ Texas Education Agency, *Disciplinary Data Portal: Region 4, 5 and 6 DAEP Tab for 2018-19 and 2023-24*.

JJAEP Expulsion Trends in the Southeast Region

JJAEPs are specialized educational settings designed to serve students who have been expelled from their local school districts for serious or persistent misconduct, as defined in the [Texas Education Code, Chapter 37](#). JJAEPs are charged with providing academic instruction and behavioral support to help students continue their education while addressing the issues that led to expulsion. Under state law, counties in Texas with populations of 125,000 or more are required to operate a JJAEP, administered jointly by the county's juvenile probation department and local school districts, with oversight from TJJD.

Data provided by TJJD in Table 26 shows JJAEP expulsions declined across the Southeast Region from school year 2022–23 to 2024–25. Most counties saw year-over-year decreases in mandatory expelled student attendance days, and discretionary dropped or stayed stable in most counties. *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 Southeast Region, 2022-25⁵⁹

JJAEP	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	
Brazoria	10,115	1,376	229	11,720	0	511	510	1021
Brazos	161	81	66	308	226	0	58	284
Fort Bend	2,438	1,472	543	4,453	1,489	892	693	3,074
Galveston	1,829	1,368	521	3,718	0	0	53	53
Harris	5,783	4,682	4665	15,130	4,947	4,886	5,235	15,068
Jefferson	325	385	157	867	1,121	1,100	1,328	3,549
Montgomery	10,681	4,339	988	16,008	1,671	2,427	2,753	6,851
Total	31,332	13,703	7,169	52,204	9,454	9,816	10,630	29,900

Looking ahead, the Southeast 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.

⁵⁹ Texas Juvenile Justice Department. *JJAEP Attendance, 2022-2025*. Received by Meadows Institute from TJJD email communication on November 5, 2025.

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

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

Juvenile Referral Sources in the Southeast Region

TJJD data show most juvenile justice referrals (arrests) in the Southeast Region come from law enforcement agencies, which accounted for 74% of all referrals in 2022-2024. Probation departments were the second largest source, responsible for roughly 12% of referrals, followed closely by Probation Departments at 11%. These cases often involve youth who are already on probation or under court supervision and receive a new referral due to a probation violation or new offense. This highlights the importance of examining probation policies and supervision practices as part of broader efforts to reduce system involvement and support successful outcomes for youth. Other sources, including schools, municipal courts, and TJJD, together made up 3%.

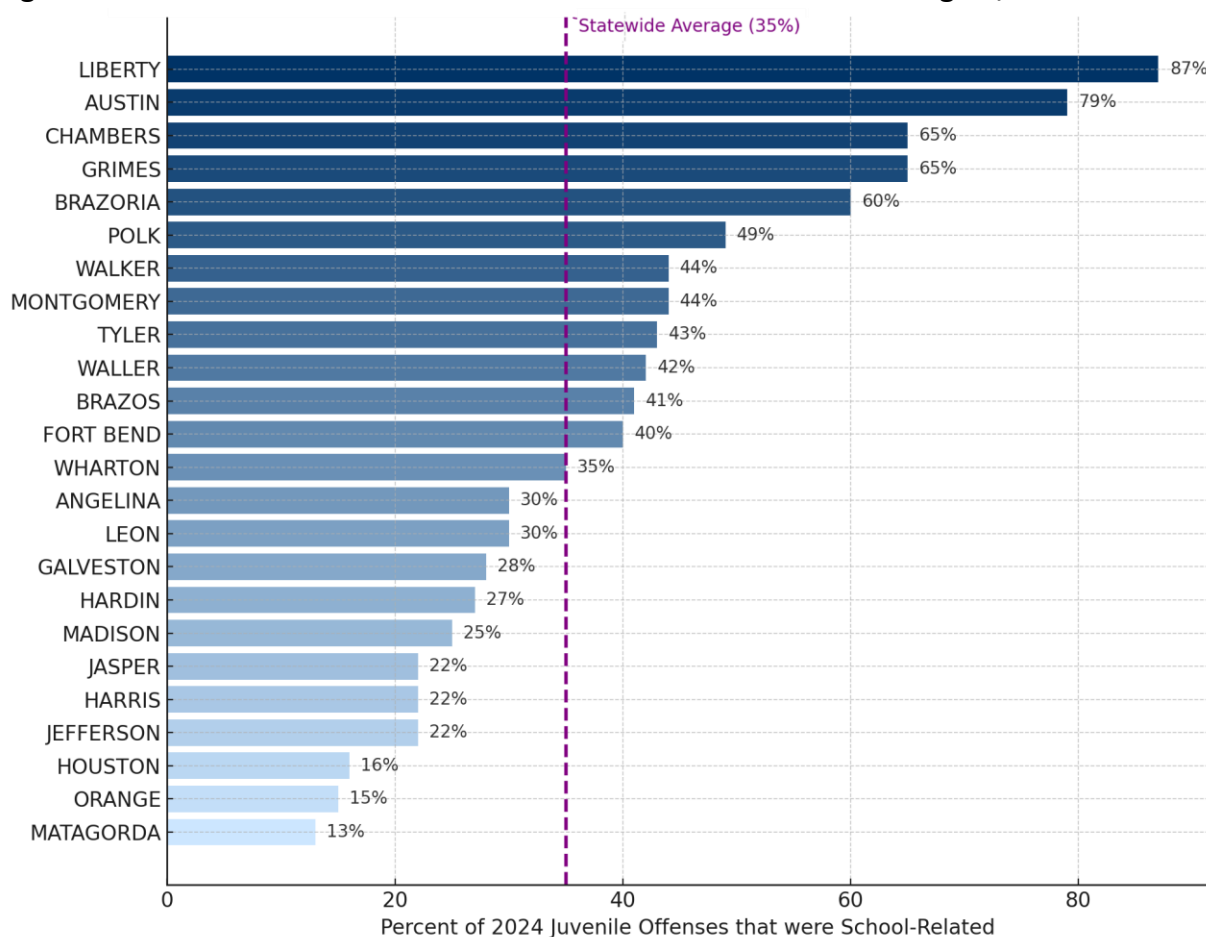
School-Based Arrests and Referrals in the Southeast Region

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), as shown in Figure 11, we see that a substantial share of juvenile justice referrals in the Southeast 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 13% (Matagorda County) to 87% (Liberty County). Half of the counties in the Southeast Region had school-based referral (arrest) rates above the statewide average of 35%.

Figure 11. School-Related Juvenile Justice Referrals in the Southeast Region, 2024^{60,61}



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

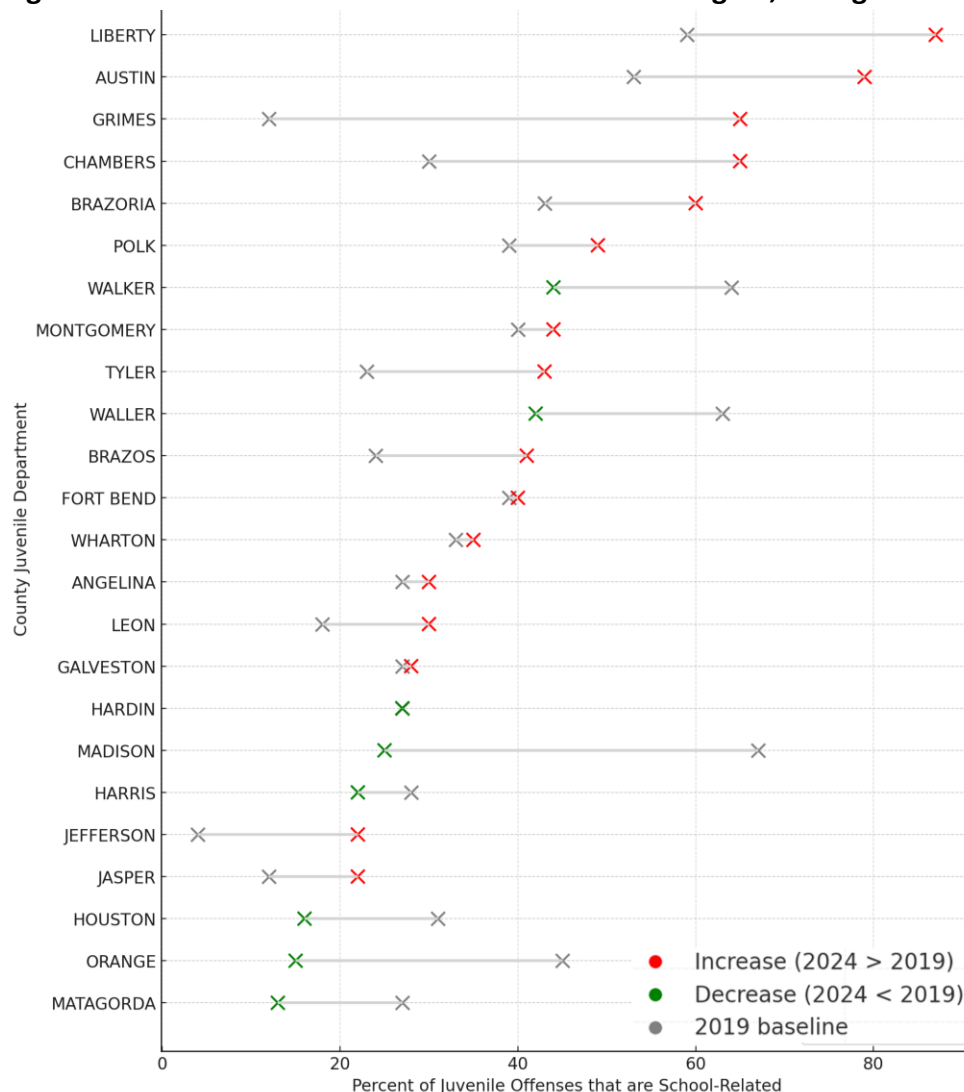
⁶⁰ Texas Juvenile Justice Department. *ECI Extract: CY 19-24 Offenses at School*. Received by Meadows Institute from TJJD email communication on August 6, 2025.

⁶¹ Texas Juvenile Justice Department. *ECI Extract*.

To better understand changes over time, Figure 12 presents the percentage of school-related offenses by county from 2019 to 2024. Each line connects two data points for each county: a gray “X” represents the 2019 baseline, while a second “X” shows the 2024 value, colored red if the percentage increased and green if it decreased.

Overall, 18 of 24 counties in the Southeast Region saw an increase in the share of juvenile offenses that were school-related. Counties with significant increases may warrant closer review of school policing practices, campus-based supports, and opportunities for earlier behavioral health or restorative interventions.

Figure 12. School-Based Referrals in the Southeast Region, Change from 2019 to 2024⁶²



⁶² Texas Juvenile Justice Department. *ECI Extract: C Y19-24 Offenses at School*. Received by Meadows Institute from TJJD email communication on August 6, 2025.

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

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

Juvenile Justice Data Snapshot in the Southeast Region

This section presents an analysis of juvenile justice trends across TJJD's Southeast Region. While overall referral volumes have remained stable since 2019, the makeup of those referrals has shifted in meaningful ways. Felony referrals are increasing in small and medium counties, supervision and commitment levels are declining across the board, and youth trauma and mental health remain a top concern. 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

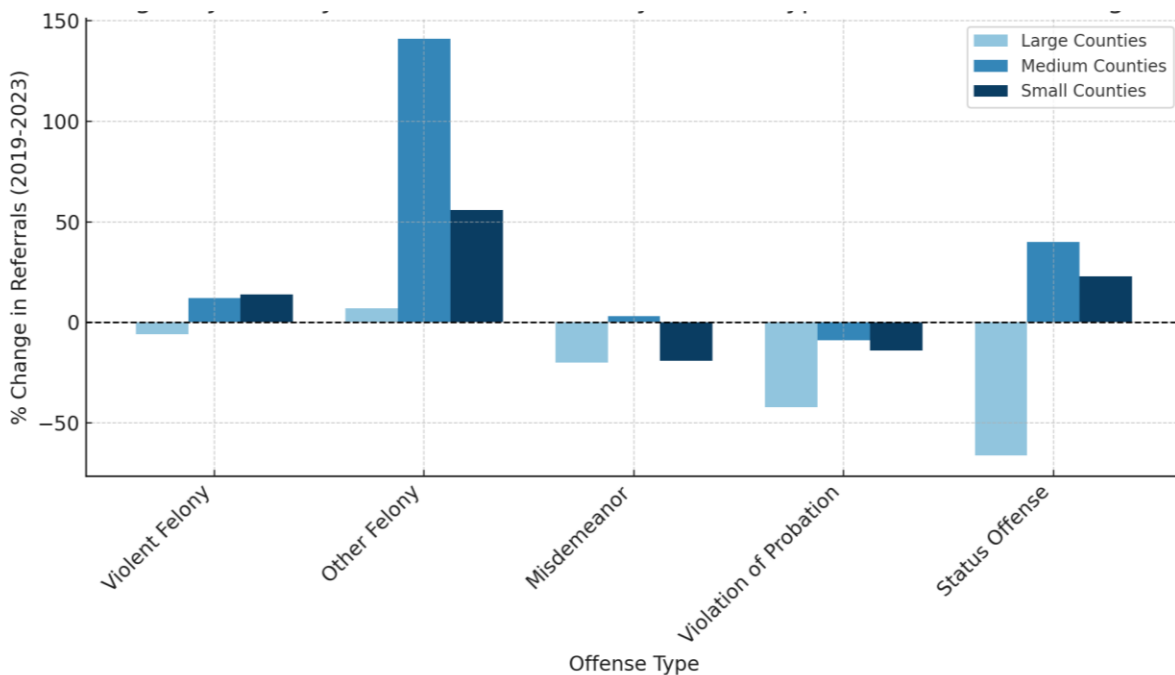
 *Large and small counties experienced very different shifts in offense patterns.*

In 2023, the Southeast Region recorded 13,654 juvenile referrals, a number that has remained relatively unchanged from 2019.⁶³ However, offense patterns have shifted by county size. In large departments, referrals decreased for nearly every offense type. Meanwhile, medium and small departments saw dramatic increases in referrals for what TJJD categorizes as “Other Felony” offenses (e.g. burglary, theft, property, drug, weapons), up 141% and 56% respectively. 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. Status offenses⁶⁴ dropped sharply in large counties but increased in smaller ones. Probation violations declined regionwide. These trends are illustrated in Figure 13, which displays percent changes in referral rates by offense type across county sizes between 2019 and 2023.

⁶³ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Referrals tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

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

Figure 13. Juvenile Justice Referral Rates by Offense Type in the Southeast Region, Comparing FY 2019 and 2023⁶⁵

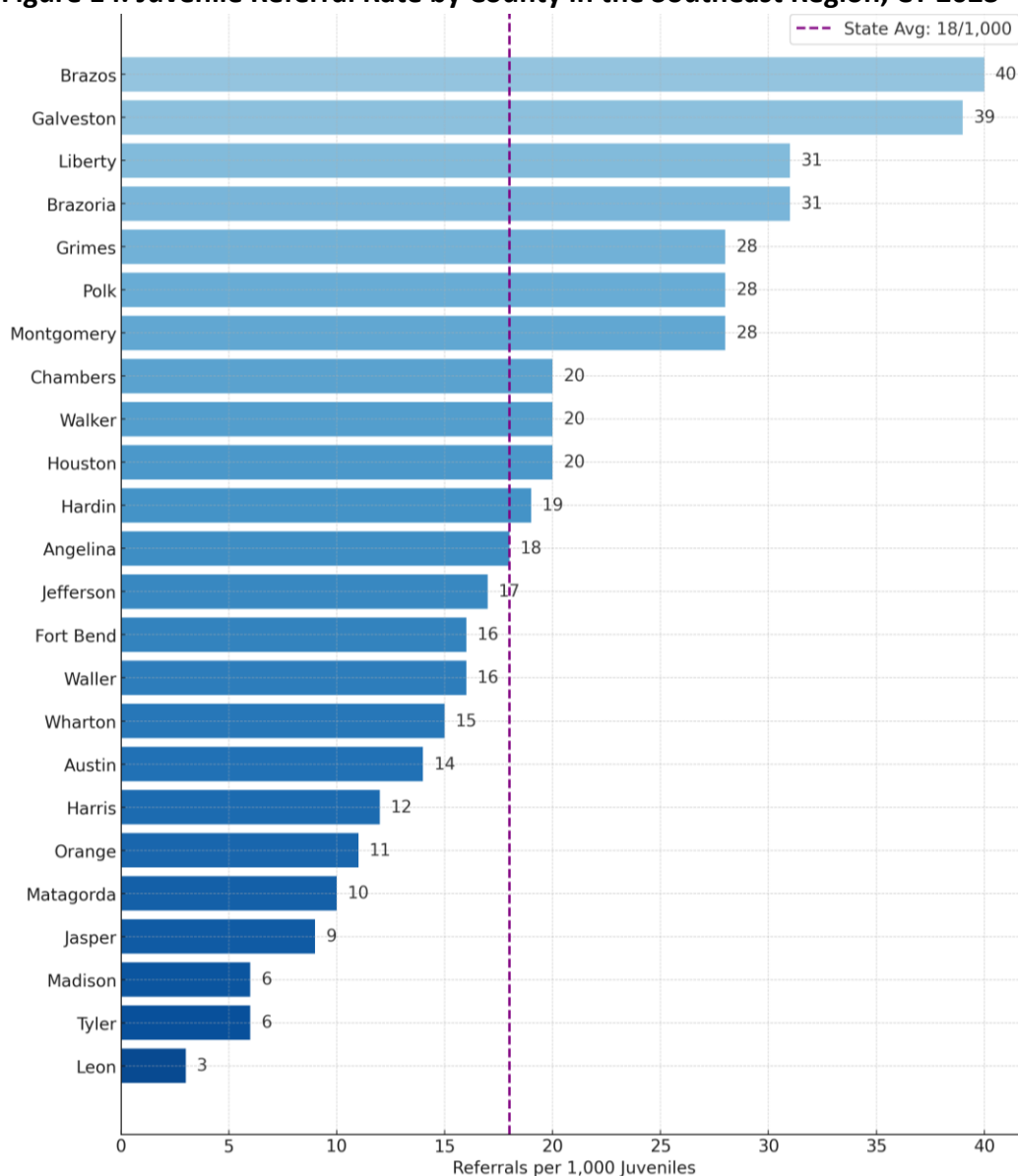


Referral Rates by County

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

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

⁶⁵ Texas Juvenile Justice Department. (2024, August). *Juvenile probation department profiles - fiscal years 2019-2023*. Received from email communication on July 31, 2024. In August and September 2024, the Meadows Institute analyzed and re-aggregated the juvenile probation department profiles provided by TJJD. The Institute converted TJJD's department-level data into region- and department size-based profiles by aggregating and averaging the individual department data. Additional information is available upon request.

Figure 14. Juvenile Referral Rate by County in the Southeast Region, CY 2023⁶⁶

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

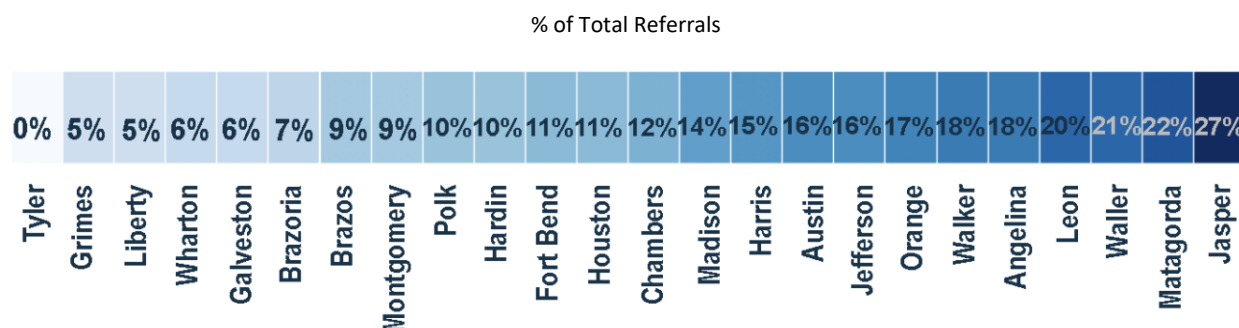
⁶⁶ Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.

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

rates (Figure 14 above) reflect how frequently youth are referred into the system, while the share of violent felony referrals (Figure 15 below) reflects the composition of those referrals. Viewed together, the two figures provide insight into how counties differ in their use of the juvenile justice system, highlighting whether higher referral activity is driven primarily by lower-level behavior, more serious offenses, or a combination of both.

For example, several counties with high overall referral rates, including Brazos and Liberty, do not have correspondingly high shares of violent felony referrals. In these counties, elevated referral activity appears to be driven largely by nonviolent or lower-level conduct. This suggests law enforcement and probation may rely more heavily on formal referrals across a wider range of behaviors. By contrast, Jasper and Matagorda counties report the highest violent felony shares in the region, despite being among the lowest in overall referral volume. This suggests formal system involvement is more focused on serious cases. 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 15. Juvenile Violent Felony Referrals as Percent of Total for Southeast Region Counties, CY 2023⁶⁷

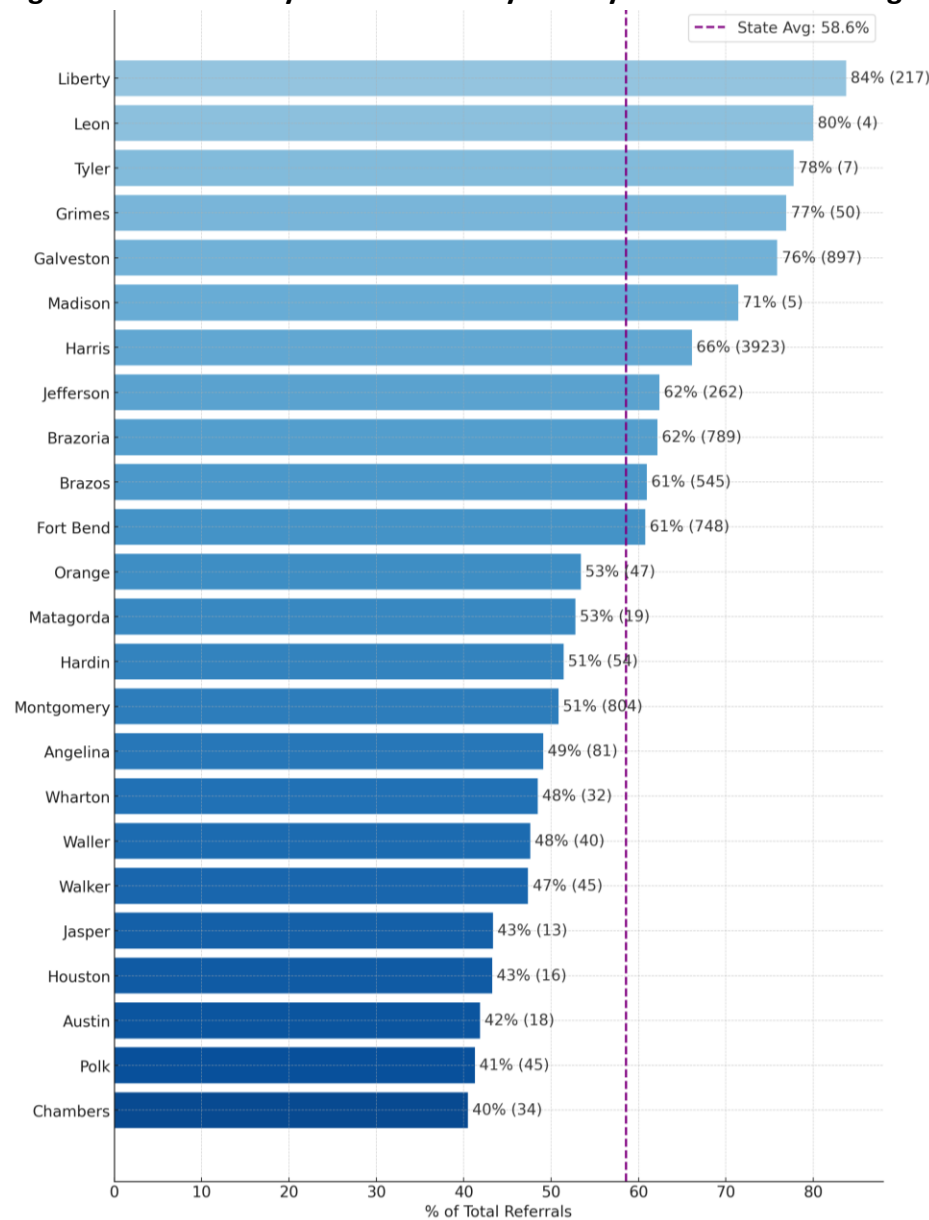


Non-Felony Referrals

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

Despite public attention on youth violence, most system involvement in the Southeast 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.

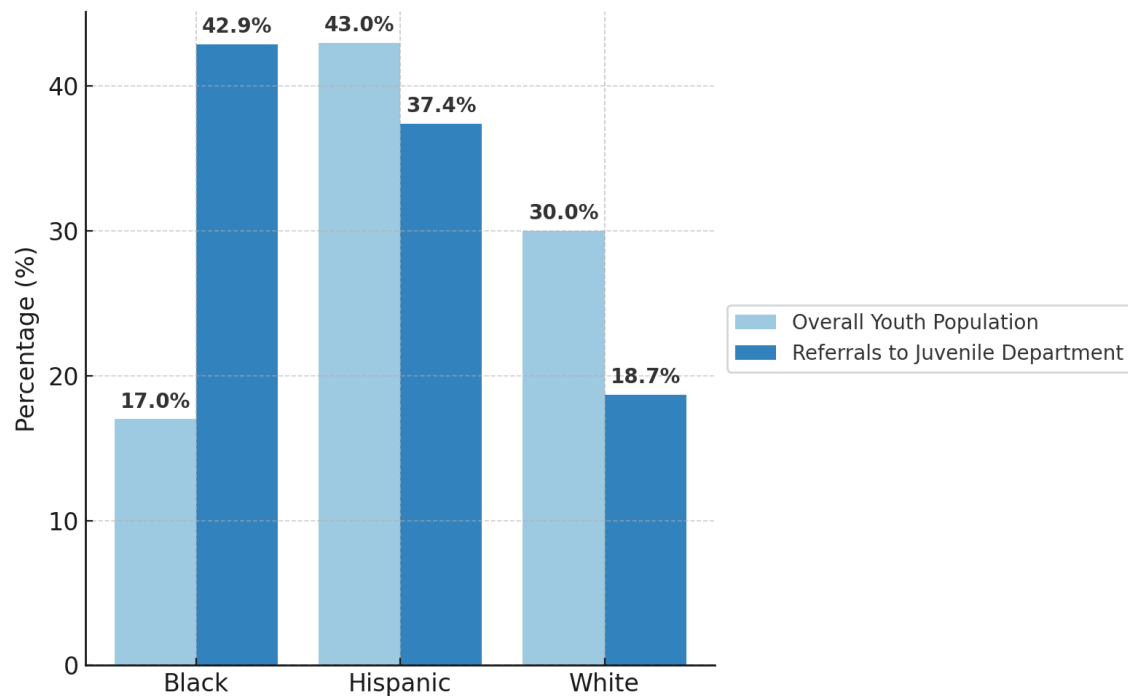
⁶⁷ Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.

Figure 16. Non-Felony Referral Rate by County in the Southeast Region, CY 2023⁶⁸

Note: Count of referrals in parentheses.

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

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



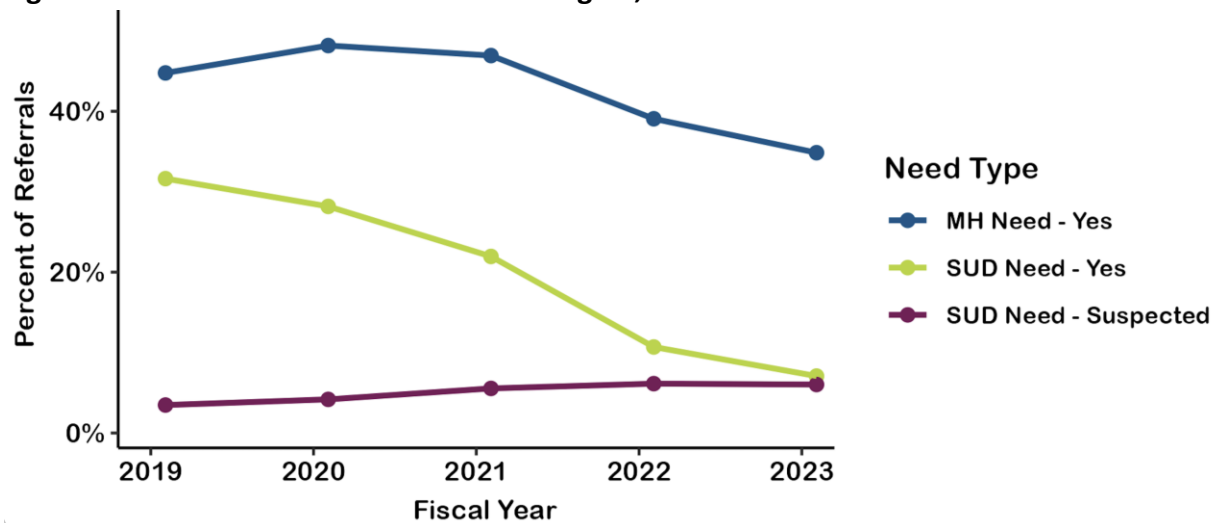
Justice-Involved Youth Needs

 *Trauma and mental health remain high priorities despite declining reported need.*

Data from the [MAYSI](#) screener administered at intake by county departments show 55% of youth had experienced at least one traumatic event.⁷⁰ According to 2023 data from TJJD County Profiles shown in Figure 18, 13% of referred youth had a known or suspected substance use disorder (SUD) and 35% had mental health (MH) needs. Although reported behavioral health needs have declined since 2019, they remain a top concern across the region. Probation staff have cautioned that these assessments are typically completed only at intake and rarely updated. As a result, behavioral health needs are likely underreported.

⁶⁹ Texas Juvenile Justice Department. *Juvenile probation department demographics - fiscal years 2022-2024*. Received by Meadows Institute from TJJD email communication on December 6, 2024.

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

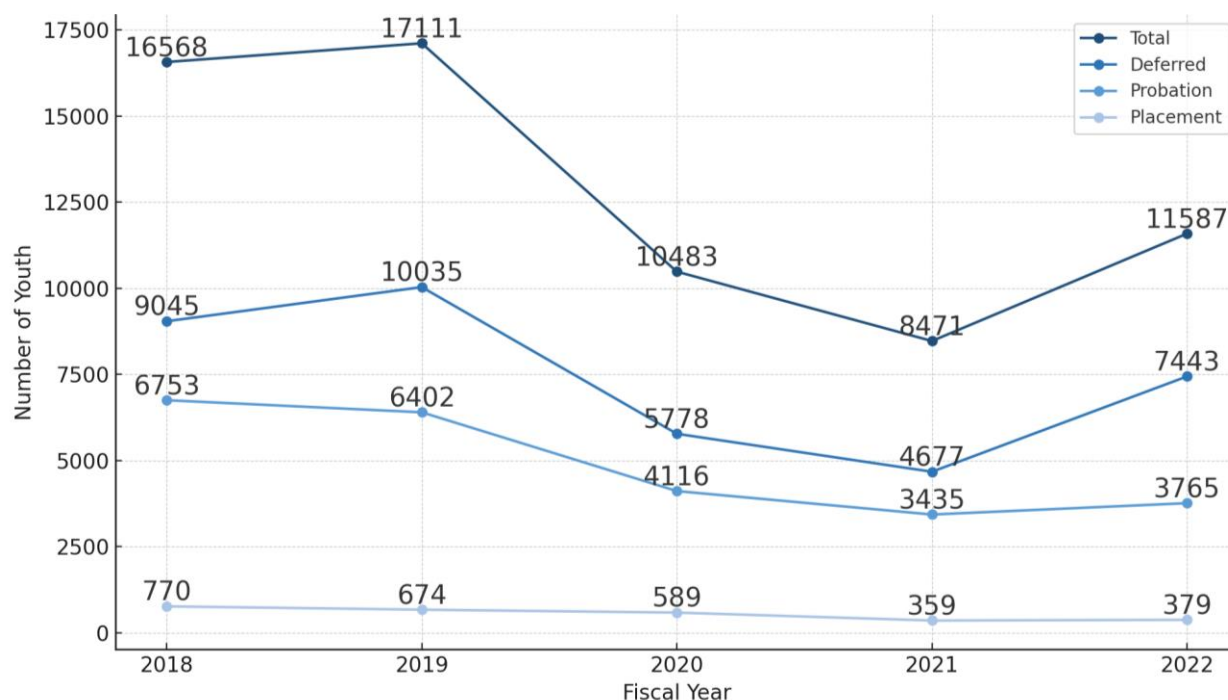
Figure 18. Youth Needs in the Southeast Region, FY 2019-2023⁷¹

Supervision and Placement

 *Placements and probation have declined, with deferred prosecution widely used.*

Between 2018 and 2022, the number of youth under supervision in the Southeast Region declined, with a sharp drop in 2020 around the pandemic. Formal probation and out-of-home placements decreased consistently over the period. This 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.

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

Figure 19. Juvenile Supervision by Type in the Southeast Region, FY 2018-2022⁷²

TJJD Commitments

Commitments have decreased across all county sizes.

From 2019 to 2023, TJJD commitments fell across the Southeast 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 Southeast Region, Comparing FY 2019 and 2023⁷³

Department Size	Youth Committed to TJJD in 2019	Youth Committed to TJJD in 2023	% Change
Small	16	3	-18%
Medium	84	59	-30%
Large	96	79	-81%

Recidivism

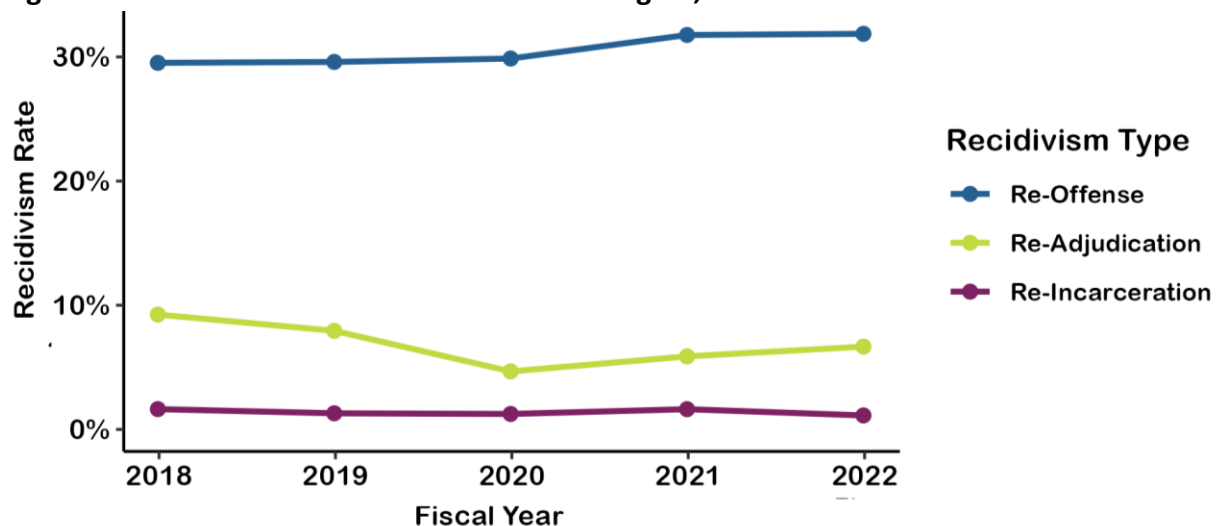
Recidivism held steady overall; re-offense increased slightly in small and large counties.

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

⁷³ Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Commitment tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

From 2018 to 2022, recidivism rates remained stable across most measures in the Southeast Region. Re-offense rates increased slightly for small and large counties, but re-adjudication and re-incarceration remained flat or declined. The following figure illustrates these trends in youth recidivism across the five-year period. Refer to Appendix F for details on the recidivism calculation methodology used by TJJD.

Figure 20. Youth Recidivism in the Southeast Region, FY 2018-2022⁷⁴



The Southeast Region has maintained stable referral volumes overall, but felony referrals are rising, especially for non-violent property and drug offenses. Encouragingly, commitments to TJJD have declined across the board. Youth behavioral health and trauma needs remain widespread and likely undercounted. One of the most striking findings is the predominance of non-felony offenses, which continue to make up the majority of referrals. This signals an opportunity to expand diversion strategies and strengthen community-rooted support systems that can meet underlying needs outside of the juvenile justice system, freeing probation resources to focus on youth who pose greater public safety risk and require more intensive intervention.

Juvenile Justice System Needs and Opportunities Survey

As part of this assessment, the project team distributed a statewide *Juvenile Justice System Needs and Opportunities Survey* (see Appendix G) to all juvenile departments in July 2025. The survey included both closed-ended and open-ended questions, providing a blend of quantitative data and qualitative insights from local practitioners. The graphs below present survey results from Southeast Region respondents only (n = 15). While the survey received 98

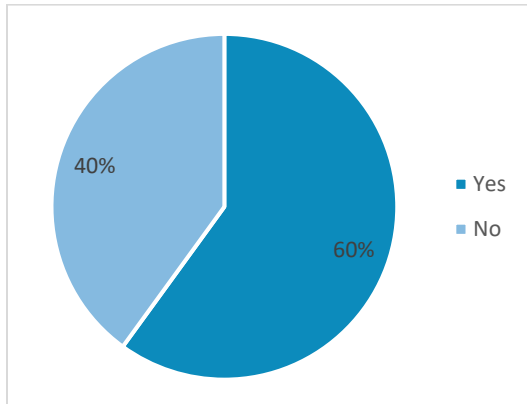
⁷⁴ Texas Juvenile Justice Department. (2024, August). *Juvenile probation department profiles - fiscal years 2018-2022: Recidivism tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

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

Quantitative Survey Results for the Southeast Region

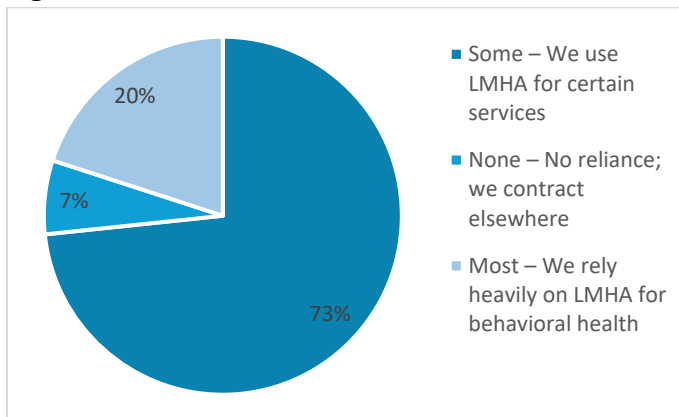
Just over half of the responding departments indicated they have in-house mental health staff.

Figure 21. Juvenile Department In-House Mental Health Staff

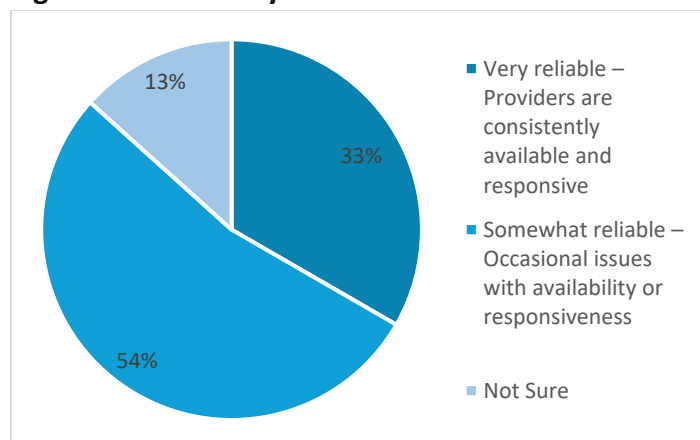


Most respondents reported at least some reliance on their Local Mental Health Authority (LMHA), with many relying heavily on LMHAs as the primary provider of youth behavioral health services.

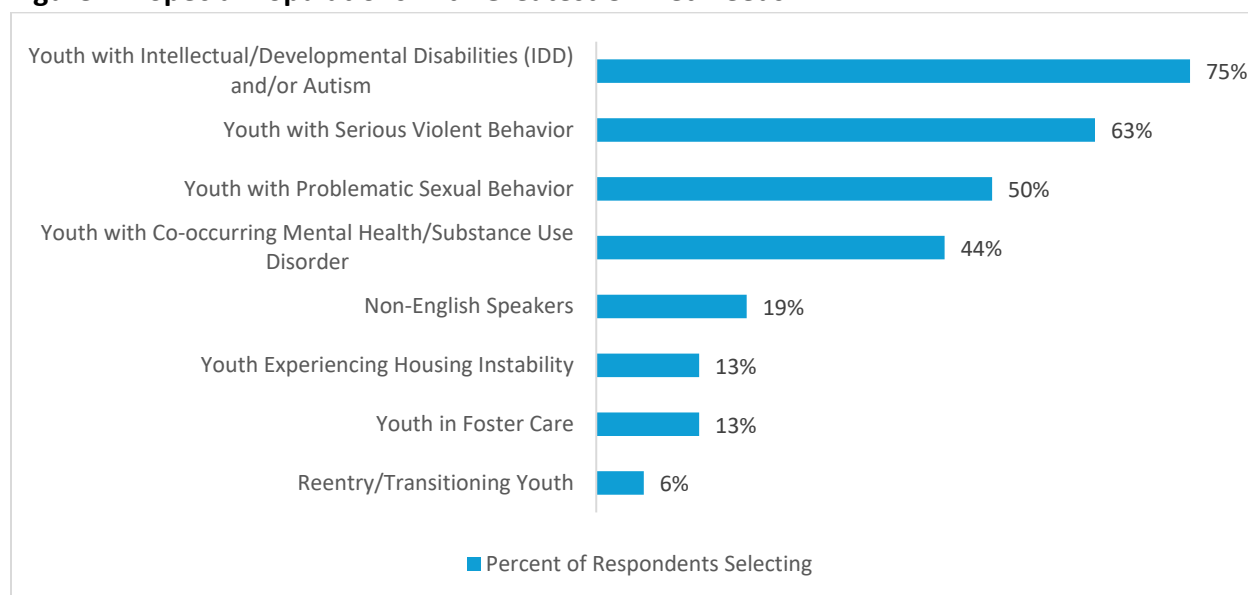
Figure 22. Reliance on LMHAs for Behavioral Health Services



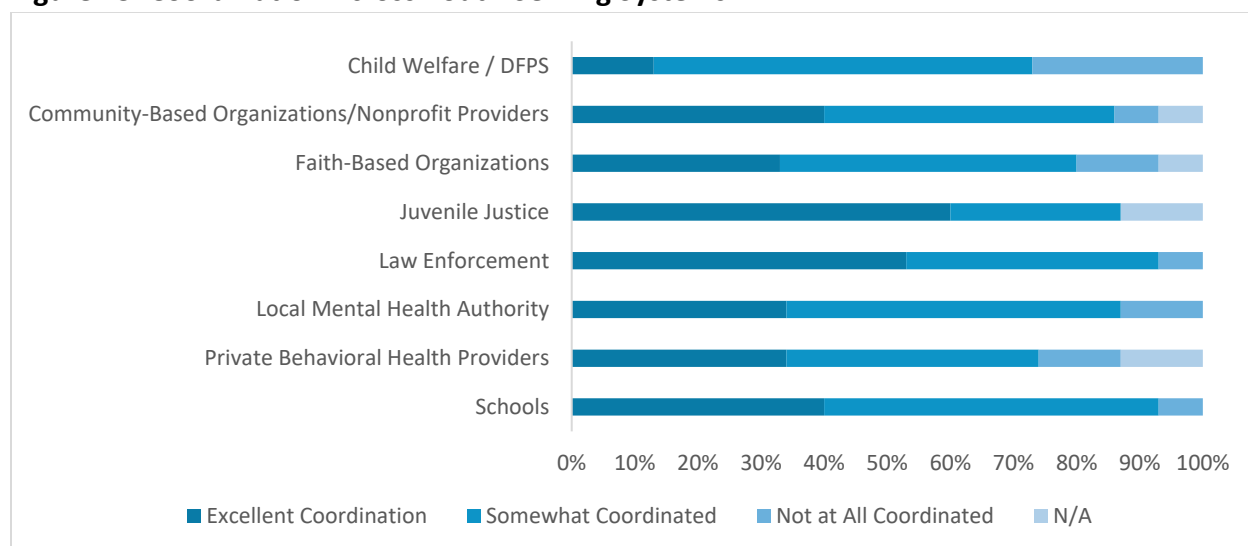
Most respondents indicated that provider partnerships are very or somewhat reliable.

Figure 23. Reliability of External Behavioral Health Partnerships

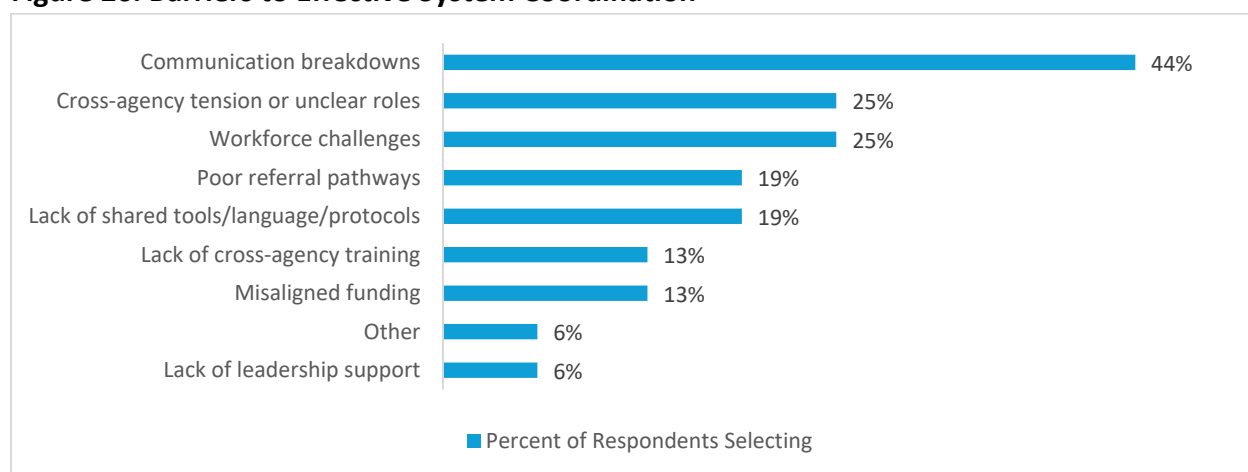
Youth with IDD/Autism were most frequently cited as having the greatest unmet needs, with youth with serious violent or problematic sexual behavior also high on the list.

Figure 24. Special Populations with Greatest Unmet Needs

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

Figure 25. Coordination Across Youth-Serving Systems

Communication breakdowns were ranked as the top barrier to collaboration.

Figure 26. Barriers to Effective System Coordination

Qualitative Survey Results for the Southeast 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 Southeast Region responses (n = 15), 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, Southeast Region respondents highlighted the following issues:

- **Inpatient and crisis treatment shortages** – Most counties lack local stabilization beds or dedicated adolescent psychiatric units. Youth in crisis are often detained or transferred to facilities several hours away.
- **Workforce instability and burnout** – Turnover among LMHA staff and private clinicians disrupts care continuity, particularly for bilingual and trauma-trained professionals.
- **Poor cross-system coordination** – Respondents described weak communication and accountability between LMHAs, CPS, and schools, leading to dropped referrals.
- **Inadequate services for complex populations** – Youth with co-occurring SUD/MH or developmental disabilities have limited access to appropriate services.

Table 28. Most Commonly Reported Gaps Across the Southeast Region

Challenge	# Counties Reporting
Workforce shortages and turnover	6
Crisis / inpatient treatment shortage	6
System coordination failures	5
Family engagement barriers	4
Special-population gaps (IDD, co-occurring SUD/MH)	3

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

- **Crisis and diversion initiatives** – Expansion of regional crisis response teams and youth stabilization centers to reduce detention admissions.
- **Embedded clinician models** – Placing LMHA staff within probation or school settings for streamlined intake and faster service access.
- **Family-centered programming** – Incorporating caregiver education, mentoring, and wraparound supports into standard service delivery.
- **Cross-system coordination improvements** – Implementing shared referral forms, regular case staffings, and collaborative MOUs between LMHAs and juvenile probation.
- **Workforce development strategies** – Respondents advocated for internship partnerships and loan forgiveness programs to attract clinicians to underserved areas.

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

- **Co-located LMHA and probation partnerships** – Departments in Jefferson and Brazoria Counties have embedded clinicians to improve care coordination.
- **Trauma-informed staff training** – Many departments have invested in TBRI, restorative approaches, and motivational interviewing staff training.

- **School-based programming** – Respondents highlighted various efforts between probation and school counselors to identify at-risk youth early and connect them with services.
- **Peer and mentoring initiatives** – Informal peer programs were mentioned in several counties that leverage positive role modeling.
- **Community resource mapping** – Some local departments maintain shared inventories of trusted providers and referral sources to expedite youth access.

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

- **Regional crisis stabilization facilities** specifically for youth to reduce detention reliance.
- **Workforce incentives** for hiring and retaining bilingual, trauma-informed clinicians.
- **Sustainable funding** for clinician contracts, mentoring programs, and cross-agency coordination roles.
- **Transportation assistance and family supports** to improve treatment participation.
- **Shared data and referral systems** across LMHAs, CPS, and probation.

From Data to Action

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

Southeast Region Findings & Recommendations

Southeast Region Findings and Recommendations

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

The Southeast Region stands out for its size, diversity, and depth of youth-serving infrastructure. It combines two of Texas's largest urban systems with a constellation of growing mid-sized and rural departments, creating a region rich in experience, innovation, and opportunity. Despite challenges of scale and coordination, stakeholders consistently described a strong foundation of leadership, collaboration, and creative problem-solving that positions the region to expand its continuum of care.

Strong Local Capacity and Professional Expertise

Larger departments in the region maintain robust in-house clinical and program teams, enabling quick assessment, warm handoffs, and evidence-based service delivery. Mid-sized and rural departments are increasingly adopting these practices, often drawing on shared training and regional supervision models. Leaders across counties emphasized a skilled and motivated workforce committed to practical solutions, youth engagement, and family-centered care.

A Deep and Connected Behavioral Health Ecosystem

The Southeast Region benefits from one of the most extensive behavioral health and social service networks in the state, with broad coverage by LMHAs, RTCs, and FQHCs. This foundation supports a wide range of prevention, crisis response, and treatment options for youth and families. Stakeholders noted improved relationships with community mental health providers and growing awareness among probation staff about how to navigate behavioral health and SUD systems more effectively.

Culture of Collaboration and Shared Problem-Solving

Across counties, probation leaders, courts, and service providers are demonstrating a strong willingness to collaborate, both formally and informally. Multi-county judicial districts and existing interlocal agreements provide a natural platform for shared staffing, joint contracting, and data-sharing pilots. Chiefs cited open communication among peers, mutual support during crises, and an emerging culture of shared learning as major regional strengths.

Emphasis on Prevention and Early Intervention

A defining feature of the Southeast Region is its focus on intervening early within schools, families, and communities before behavior escalates to system involvement. Stakeholders described prevention and diversion as shared priorities and voiced readiness to align practices across districts, probation departments, and courts. This emphasis on “front-end” solutions reflects a shift toward keeping youth in their homes, schools, and communities whenever possible.

Infrastructure and Readiness for Scale

The region’s large population centers, coupled with its established service footprint and history of interagency coordination, create ideal conditions for piloting new models that can later scale statewide. Counties have experience managing multi-source funding, leveraging state and federal grants, and sustaining innovations beyond the pilot phase. A growing network of higher education institutions, community-based organizations, and workforce partners further strengthens the region’s ability to support youth across the full continuum from prevention through reentry.

Promising Programs in the Southeast Region

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

The Southeast Region’s size, diversity, and service infrastructure make it a statewide leader in program innovation and collaboration. The programs below span school-connected prevention, family-based treatment, behavioral health and SUD recovery, specialty courts, and regional workforce and capacity-sharing models. Together, they illustrate the region’s growing capacity to connect youth and families with timely, community-based supports that reduce system involvement and promote long-term stability.

School-Connected Prevention and Early Diversion

The Southeast Region has developed a strong network of school-based prevention and diversion programs that help youth avoid formal system entry. These efforts combine attendance monitoring, mental health support, and family engagement within schools, addressing the root causes of disciplinary issues before they escalate.

Examples:

- Harris County Youth Service Center / TRIAD Partnership – 24/7 diversion hub resolving lower-level behavior and family conflict cases before referral.
- First Offender and Truancy Intervention Tracks (multi-county) – Early diversion for school incidents; integrates attendance, behavior, and caregiver support.

- TCHAT and Communities In Schools (region-wide) – School-based mental health and case management embedded across districts, offering faster and more accessible support than clinic-based care.

Family-Focused and In-Home Behavioral Health

Counties across the region are using evidence-based, family-centered models that bring treatment into the home or local community, reducing placement and improving engagement. The mix of MST, YCOT, and embedded clinician teams represents a strong “missing middle” between outpatient and residential care.

Examples:

- Multisystemic Therapy (MST) and Youth Crisis Outreach Teams (YCOT) – Intensive family therapy and crisis response programs serving multiple counties.
- In-House Clinician Teams (Harris, Fort Bend, Brazos, Montgomery) – Onsite clinical staff conducting assessments, short-term counseling, and warm handoffs.
- Telehealth Counseling / Wraparound Hubs (multi-county pooling) – Shared telehealth clinician networks offering bilingual services and short-term stabilization.

Substance Use and Peer Recovery Supports

The Southeast has growing infrastructure for youth-focused substance use treatment and recovery, blending judicial oversight with family-based treatment and peer engagement. These programs fill long-standing gaps in youth-specific SUD services.

Examples:

- Juvenile Drug and Recovery Court Tracks (Harris + others) – Structured, phased court programs pairing accountability with treatment and counseling.
- Peer and Family-Centered SUD Programs (multi-county) – LMHA- and FQHC-led recovery groups for youth and caregivers, offered in English and Spanish.
- Behavioral Health Solutions and similar community providers – Deliver bilingual prevention education and family recovery support.

Specialty Courts and Targeted Judicial Tracks

Specialized dockets are helping courts and probation departments better match supervision and services to youth needs. The Southeast region’s wide array of courts have created replicable models that combine accountability with treatment.

Examples:

- Harris County Specialty Dockets – Mental Health (360), CARE (Human Trafficking), Drug/Recovery (SOAR), and GRIP (Gang) courts integrating therapy, case management, and mentoring.
- Replicable Bench and Staffing Models – Structured team approaches that can be shared across counties through regional training or technical assistance.

Reentry, Workforce, and Community Reintegration

Counties are beginning to formalize reentry navigation and vocational pipelines that help youth successfully return home and build stability. These programs emphasize mentorship, job skills, and continuity of care after release or probation completion.

Examples:

- Reentry Navigator Pilots (multi-county) – Case managers or navigators coordinating school re-enrollment, counseling, and family follow-up at 7/30/60 days post-release.
- Gulf Coast Trades Center (Walker County) – Residential vocational program providing job training, GED prep, and employment pathways for justice-involved youth.
- Community-Based Organizations and Faith Networks (Greater Houston, coastal areas) – Mentoring, youth development, and family engagement rooted in local trust.

Regional and Shared-Capacity Models

Recognizing workforce shortages and geographic differences, several counties are collaborating to share staff, clinicians, and technology infrastructure. These models allow small and rural departments to access specialized services and sustain evidence-based programs.

Examples:

- Shared Staffing Agreements – Interlocal arrangements to share licensed clinicians, evaluators, and bilingual navigators across counties.
- Regional Supervision and Training Hubs – Larger departments (e.g., Harris, Fort Bend) serving as training centers for smaller jurisdictions.
- Telehealth and Mobile Service Networks – Regional co-ops providing pooled scheduling, after-hours access, and shared QA metrics.

Key Themes and Findings in the Southeast Region

The themes and findings below capture the most pressing challenges, opportunities, and system patterns identified across the Southeast Region through site visits, survey responses, and focus group discussions. They reflect the experience of probation leaders, service providers, educators, and community partners who work daily at the intersection of youth, families, and the justice system.

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: A region of extremes: large, well-resourced systems alongside small counties struggling to keep up.

Challenge: Harris and Fort Bend operate sophisticated service continuums, but neighboring counties often lack even basic contracted clinicians. The “gravity” of Houston pulls staff and funding, leaving rural and coastal departments with turnover, limited options, and inconsistent service quality.

Opportunity: Build regional infrastructure that allows smaller departments to “plug into” metropolitan capacity with shared clinician pools, cross-county MOUs, and technical assistance from large-system partners.

“Out here, we have one counselor for three counties.”

“Our kids are just as complex; we just don’t have the same tools.”

Theme 2: Disasters, trauma, and housing instability are constant undercurrents shaping youth behavior.

Challenge: Hurricanes, flooding, and displacement have left many families dealing with chronic stress, housing instability, and trauma. Departments in coastal and river-adjacent areas reported spikes in crisis calls and behavioral issues after weather events.

Opportunity: Expand trauma-informed care, rapid-response counseling, and cross-agency disaster recovery protocols that keep youth connected to services during community disruptions.

“We see trauma layered on trauma.”

Theme 3: Schools are the largest referral source, but early diversion pathways are uneven.

Challenge: Large urban districts have established diversion programs, but smaller ISDs lack alternatives and often default to referral. The patchwork of policies and inconsistent data sharing between districts and JPDs limits accountability and replication.

Opportunity: Create regional templates for school-probation MOUs, unify data reporting across ISDs, and expand proven diversion models from Harris and Fort Bend into surrounding counties.

“The truancy system shifted. Now schools do home visits and remedial orders instead of referring to probation. But they’re overwhelmed.”

“In one district, they’ll handle a fight in-house. In the next county over, the same thing becomes a referral. It depends on the principal.”

Theme 4: Behavioral health access is improving but remains fragmented and slow.

Challenge: Service density drops sharply outside major metro areas. Youth and families often wait weeks or months for LMHA or counseling appointments. Coordination among LMHAs, probation departments, and courts is inconsistent, and adult cases often take priority. Stakeholders described promising telehealth expansions but noted gaps in after-hours and bilingual services.

Opportunity: Regionalize behavioral health coordination with shared clinician scheduling, mobile crisis response, and co-located telehealth hubs hosted by large LMHAs.

“We finally get a referral in, and the appointment is six weeks out. By then the crisis has passed, or the family’s disengaged.”

“Our LMHA focuses on adults. Kids get the leftovers.”

Theme 5: Reentry supports and navigation after detention or placement are limited.

Challenge: Youth frequently leave detention, residential settings, or alternative education settings without coordinated reentry planning or a clear adult guide. Many counties lack dedicated navigators or transition staff, and probation officers have limited time to follow up post-release.

Opportunity: Pilot youth reentry navigator roles tied to probation or community organizations; standardize post-release check-ins and create reentry pathways to education and employment.

“The first week after release is when they need someone checking in. That’s when they drift.”

Theme 6: Data fragmentation across counties and sectors limits regional strategy.

Challenge: Each county, LMHA, and ISD collects its own data with different definitions and timelines. Without regional dashboards or shared metrics, it’s hard to see trends or evaluate programs across the Southeast footprint.

Opportunity: Establish a regional data collaborative linking probation, LMHAs, and education data systems; standardize key indicators such as referral reason, service access, and recidivism outcomes.

“We don’t even agree on what counts as ‘diverted.’ Everyone reports differently.”

“We can’t improve what we can’t see. The data’s there—it’s just in 12 different silos.”

Theme 7: Regional collaboration energy is strong but needs facilitation and structure.

Challenge: Informal collaboration among chiefs and LMHAs is strong, but formal regional coordination structures and shared data systems are still emerging. Departments expressed

readiness to work together but lack staff time and facilitation support to sustain cross-county projects.

Opportunity: Institutionalize a standing Southeast Regional Collaborative with shared workplans, facilitated meetings, and targeted pilot funding to translate discussion into action.

“We could pool resources if someone helped us manage it.”

Priority Recommendations for the Southeast Region

The following recommendations are grounded in the Southeast Region’s distinctive mix of metropolitan scale and rural reach. They respond directly to the challenges identified in site visits, interviews, and survey responses, especially the differences in service access, the impact of disasters, and the need for structured regional coordination. Each recommendation builds on existing strengths, including the region’s robust behavioral health network, established specialty courts, and collaborative leadership among probation chiefs.

Bridge the Urban-Rural Divide through Regional Shared Staffing and Service Pools		
Finding 1: Smaller counties struggle to sustain clinicians and specialized programs while large systems (Harris, Fort Bend, Montgomery) hold capacity that nearby counties cannot access.		
Recommendation 1: Create formal cross-county staffing pools and service-sharing agreements to extend behavioral health and family therapy resources to rural areas.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
- Map existing clinical and program capacity across counties. - Identify 1–2 anchor departments to host shared clinicians.	- Launch regional staffing agreements and telehealth rotations. - Develop standardized supervision and billing protocols.	- Institutionalize shared service hubs supported by DSA or P&I funding. - Evaluate outcomes and cost savings for replication.
Existing Local Assets to Build On		Lead Partners
Strong clinician infrastructure in Harris, Fort Bend, and Brazos counties; active LMHA partnerships across the Gulf Coast and Tri-County areas.		County JPDs, Higher Education Partners, LMHAs, TJJR Regional Support Team

Rating: Rating: High Feasibility / Moderate Cost

This model leverages existing clinician strength in major counties while offering a practical, lower-cost pathway to extend expertise to rural areas through shared contracts and telehealth.

Strengthen Disaster-Resilient Behavioral Health and Juvenile Services

Finding 2: Hurricanes and flooding regularly disrupt youth services and drive short-term system spikes; counties lack continuity plans or trauma-focused recovery supports.

Recommendation 2: Develop coordinated, disaster-resilient juvenile service protocols, including trauma response training, mobile outreach, and cross-county resource sharing during crises.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Convene LMHAs, JPDs, and emergency management to draft crisis continuity protocols.	- Train probation and provider staff in trauma-informed disaster response. - Identify emergency telehealth and respite providers.	- Integrate crisis response roles and funding into regional budgets. - Pursue FEMA and HHSC recovery grants to sustain trauma supports.
Existing Local Assets to Build On		Lead Partners
LMHAs with crisis lines and MCOT coverage; cross-sector emergency management networks established post-Harvey.		County JPDs, HHSC Behavioral Health, LMHAs, Local Emergency Management, TJJD Regional Team
Rating: Moderate Feasibility / Moderate Cost		
<i>Building on the region’s established emergency coordination networks, this approach requires modest investment to formalize trauma-response protocols and ensure service continuity during disasters.</i>		

Expand School-Based Diversion and Data-Sharing Consistency

Finding 3: Hundreds of ISDs operate independently with varying referral thresholds and data standards, leading to inconsistent diversion outcomes.

Recommendation 3: Establish standardized referral criteria, shared diversion tracking, and regional MOUs between ISDs, JPDs, LMHAs, and local community-based programs (e.g., FAYS).		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Document existing school–probation partnerships. Identify model truancy and diversion MOUs.	Train school administrators and probation staff on early diversion pathways. Implement shared data dashboards at the ESC level.	- Scale successful models through TJJD–TEA collaboration. - Integrate shared metrics into TJJD performance dashboards.
Existing Local Assets to Build On		Lead Partners
TCHAT and Communities In Schools presence in most counties; successful diversion models in Harris and Fort Bend ISDs.		County JPDs, ESCs, ISDs, TEA, TJJD Regional Team
Rating: High Feasibility / Low-Moderate Cost		
<i>Implementation depends primarily on coordination and policy alignment, not new infrastructure, making this a quick-win strategy with strong district and probation support.</i>		

Develop Coordinated Reentry Navigation and Workforce Pathways		
Finding 4: Youth exiting detention or residential care often lack guidance, transportation, and employment opportunities; reentry support varies widely by county.		
Recommendation 4: Establish regional reentry navigator positions and align workforce partnerships with major local industries (ports, energy, construction, healthcare).		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Identify 1–2 pilot counties to embed reentry navigators within probation or nonprofit partners.	- Create referral pathways with local workforce boards and employers. - Formalize 7/30/60-day follow-up standards.	Institutionalize reentry navigation roles through county budgets or federal workforce grants.
Existing Local Assets to Build On		Lead Partners
Gulf Coast Trades Center; Workforce Solutions Gulf Coast; strong employer engagement in the port and energy sectors.		County JPDs, LMHAs, Local Employers, TJJD Regional Team, Workforce Boards

Rating: Moderate Feasibility / Moderate Cost

The region's strong workforce partnerships and employer networks provide a solid foundation; sustainability will hinge on embedding navigator roles into ongoing county and workforce budgets.

Establish a Southeast Regional Data Collaborative

Finding 5: Counties, LMHAs, and ISDs collect data separately with no shared definitions or regional metrics.

Recommendation 5: Build a cross-system data collaborative to align indicators, share trends, and support evidence-based decision-making.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Convene county and LMHA data leads to identify shared indicators (referral reason, diversion outcome, service access).	- Develop regional dashboard prototypes. - Test data-sharing agreements among 3–5 pilot counties.	- Scale to all Southeast counties. - Embed collaborative within TJJD's statewide data modernization strategy.
Existing Local Assets to Build On		Lead Partners
Probation departments already sharing data with TJJD; strong data infrastructure in Harris and Fort Bend; regional ESC data capacity.		County JPDs, ESCs, LMHAs, Local Universities, TJJD Data Division
Rating: Moderate Feasibility / Low-Moderate Cost		
<i>Counties already collect relevant data; the challenge is alignment and governance—administratively achievable with facilitation and shared metrics rather than large new systems.</i>		

Launch a Standing Southeast Regional Continuum of Care Collaborative

Finding 6: Stakeholders are eager to collaborate but lack formal structure and facilitation to sustain cross-county projects.

Recommendation 6: Institutionalize a regional council or workgroup with shared priorities, quarterly meetings, and dedicated coordination support.

Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
Identify core members (chiefs, LMHAs, courts, providers) and appoint a neutral convener through TJJD.	Align pilot projects under shared workplans (e.g., telehealth, data, diversion pilots).	- Formalize collaborative structure through TJJD MOU. - Publish annual progress reports and shared outcomes.
Existing Local Assets to Build On		Lead Partners
Established peer networks among probation chiefs; regional collaboration experience through disaster response and grant-funded pilots.		Community-Based Organizations, County JPDs, LMHAs, School Partners, TJJD Continuum of Care Coordinators
Rating: High Feasibility / Low Cost		
<i>Counties and partners are eager to collaborate; success will depend on dedicated facilitation and structured follow-up rather than major financial investment.</i>		

Strengthen Bilingual Family Navigation and Caregiver Engagement Supports		
Finding 7: Spanish-speaking and working parents struggle to navigate services and court expectations.		
Recommendation 7: Create bilingual caregiver navigator roles, flexible scheduling, and digital literacy supports to improve family engagement and compliance.		
Short-Term (0–6 Months)	Mid-Term (6–18 Months)	Long-Term (12–24 Months)
- Identify bilingual staff within departments or community partners. - Pilot interpreter access at intake and hearings.	- Train navigators. - Produce bilingual resource guides and appointment supports (text reminders, evening classes).	- Integrate navigator roles into regional shared-staffing model. - Secure sustainability through P&I or DSA grants.
Existing Local Assets to Build On		Lead Partners
Spanish-speaking probation staff; bilingual capacity within FQHCs and LMHAs.		Community-Based Organizations, County JPDs, LMHAs, TJJD Regional Support Team
Rating: High Feasibility / Moderate Cost		
<i>The region's bilingual workforce and community-based organizations can implement this quickly; costs center on staffing and coordination rather than infrastructure.</i>		

Youth and Caregiver Feedback

The following summarizes evidence from the Texas Network of Youth Services (TNOYS) *Youth and Young Adult (YYA) Findings and Recommendations Report* aligned with the Southeast Region's priority recommendations.⁷⁵

Bridge the Urban and Rural Divide through Regional Shared Staffing and Service Pools

- Youth and caregivers in the TNOYS report emphasized how access to quality services depends heavily on where you live.
- Youth described losing progress or trust when staff changed or when they had to transfer counties for care.
- TNOYS Recommendation: Develop shared staffing and tele-supervision models so youth can access consistent clinicians and counselors regardless of county size.
- Quote: "Every time I finally trust someone, they quit or move."

Strengthen Disaster-Resilient Behavioral Health and Juvenile Services

- Youth and families described how crisis and instability, especially after traumatic events, can trigger system involvement.
- Caregivers said there are few options for immediate counseling or safe spaces after disasters or family crises.
- TNOYS Recommendation: Build trauma-informed, rapid-response services that provide temporary respite, peer support, and continuity of care during crises.

Expand School-Based Diversion and Data-Sharing Consistency

- Youth described unfair school discipline and uneven consequences between districts, echoing Southeast stakeholders' reports of inconsistent referral practices.
- Caregivers said schools often call police or probation instead of family meetings or counseling.
- TNOYS Recommendation: Formalize school diversion agreements, implement restorative justice, and create regional dashboards tracking school-based referrals and outcomes.

Develop Coordinated Reentry Navigation and Workforce Pathways

⁷⁵ From December 2024 to July 2025, the TNOYS hosted six listening sessions to hear from youth and young adults (YYA) who have experienced or been vulnerable to experiencing the juvenile justice system, as well as caregivers of young people who have been impacted by the juvenile justice system. Over two virtual listening sessions with YYA, two virtual listening sessions with caregivers, and two in-person listening sessions with current and former juvenile justice-involved young people held in Houston and Corpus Christi, TNOYS listened to and learned from 80 YYA ages 15-24 and 16 caregivers.

- Youth said they often leave detention or placement without guidance, support, or connection to jobs and school.
- Caregivers described feeling “left on their own” once a youth’s case closed.
- TNOYS Recommendation: Fund reentry navigators and peer mentors who connect youth to education, workforce programs, and community-based mentorship.

Establish a Southeast Regional Data Collaborative

- Youth and caregivers expressed frustration that systems don’t communicate or learn from feedback.
- Caregivers supported shared tracking to prevent repetitive intakes and missed information across counties and youth-serving systems.
- TNOYS Recommendation: Include youth and caregivers in continuous improvement and evaluation processes to ensure accountability and regional learning.
- *Quote: “They always ask for our opinion but never do anything with it.”*

Launch a Standing Southeast Regional Continuum of Care Collaborative

- Youth and caregivers in the TNOYS report stressed the need for consistent adults and clear coordination across systems.
- They said progress breaks down when “each system does its own thing.”
- TNOYS Recommendation: Institutionalize youth and caregiver participation in regional councils to strengthen coordination, reduce duplication, and ensure their input in planning.
- *Quote: “We just want adults who actually talk to each other.”*

Strengthen Bilingual Family Navigation and Caregiver Engagement Supports

- Spanish-speaking caregivers in the TNOYS report said language barriers kept them from understanding court requirements, appointments, or how to get help.
- Youth described frustration when their parents “couldn’t understand what was being said or expected.”
- TNOYS Recommendation: Hire bilingual navigators, create bilingual guides, and provide flexible scheduling for working caregivers.
- *Quote: “They talked about me like I wasn’t there, I just stopped going.”*

Next Steps for the Southeast Region

The Southeast Region’s size and complexity present both challenges and advantages. The findings and recommendations in this report provide a shared roadmap for strengthening coordination between large metropolitan systems and smaller, rural counties. The next phase will focus on translating these priorities into action through structured regional collaboration, early pilot projects, and targeted infrastructure investments. The actions below are designed to

build on the region's readiness for shared staffing, data coordination, and family engagement while ensuring continuity of care in a region routinely affected by natural disasters and rapid population growth.

Action Step	Lead / Partners	Timeline
Share and Discuss Findings – Present the report to the Southeast Region Association of Juvenile Probation Chiefs and cross-system partners; facilitate county-level discussions to identify 1–2 priority recommendations to advance locally.	County Juvenile Probation Chiefs, LMHAs, School and Community Partners, TJJD Continuum of Care Coordinators	Within 60 days of report release
Integrate into TJJD Strategic Planning – Use Southeast Region findings to guide regional workplans, inform future funding allocations, and highlight policy priorities such as shared staffing, disaster-resilient service delivery, and bilingual navigation supports.	Policy and Grants Divisions, Regional Support Teams, TJJD Executive Leadership	Next TJJD strategic planning cycle and legislative session
Launch Quick-Win Pilots – Select 2–3 initiatives for early implementation, such as shared staffing agreements between large and small counties, a disaster-response protocol pilot, or a bilingual caregiver navigation program.	ISDs, LMHAs, Local Providers, TJJD Continuum of Care Coordinators, Volunteer Counties	Initiate within 6–9 months
Establish a Standing Southeast Regional Collaborative – Formalize a regional council to coordinate shared initiatives, data sharing, and workforce development, supported by dedicated facilitation and quarterly meetings.	COGs, Community-Based Partners, County JPDs, LMHAs, TJJD Regional Team	Collaborative structure established within 12 months
Develop a Regional Data and Evaluation Hub – Create shared data dashboards and reporting tools to monitor diversion outcomes, service access, and reentry success across counties.	County JPDs, ESCs, LMHAs, Local Universities, TJJD Data Division	Framework within 6 months; first report within 12 months
Expand Workforce and Shared Staffing Models – Implement regional service-sharing pilots for clinicians, navigators, and bilingual specialists; link with local universities for internship and pipeline programs.	County JPDs, Higher Education Partners, LMHAs, TJJD Regional Support Teams	Planning within 6 months; pilots within 12 months
Align Funding and Sustainability Strategies – Coordinate with TJJD, HHSC, and regional funders to braid DSA, P&I, and federal funds in support of cross-county pilots, family engagement, and technology access initiatives.	County JPDs, LMHAs, Regional Funders, TJJD Grants Team	Begin immediately; align with next funding cycle

Action Step	Lead / Partners	Timeline
Monitor and Report Progress – Establish annual metrics (e.g., wait times, diversion participation, bilingual access, reentry outcomes) and share regional progress with state partners and stakeholders.	County Chiefs, Data Analysts, TJJD Continuum of Care Coordinators	Metrics framework within 6 months; first report in 12 months

The Southeast Region’s combination of metropolitan capacity and local ingenuity creates powerful momentum for collective impact. With structured coordination, shared infrastructure, and sustained investment in family and workforce supports, the region can transform its strong foundation into a connected, disaster-resilient continuum of care that reaches every youth and family, no matter their county or circumstance.

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

Appendix

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List of participants and the agenda for the regional site visit and mapping session.

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A visual overview of Texas Juvenile Justice Department regions and the location of registered juvenile justice facilities statewide.

Appendix C. Program Descriptions and System Terminology

Brief descriptions of programs and resources referenced in the report and definitions of frequently used terminology, including:

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

Appendix D. Glossary of Acronyms

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

Appendix E. Substitute Care Placement Type Definitions

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

Appendix F. TJJD County Profile and Recidivism Data Methodology

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

Appendix G. Juvenile Justice System Needs and Opportunities Survey

Survey instrument distributed to juvenile probation departments in July 2025.

Appendix A. Southeast Site Visit Mapping Session Agenda and Participants

January 14, 2025 | 10:00 am – 1:00 pm | Denton, 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 Southeast 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 Southeast 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 Southeast 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

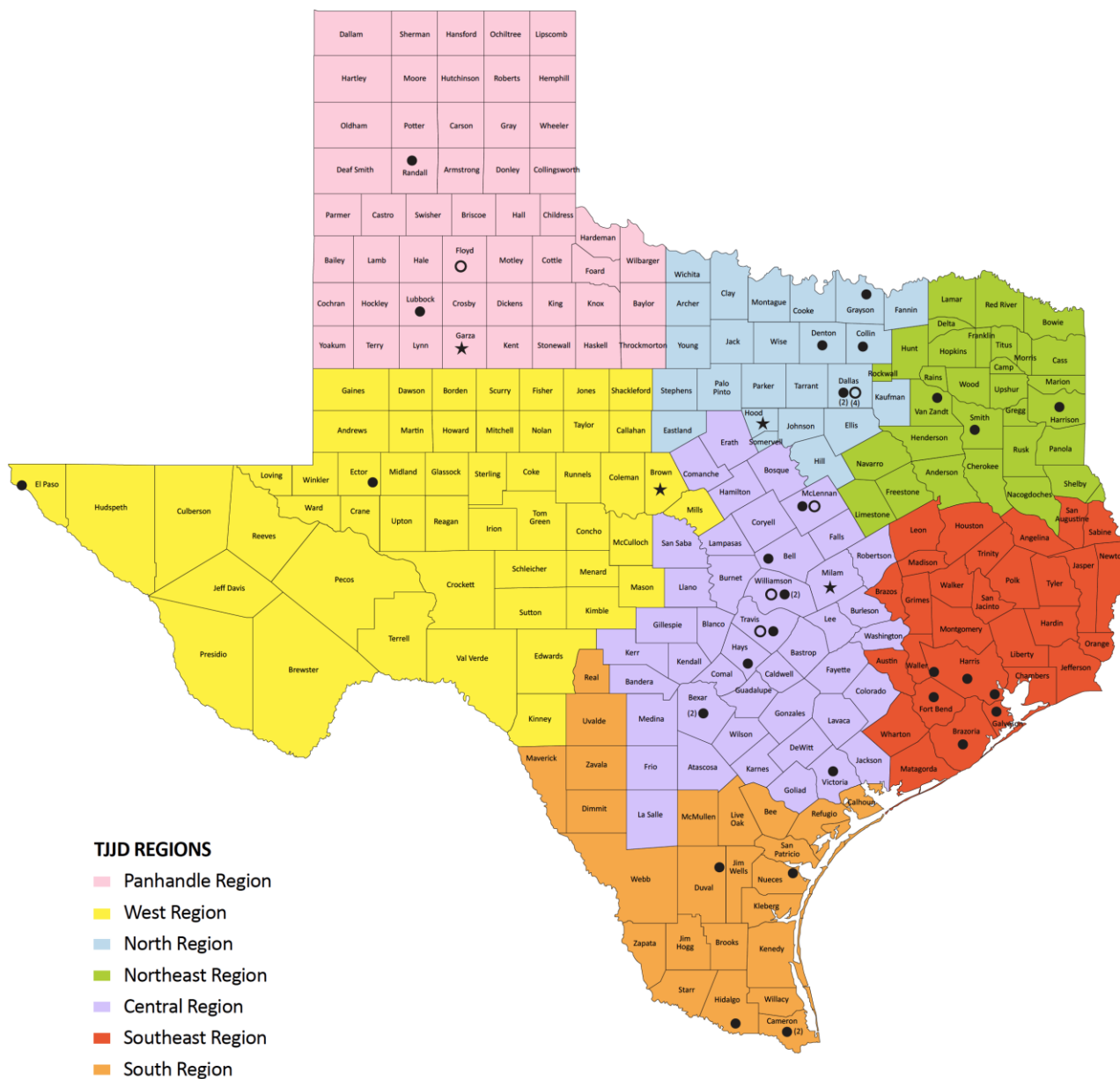
12:45 – 1:00 p.m. | Report-Out, Next Steps & Closing

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

Participants

- | | | |
|--------------------|-------------------|---------------------|
| • Billie Jean Bram | • Don Finley | • Linda Ricketson |
| • Janish Cassie | • Cheli Greene | • Kristina Sandoval |
| • Ed Cockrell | • Monica Kelley | • Matt Shelton |
| • Craig Corder | • Ashley Kintzer | • Brad Slater |
| • Kyle Dobbs | • Trey McConnell | • Kyle Teat |
| • David Ellis | • Sara Nacianceno | • Darrin Thomas |
| • Kortney Estep | • Todd Novak | • Glen Watson |
| • Diedra Ewing | • Daniella Nunez | |

Appendix B. Map of TJJD Regions and Facilities



Appendix C. Program Descriptions and System Terminology

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

I. JUVENILE JUSTICE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. BEHAVIORAL HEALTH & CRISIS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. CHILD WELFARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. EDUCATION

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

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

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

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

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

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

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

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

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

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

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

V. CROSS-SECTOR

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

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

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

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

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

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

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

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

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

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

Appendix D. Glossary of Acronyms

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

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

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

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

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

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

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

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

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

DA – District Attorney; prosecutes juvenile cases.

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

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

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

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

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

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

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

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

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

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

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

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

IDD – Intellectual and Developmental Disabilities.

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

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

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

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

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

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

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

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

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

LP / LPA – Licensed Psychologist / Licensed Psychological Associate.

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

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

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

MH – Mental Health.

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

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

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

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

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

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

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

SUD – Substance Use Disorder.

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

SNDP – Special Needs Diversionary Program.

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

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

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

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

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

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

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

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

Appendix E. Substitute Care Placement Type Definitions

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

Foster Home

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

Kinship Care

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

Residential Treatment Center (RTC)

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

Emergency Shelter

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

General Residential Operation (GRO)

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

Other

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

Appendix F. TJJD County Profile and Recidivism Data Methodology

Profile Methodology

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

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

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

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

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

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

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

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

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

Sex represents the percent of youth in each sex category.

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

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

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

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

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

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

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

Fact Sheet Methodology

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

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

Referral Offense by Category and Fiscal Year

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

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

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

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

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

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

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

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

Commitment Dispositions by Fiscal Year

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

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

Caseload by Calendar Year

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

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

Financial Awards and Expenditures by Fiscal Year

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

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

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

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

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

Recidivism Methodology

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

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

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

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

Appendix G. Juvenile Justice System Needs and Opportunities Survey

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

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

Section 1: About You

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

Section 2: Youth Behavioral Health & Crisis Services

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

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

Substance use prevention				
Substance use outpatient counseling				
Substance use residential treatment				

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

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.

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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!