

From Findings to Action

Launching the Juvenile Justice Continuum of Care Playbooks



TEXAS
JUVENILE JUSTICE
DEPARTMENT

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

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Federal Grant Disclaimer

OJJDP must approve all reports before they are officially released.

We are sharing these reports in draft form to support review and discussion. Please keep distribution limited to your department or leadership team until the reports are approved.

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How This Work is Different – And Why it Matters

Every region

Every system touchpoint

Every youth-serving sector

Chiefs as co-authors

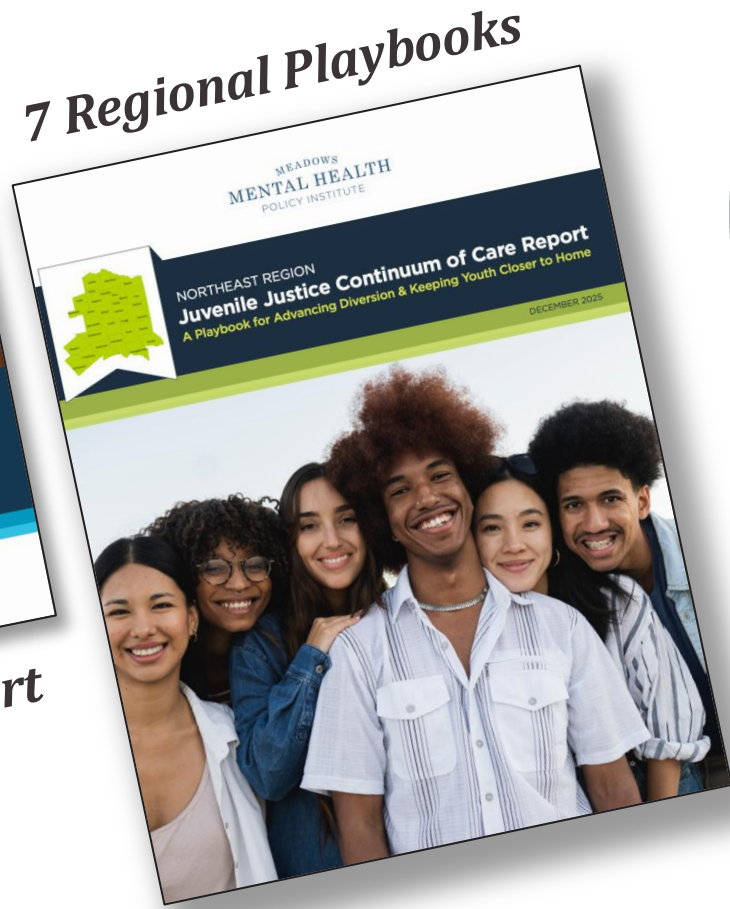
Texas now has a
comprehensive, shared
diagnostic.

*These are not reports to admire.
They are reports to use.*

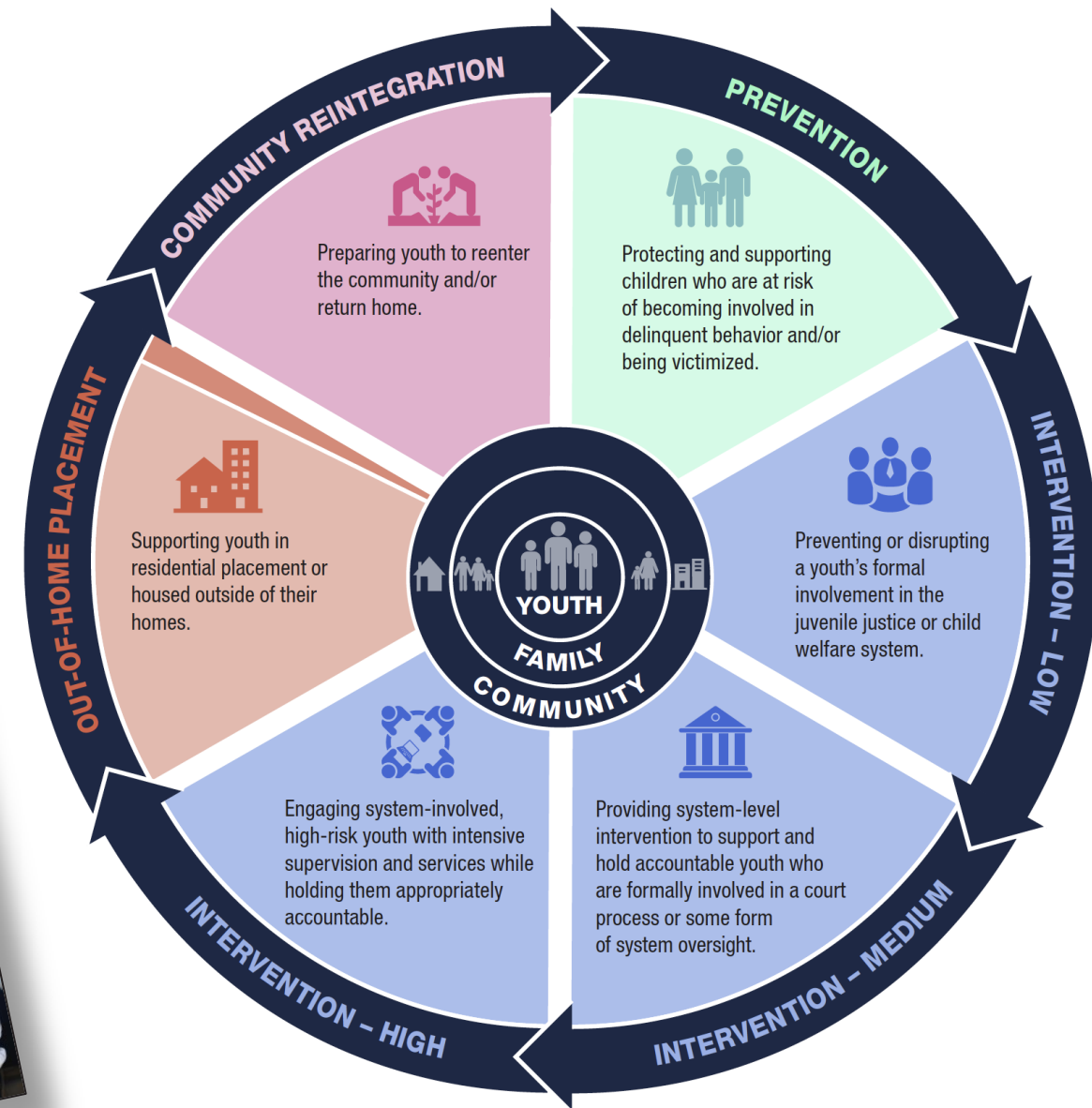
Continuum of Care for Communities



Statewide CoC Report



7 Regional Playbooks





Built With the Field



Seven Regions



Site Visits



SIM Mapping & Surveys



Cross-Sector Interviews



Youth & Family Voices



Data Analysis

What We Heard From You

NORTH:

"We talk a lot about the need for law enforcement first offender programs to handle some of the lower-level cases, especially in the school districts. And the discussion was not much of that's happening."

SOUTHEAST:

"We finally get a referral in, and the appointment is six weeks out. By then the crisis has passed, or the family's not engaged."

"Our Local Mental Health Authority focuses on adults. Kids get the leftovers."

PANHANDLE:

"Our officers don't have any place to take a youth in crisis except to [us]."

"We've had kids wait in detention for 40 plus days because there was nowhere else to go."

What We Heard From You

CENTRAL:

"We're sometimes the LMHA for kids in our county. They don't touch kids unless they're suicidal."

"Once juvenile justice is involved, [others] go hands off."

NORTHEAST:

"We're putting kids in detention just to get them a psych bed."

"We don't have anything outpatient. If they need treatment, it's either too far or they sit in detention until it's court ordered."

SOUTH:

"We have to refer to other cities or counties; it is hard for parents to get kids to appointments due to lack of funds or transportation."

"We assume everyone has a phone. Internet. A tablet. That's not true."

WEST:

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



What This Is — *And Isn't*

Not a ranking of counties

Not a one-size-fits-all plan

Not a mandate

Not compliance-driven

Not a performance audit

A field-driven blueprint



What This Is —

A menu of options and ideas

Based in data to support decisions

Conversation starters for action

Grounded in operational reality

A reference document to pull from

Cut and paste and steal away!

7 Regional Playbooks

Table of Contents

- Project Overview and North Region Context***
- Regional Resource Inventory and Gap Analysis***
- Juvenile Justice Service Landscape in the North Region**
- Behavioral Health Service Landscape in the North Region**
- Prevention and School-Based Service Landscape in the North Region**
- Higher Education in the North Region**
- North Region Data Snapshot***
- Child Welfare Data Snapshot in the North Region**
- School Discipline Data Snapshot in the North Region**
- Arrest Data Snapshot in the North Region**
- Juvenile Justice Data Snapshot in the North Region**
- Juvenile Justice System Needs and Opportunities Survey**
- From Data to Action**
- North Region Findings and Recommendations***
- Strengths and Assets in the North Region**
- Promising Programs in the North Region**
- Key Themes and Findings in the North Region**
- Priority Recommendations for the North Region**
- Youth and Caregiver Feedback**
- Next Steps for the North Region**
- Appendix Table of Contents***



Regional Playbook Sections

- 1 *Geographic Context*
- 2 *Resource Inventory & Gap Analysis*
- 3 *Data Profile: Schools/CPS/Justice*
- 4 *Strengths, Barriers, Opportunities*
- 5 *Recommendations & Action Plans*



Resource Inventory Section Example: FQHCs

Table 12. Federally Qualified Health Centers (FQHCs) in the Northeast Region³⁴

| FQHC Provider/Organization | County | # Clinics |
|---|---------------------------------|-----------|
| Carevide - Community Health Service Agency, Inc. | Delta, Hopkins, Hunt | 6 |
| Core Health Systems | Bowie, Gregg, Red River, Upshur | 4 |
| Crossroads Family Care - Mt. Enterprise Community Health Clinic | Anderson, Rusk | 4 |
| Dr. Kent E. Rogers Clinic - Navarro County Ambulatory Care | Navarro | 1 |
| East Texas Community Clinic, Inc. | Henderson, Van Zandt | 3 |
| East Texas Community Health Services, Inc. | Nacogdoches | 4 |
| Genesis Prime Care - East Texas Border Health Clinic | Bowie, Cass, Harrison | 8 |
| Hope Community Medicine - Health Opportunities for the People of East Texas, Inc. | Cherokee, Panola, Shelby | 5 |
| Special Health Resources for Texas, Inc. | Bowie, Gregg, Lamar, Smith | 6 |
| Tyler Family Circle of Care | Cherokee, Henderson, Smith | 9 |
| Wellness Pointe - Longview Wellness Center, Inc. | Gregg, Smith, Titus, Upshur | 31 |

Data Profile Section Example: Suspensions & Expulsions

Table 24. Central Region Districts with Highest Suspension/Expulsion Rates, 2023-24⁴⁹

| Rank | Department | School District | Rate |
|------|------------|-----------------|------|
| 1 | Milam | HEARNE ISD | 26% |
| 2 | Milam | CALVERT ISD | 24% |
| 3 | McLennan | CONNALLY ISD | 23% |
| 4 | McLennan | WACO ISD | 21% |
| 5 | McLennan | GHOLSON ISD | 19% |
| 6 | Comanche | KOPPERL ISD | 19% |
| 7 | Lampasas | LOMETA ISD | 19% |
| 8 | San Saba | CHEROKEE ISD | 18% |
| 9 | Bastrop | SOMERVILLE ISD | 18% |
| 10 | Comanche | WALNUT SPRINGS | 18% |
| 11 | Lampasas | LAMPASAS ISD | 18% |
| 12 | Bell | BARTLETT ISD | 18% |
| 13 | McLennan | BRUCEVILLE-EDDY | 17% |
| 14 | Comanche | BLANKET ISD | 16% |
| 15 | Lee | GIDDINGS ISD | 16% |

| Rank | Department | School District | Rate |
|------|------------|-----------------|------|
| 16 | Bastrop | SMITHVILLE ISD | 16% |
| 17 | Lee | LEXINGTON ISD | 16% |
| 18 | Bexar | EDGEWOOD ISD | 16% |
| 19 | Travis | DEL VALLE ISD | 16% |
| 20 | Bell | KILLEEN ISD | 16% |
| 21 | Caldwell | LOCKHART ISD | 16% |
| 22 | Washington | BRENHAM ISD | 16% |
| 23 | McLennan | MOODY ISD | 15% |
| 24 | Milam | MARLIN ISD | 15% |
| 25 | McLennan | MART ISD | 15% |
| 26 | McLennan | BOSQUEVILLE ISD | 15% |
| 27 | McLennan | LA VEGA ISD | 15% |
| 28 | Bastrop | BASTROP ISD | 15% |
| 29 | Bastrop | ELGIN ISD | 15% |
| 30 | Milam | ROCKDALE ISD | 15% |

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

Action Plan Section: Example Chart

Strengthen Cross-System Coordination for Dual-System Youth

Finding 1: Fragmented coordination between DFPS, LMHAs, and probation leaves JPDs managing complex youth alone. Youth in CPS care or with active mental health cases often fall through the cracks, delaying placement or services.

Recommendation 1: Establish formal DFPS–JPD–LMHA partnership agreements that include joint case planning, cost-sharing, and shared staff for dual-system youth in crisis.

| Short-Term (0–6 Months) | Mid-Term (6–18 Months) | Long-Term (12–24 Months) |
|---|--|---|
| <ul style="list-style-type: none"> Pilot joint staffing meetings in 2-3 counties to review shared youth. | <ul style="list-style-type: none"> Develop a regional memorandum of understanding (MOU) defining roles, timelines, and cost responsibilities. | <ul style="list-style-type: none"> Create regional “Dual-System Liaisons” embedded at LMHAs and JPDs to manage shared caseloads and ensure continuity. |

| Existing Local Assets to Build On | Lead Partners |
|--|---|
| Bexar County System Navigator pilot; HHSC-funded MST and CSC programs with cross-agency data systems; existing DFPS regional partnerships. | County JPDs, DFPS Regions 7 and 8, LMHAs, Meadows Institute, TJJD |

Rating: Moderate Feasibility / High Impact / Moderate Cost

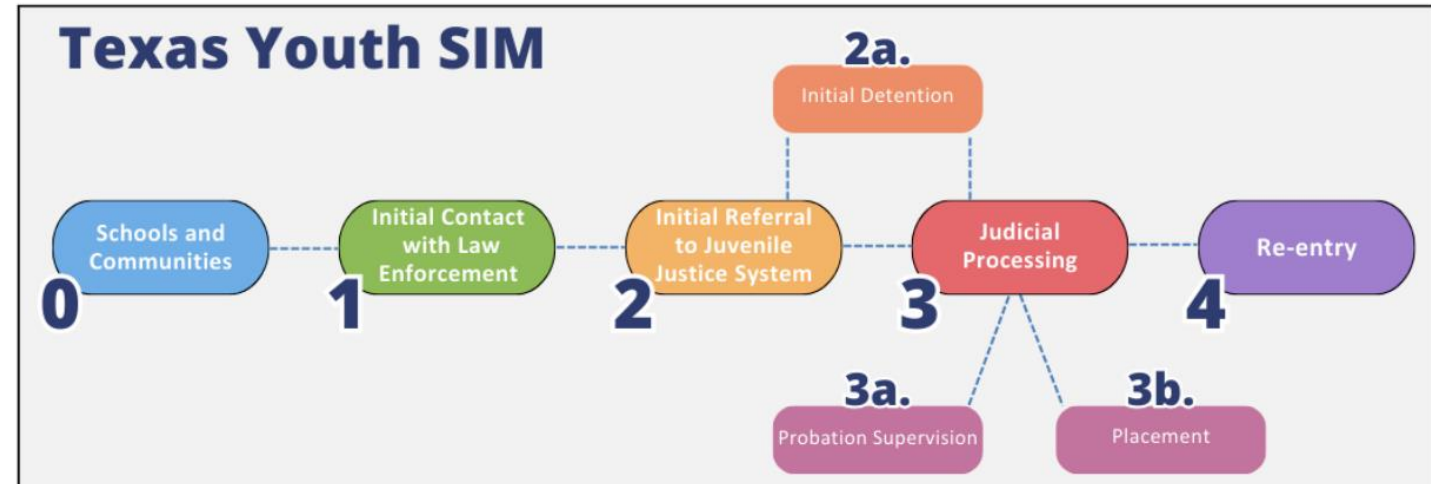
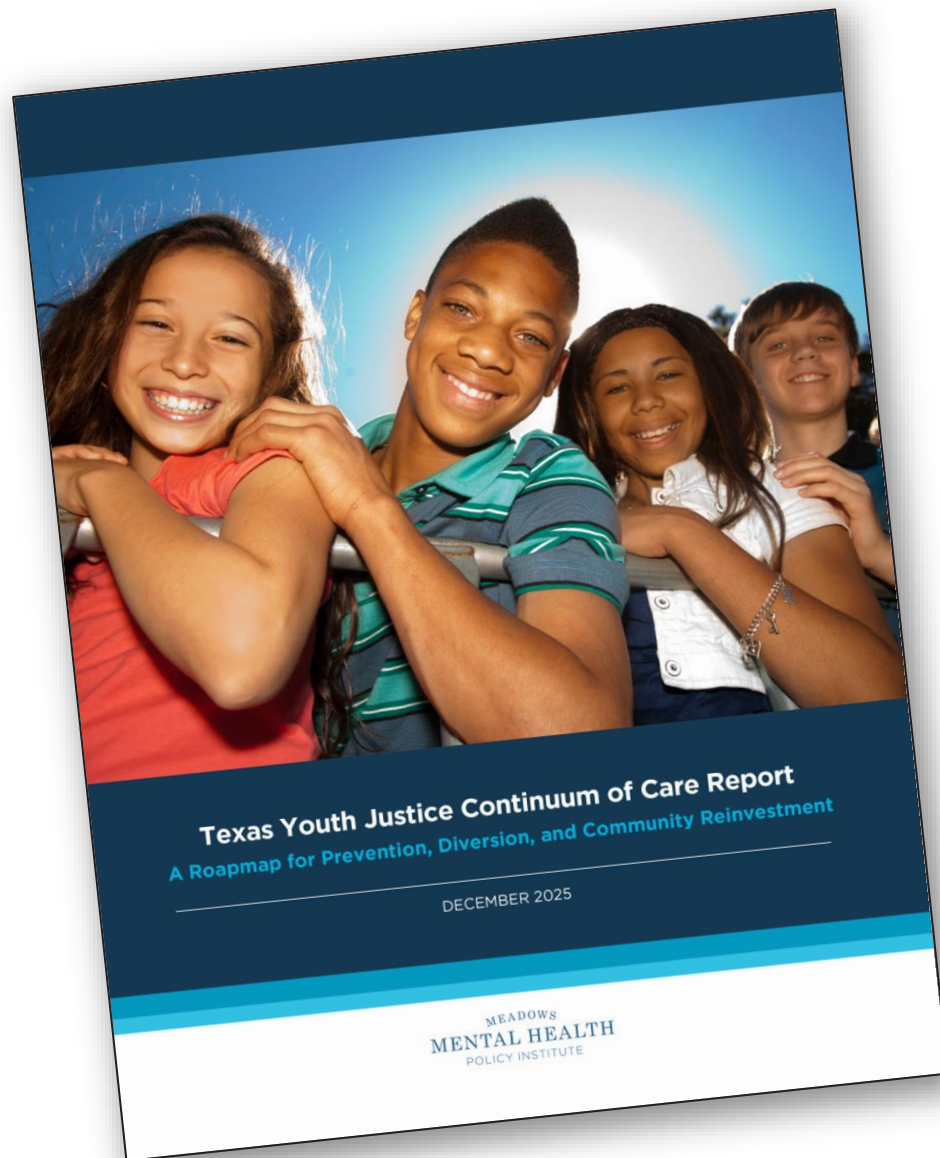
High potential for system transformation but depends on state-level direction from DFPS and HHSC. Moderate cost for staffing and data integration, but existing pilots offer a feasible start.



Bexar County Continuum of Care Report

January 2026

Statewide CoC Report

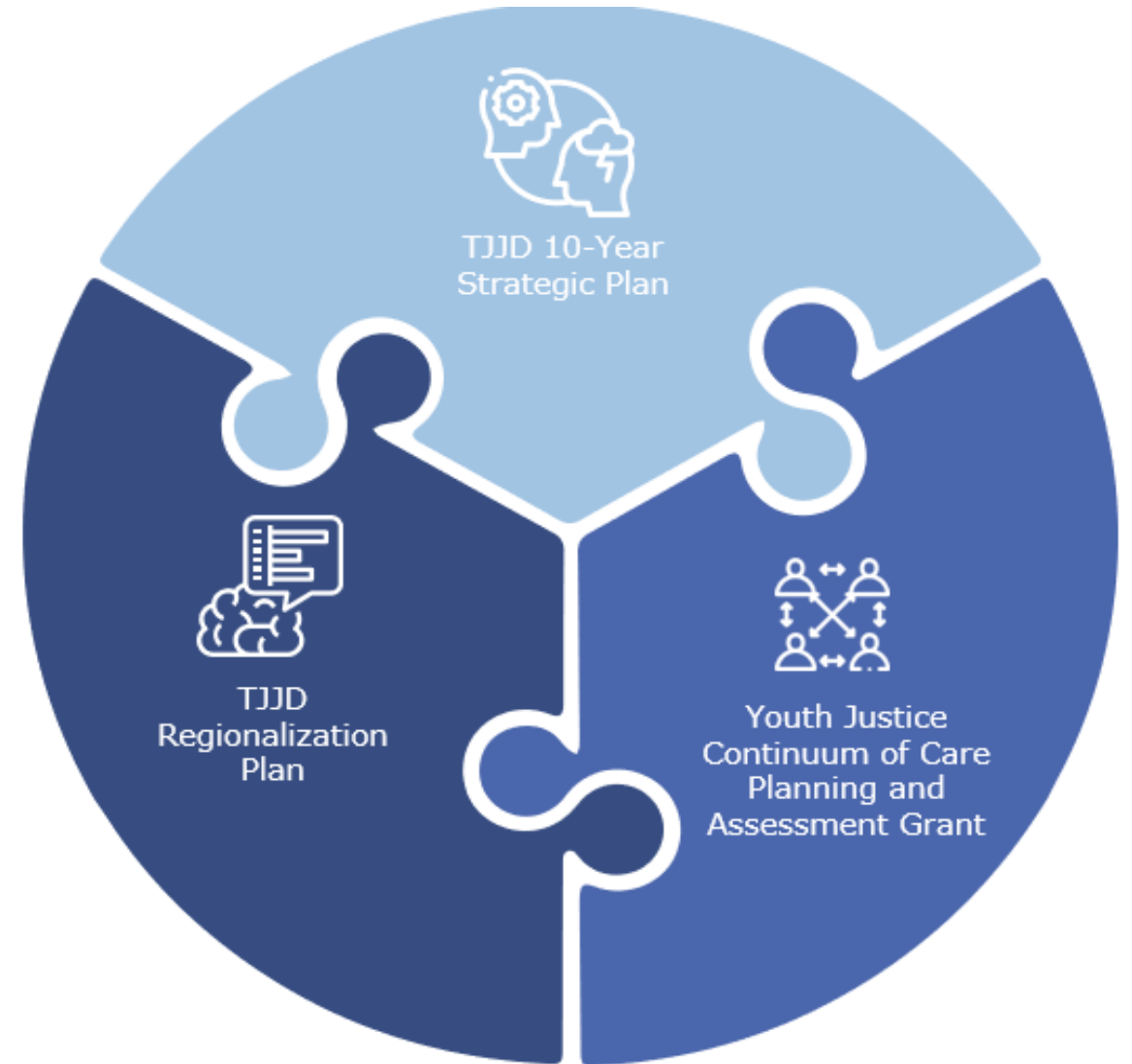


Each intercept section is organized by the top themes that emerged in our research, and each theme concludes with a list of actionable recommendations categorized by implementation type:

- Statutory or Administrative Rule Change
- Operational or Practice Change
- Partnership Development or Cross-Sector Collaboration
- Funding Change
- Program or Protocol Development
- Training or Capacity Building

Your Input is Shaping —

- **CoC Grant Deliverables:** Identify system gaps that impact youth, staff, and Texas communities
- **TJJD Strategic Plan:** Outline how the state will commit to filling those gaps over time
- **TJJD Regionalization Plan:** Assess system progress and show our receipts.
- **Sunset:** Informing TJJD's limited-scope Sunset Regionalization Review
- **TJJD Support to Counties:** Established new regional staffing and county support structures





What We Heard Everywhere:

Statewide Themes

The most powerful thing about this work is that it put evidence behind your lived experience.



Different Geography. Same Bottlenecks.

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- Youth waiting in detention for services
- Schools driving referrals
- Juvenile departments absorbing unmet mental health and family need
- Similar local struggles → opens door to shared solutions



More Programs \neq More Flow

- The problem isn't gaps alone – it's how youth flow through the system
- Youth getting stuck at every intercept
- These bottlenecks often drive detention, commitment, or placement escalation
- Services exist on paper, but handoffs don't line up or eligibility rules conflict

From Intake to Reentry: Death by 1,000 Transitions

- The system was built for cases, but we serve youth
- Every report shows cross-system fragmentation hurts youth most at transition points
- Handoff is where we lose youth and families

*School → Mental Health → Intake →
Court → Supervision → Reentry*



Schools are the Front Door

- Every region shows school-based arrests are driving justice involvement
- Statewide: 35% of referrals are school-based*
- School Discipline Policy = Juvenile Justice Policy
- Lack of tiered supports or school-based diversion policies and programs
- DAEP/JJAEP as pressure points
- Few law enforcement-led First Offender Programs across the state, but all schools now have officers

*Source: TJJJ. *ECI Extract: CY 19-24 Offenses at School*. Received by Meadows Institute from TJJJ email communication on August 6, 2025.





When Every Door is Closed, Juvenile Becomes the Only One Open

Probation absorbing:

- Mental health crises
- School discipline failures
- Family crisis/struggles
- Substance Use Disorder (SUD) residential treatment

**Common pathway
to treatment
→ Juvenile or CPS**

What's driving placement:

- **Youth sitting in detention waiting for something that doesn't exist**
- Admission denials due to challenging behaviors
- Lack of qualified providers and staff
- Detention used as stabilization
- Lack of community-based alternatives

Public Mental Health & Juvenile Justice

Residential Capacity

| State Hospital Youth Capacity | State Residential Youth Capacity | Pre-Adjudication Detention | Post-Adjudication Detention |
|---|----------------------------------|--|---|
| 3 facilities <i>secure</i> | 1 facility <i>nonsecure</i> | 46 facilities <i>secure</i> | 37 facilities <i>33 secure/4 nonsecure</i> |
| 91 beds | 74 beds | 3,333 beds | 2,385 beds |
| Total = 165 Youth Mental Health Beds | | Total = 5,718 Juvenile Justice Beds | |

Source: HHSC. *Availability of Youth Beds*. Received by email communication to the Williamson County Juvenile Probation Department, April 15, 2024
 Source: TJJD. *Registered Juvenile Facilities in Texas, 2024*.
<https://www2.tjjd.texas.gov/publications/other/searchfacilityregistry.aspx>



We Pay More When We Intervene Later

The system spends the most money where it has the least leverage: detention, placement, crisis.

Daily Rates, 2024*

- State Secure Facilities = **\$770.53**
- TJJD Contract Residential = **\$417.82**
- RDA Post-Adjudication = **\$288.63**
- Community DSA = **\$13.71**
- Prevention & Intervention DSA = **\$5.39**

We must keep doing this, but also work upstream to plan for the future.

High Leverage Investments:

School-based diversion & first offender programs

Family-based, in-home services

Regional service pools

Peer support & mentoring

Navigation & care coordination

Step-up / step-down supports

*Source: Texas Juvenile Justice Department. *Daily Rate Dataset, 2024*

Complexity is the Rule, Not the Exception

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The findings reveal why traditional one-program fixes often fail.

Probation absorbing unmet needs for:

Youth w/Developmental Disabilities

Youth w/Substance Use Disorder (SUD)

Commercial Sexual Exploitation

Mental Health with Aggression

Younger Youth (ages 10-13)

Firearms/Serious Violent Offenders

Probation Can't Fix This Alone

The juvenile justice system is absorbing other systems' struggles.

📌 **Key Insight:** Solutions sit largely outside of the juvenile justice system.

Need for cross-system investment and a unified ask to the Legislature:

What do ALL Texas kids need?

Project Spotlight: Youth with High Complexity

Developing shared priorities and a unified legislative requests with agency leadership at:

TJJD | DFPS | HHSC | Meadows

TJJD Wishlist

1

**Crisis Residential Step-Down
and Youth Crisis Respite**

2

**Long-Term Residential
Treatment with Specialty Care**

3

**Expanded Youth State Hospital
Beds (with JJ pathway)**

4

**SUD Residential Treatment
(30-90 Days)**

5

**Youth Assessment Centers and
Diversion Centers**

If This Feels Familiar — That's the Point





Urban Counties: Complexity at Scale

Where every system collides

Central, Southeast, parts of North

- Highest MH/SUD and trauma complexity
- Large schools drive system entry
- Programs exists, but bottlenecks remain

Urban regions have built excellent doors — but the hallway between them is still too narrow.

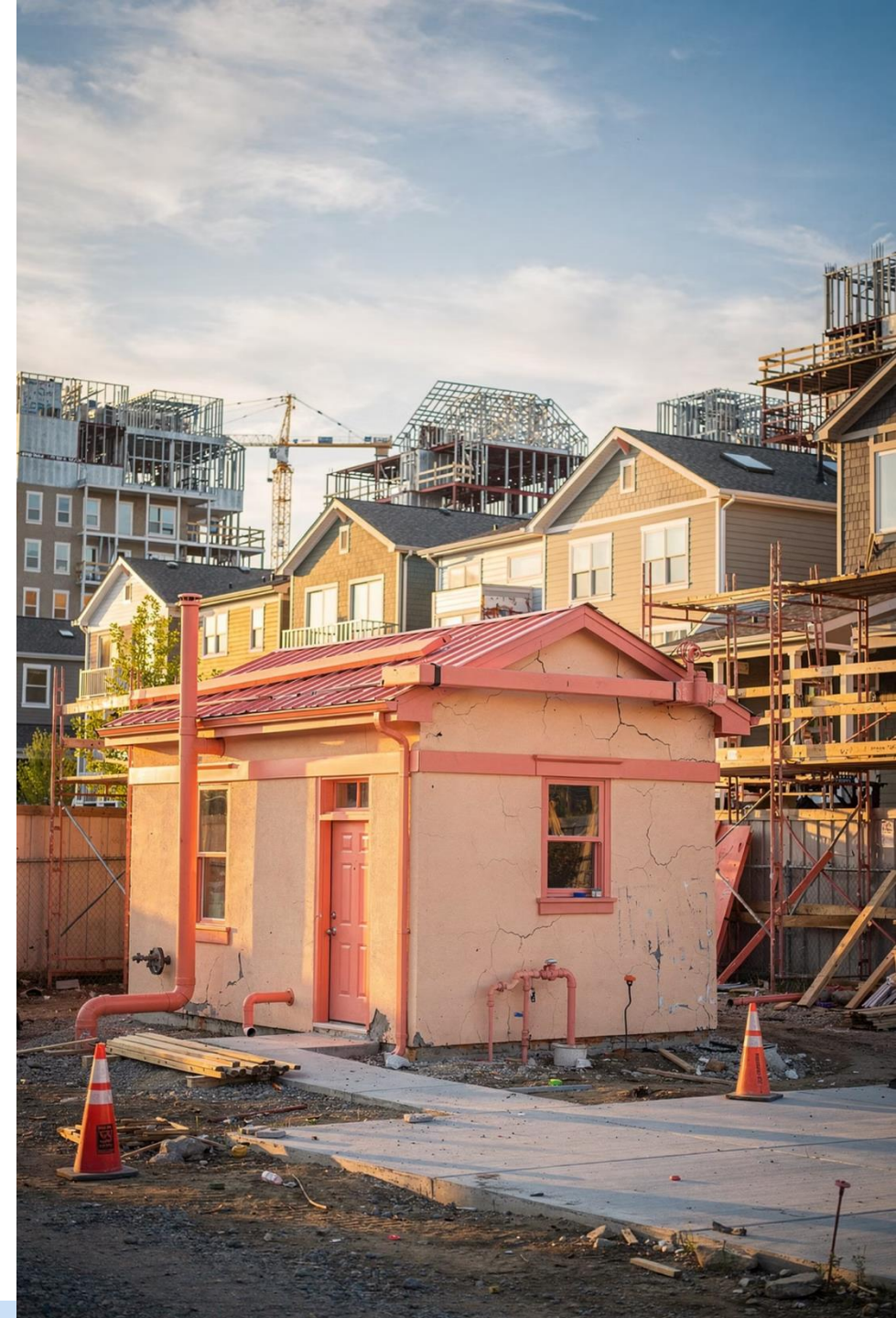
Suburban Counties: Growth Without Infrastructure

Built for yesterday's caseload

Central fringe, Southeast growth counties, North

- School referrals and DAEP outpace program infrastructure
- Diversion options thinner than urban cores
- Workforce growth lags population
- Counties hit the 'medium-size ceiling'

Quiet Creep → Sudden Crisis



Rural & Frontier Counties: Distance Shapes Outcomes

Miles matter

West, Panhandle, parts of Northeast & South

- Transport impacts service time
- 1-2 person departments carry entire systems
- Counties rely on each other without formal support
- Innovation happens out of necessity, not capacity



Border & Disaster-Exposed Counties: Stacked Stressors

When systems are hit from all sides

South, Southeast, West border counties

- Immigration and family separation shape youth behavior
- Disaster recovery diverts staff and funding
- High bilingual and cultural navigation needs

Under constant pressure most Texans never see, from forces systems weren't designed to absorb.



A Sample of Regional Findings

Gaps and Opportunities



Gaps: Top 4 Categories

1. Early intervention and diversion opportunities and funding, especially for school-based behavior
2. Accessible behavioral health capacity and workforce shortages
3. Cross-system coordinated responses, especially for high-complexity youth
4. Regional infrastructure that enables counties to share resources instead of solving problems alone

Texas doesn't lack committed professionals or innovative ideas. What we lack is early access, shared capacity, and system coordination, especially for youth with complex needs.



A Few Cross-Cutting Recommendations

Strengthen and Formalize Cross-Agency Collaboration

- Expand coordination across state agency leadership via rider/statute
- Use CoC Coordinators to strengthen cross-system integration (CRCG Regionals, LMHA/LIDDA, TCOOMMI, ESCs, DFPS Liaisons)
- Joint grantmaking to address service gaps collectively for ALL KIDS

Grow and Fund Front-Door Pressure Release Using Statewide Best Practices

- Schools and early diversion programming
- Family-based, in-home services
- Peer support, navigation, and mentoring

Create Technical Assistance Partnerships to Support Counties

- Contract with higher education, youth-serving nonprofits to support counties with grant applications, program development, performance monitoring, and workforce development

From Findings to Implementation

Where the Real Work Starts



Support for Implementation

Regional CoC Coordinators



Cross-system integration



Program & policy development



Grant research & resource mining



Complex case consultation



Problem-solving support & TA



Report worksheets & data collection

Statewide
Manager



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TBRI-Practitioner

Southeast



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Patty Garza, LMSW

Panhandle



Shelby Hatch, Ph.D., LCDC

West



Charlene Quinones, MA

Implementation Lanes: Choose Your Own Adventure!



Lane 1: Quick Wins

- *Alternative Referral Agreement w/prosecutors*
- *Aligning diversion eligibility across school districts*
- *MOUs with each LMHA for rapid JJ referral pathways*



Lane 2: Regional Pilots

- *Regional service-sharing and telehealth/staffing pilots*
- *First Offender and Diversion programs*
- *Youth Assessment Centers and mobile crisis services*



Lane 3: Structural Change

- *Redesigning funding streams to incentivize diversion*
- *Informing TJJJ's Strategic Plan/LAR*

CHOOSE YOUR OWN ADVENTURE!





Next Steps: How Chiefs Can Engage | 41



Share the reports locally and translate for external audiences



Convene a cross-system task force or host problem-solving meetings



Participate in regional implementation efforts with neighboring counties



Use gap analysis and data from reports in grant applications and board presentations



Identify policy levers that matter most for TJJD's LAR/Strategic Plan



From Findings to Action

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