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Texas Juvenile Justice Statewide Continuum of Care Report

A Roadmap to Safer Communities Through Community-Based Care

MAY 2026

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Acknowledgements

This report was developed by the Meadows Mental Health Policy Institute (Meadows Institute) through a grant from the Texas Juvenile Justice Department (TJJD). The sustained commitment and collaboration of TJJD and the seven TJJD regional juvenile probation associations strengthened every phase of this work.

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We are especially grateful to the youth, caregivers, and young adults who contributed through focus groups and interviews facilitated by the Texas Network of Youth Services. Their willingness to speak candidly about system needs, barriers, and opportunities are foundational to this report and to the development of a continuum of care that reflects the realities of those most affected.

We wish to acknowledge members of the Statewide Continuum of Care Advisory Council guided this work. Council members represented juvenile justice, behavioral health, education, child welfare, law enforcement, youth-serving organizations, and youth leaders. Their strategic direction helped shape the statewide themes, priorities, and implementation considerations included throughout this report.

Additional thanks go to the TJJD regional program administrators, county juvenile probation leadership teams, data analysts, and state office partners who coordinated logistics, prepared regional materials, and provided valuable data. Their collaboration ensured the accuracy, depth, and regional relevance of the findings.

Finally, we recognize Meadows Institute team members who contributed to analysis, facilitation, and report development, including staff supporting regional engagement, youth and family voice integration, quantitative and qualitative analysis, cross-system policy review, and statewide implementation planning.

The insights captured in this report reflect the dedication of countless professionals, community partners, and families across Texas who share a common goal to build a stronger, more coordinated continuum of care for youth.

Section 1:
Introduction & Background

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Texas' juvenile justice system has made significant progress over the past decade. Fewer youth are entering the system, state commitments have declined, and communities across Texas have expanded diversion and community-based alternatives.[1] At the same time, the youth who do become involved are presenting with increasingly complex behavioral health, developmental, educational, and family needs, while many communities continue to face persistent shortages of services, workforce, and treatment capacity.

Recognizing both this progress and these emerging challenges, the **Texas Juvenile Justice Department** (TJJD) launched the **Texas Juvenile Justice Continuum of Care (CoC) Initiative** in 2024. Supported through a two-year federal planning and assessment grant, TJJD partnered with the **Meadows Mental Health Policy Institute** (Meadows Institute) to conduct the state's first region-by-region assessment of how youth move through the juvenile justice system – and the other youth-serving systems that influence those pathways – to identify opportunities to strengthen prevention, diversion, treatment, and long-term outcomes.

Purpose and Scope

This statewide effort aims to improve public safety by diverting youth with lower risk profiles, especially youth with behavioral health needs that can be served through other systems, allowing the juvenile justice system to focus and provide more intensive supervision and services to youth posing greater risk to public safety. 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 project delivered actionable implementation tools, along with this statewide findings and recommendations report and site-specific playbooks for each of TJJD's seven regions.

Four questions guided this assessment:

1. *Do we have the right supports at the right points along the continuum to keep appropriate youth shallow in the system or to divert youth from system contact altogether?*
2. *What is working well across the state that we can scale or replicate?*
3. *Where are the gaps and what is needed to fill them?*
4. *Where does the system break down because of process, structural, workforce, or funding issues?*

This CoC initiative informs and advances several major state priorities, including TJJD's forthcoming 10-Year Strategic Plan, the Texas Children's Behavioral Health Strategic Plan, and the implementation of recommendations issued through the Texas Sunset Commission's review of TJJD in 2023. It also complements TJJD's Regionalization Strategy by supporting local juvenile departments to strengthen the front end of the continuum and keep kids closer to home by providing support and alternatives before youth are placed on probation or committed to juvenile facilities.

[1] This report uses technical terminology from juvenile justice, behavioral health, education, and child welfare systems. Definitions of key terms and acronyms are available in the Appendix B and C.

Project Goals

- *Develop a statewide Juvenile Justice Continuum of Care model centered on prevention, diversion, early intervention, and treatment.*
- *Invest more system resources upstream to reduce justice involvement and increase community-based and cross-system responses.*
- *Identify decision points, policy barriers, funding gaps, and underutilized resources.*
- *Center the voices of youth, caregivers, and juvenile justice professionals across TJJD's seven regions of Texas.*
- *Identify common pathways where youth with lower risk enter the juvenile justice system.*
- *Build implementation-ready recommendations informed by local strengths and stakeholder input.*

Project Partners

This project was a collaborative effort led by TJJD in partnership with Meadows Institute, the Texas Network of Youth Services (TNOYS), and a multidisciplinary Statewide CoC Advisory Council. Each partner brought complementary expertise to support the statewide assessment and development of implementation-ready recommendations.

Texas Juvenile Justice Department

TJJD served as the project sponsor, providing strategic leadership, project oversight, access to system data, and coordination with juvenile probation departments and state partners. The agency ensured the project aligned with broader statewide juvenile justice priorities and regionalization efforts.

Meadows Mental Health Policy Institute

Meadows Institute is a nonpartisan, nonprofit organization that works to improve mental health services across Texas and the nation through policy and practice innovation. Meadows Institute served as the lead research, writing, and technical assistance partner, managing the statewide assessment, facilitating stakeholder engagement, conducting data analysis, and developing the regional playbooks, statewide report, and implementation resources.

Texas Network of Youth Services

TNOYS led youth and caregiver engagement through listening sessions and participation in regional site visits, ensuring the perspectives of youth and families informed the assessment and recommendations.

Statewide CoC Advisory Council

The project was guided by a Statewide CoC Advisory Council composed of juvenile probation chiefs, judges and attorneys, behavioral health and education partners, youth and caregivers, community-based organizations, and state agency representatives. The Council was convened by the Meadows Institute and TJJD in the summer of 2024, meeting regularly through December 2025 to provide guidance, review findings, and help shape recommendations throughout the project.

Methodology and Project Components

This statewide, field-driven diagnostic was built through a mixed methods approach that included:

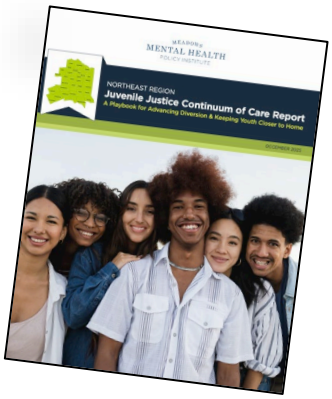
- In-person regional site visits and facilitated Sequential Intercept Model (SIM) mapping sessions in all seven TJJD regions
- Focus groups and key informant interviews with juvenile probation chiefs, system partners, and community organizations
- Youth and caregiver listening sessions led by TNOYS
- Surveys administered to juvenile probation departments and mental health staff
- Juvenile justice and youth sector quantitative data analysis (county, regional, and statewide)
- Document scans and literature reviews of state agency reports, prior juvenile justice reform plans, county strategic plans, diversion and behavioral health program models, statewide and regional data reports, legislative and policy materials, national best practices, and research literature related to juvenile justice, behavioral health, school discipline, diversion, and community-based care systems

The project design was anchored in TJJD's existing seven-region structure.[2] Each region is supported by an association of juvenile probation chiefs which hosted multiple site visits and mapping sessions for this project. This regional structure offered a scalable way to surface local needs, identify cross-regional patterns, and generate actionable strategies tailored to the unique context of each geography. Juvenile chiefs, judges, behavioral health partners, education leaders, and youth and caregivers did not simply provide input — they shaped the findings and informed the recommendations.

Deliverables and Intended Use

This report is one of three deliverables produced through the CoC initiative:

1. **Texas Juvenile Justice Statewide CoC Report** (*this document*): a comprehensive synthesis of data, site visits, and stakeholder insights, findings, and recommendations specific to each intercept of the juvenile justice continuum
2. **Seven Regional CoC Playbooks:** detailed summaries of needs, assets, recommendations, and priority action plans tailored to each of TJJD's seven regions (available at https://mmhpi.org/document-library/continuum-of-care-coc)
3. **CoC Implementation and Sustainability Tools**: a roadmap for action operationalizing the recommendations from this report into TJJD's 10-year strategic plan



Regional CoC Playbook

The primary audiences for this report include: TJJD leadership and regional staff; county juvenile probation departments; juvenile judges, attorneys, and court staff; state youth-serving agencies such as the Texas Health and Human Services Commission (HHSC), Texas Education Agency (TEA), and the Texas Department of Family and Protective Services (DFPS); community-based and county partners in behavioral health, education, and child welfare; public/private funders and legislators. The recommendations aim to guide reform at multiple levels from frontline practice to state policy shifts, with a focus on actionable steps that TJJD, county juvenile departments, and partners in other sectors can take to better support youth and families across all points of contact.

[2] See Appendix A for a map of the TJJD's seven regions.

This initiative draws on previous youth SIM mapping efforts led by the HHSC Office of Forensic Services and Coordination and the Judicial Commission on Mental Health (JCMH), as well as Meadows Institute's mental health system assessments conducted in dozens of counties across Texas since 2016. What distinguishes this initiative is its emphasis on community-grounded solutions surfaced directly from practitioners across the state.

The next evolution of Texas' juvenile justice reform is not solely about reducing facility populations. It is about completing the shift from facility-centered responses to community-centered system design and solutions. This requires strengthening the front door of the system with schools, crisis response, diversion infrastructure, community-based provider capacity, family supports, and cross-sector coordination so that secure placement remains reserved for the small percentage of youth who pose significant public safety risk.

The following section examines the current landscape of Texas' juvenile justice system, providing the context needed to understand the statewide findings and recommendations presented throughout this report.

Section 2:
Texas Juvenile Justice Landscape & Trends

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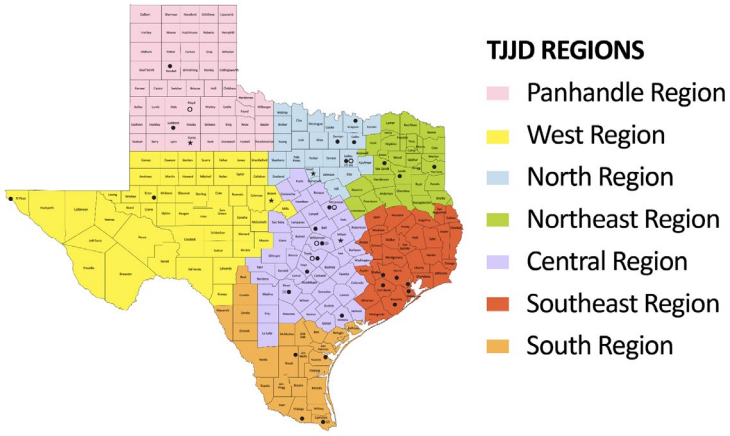
Over the past decade, Texas has engaged in significant juvenile justice reform by embracing strategies that keep communities safe, reduce costs, and ensure young people are held accountable in ways that support their long-term success. Local leaders have made strides in moving their focus upstream, expanding access to community-based interventions and investing in programs that prioritize both public safety and positive youth development in an effort to divert youth from deep system involvement, when appropriate. These efforts reflect the state's commitment to being smart on crime by focusing on intensive resources where they're needed most.



These reforms have also surfaced new complexities and the need for continued coordination, investment, and policy alignment across systems. Texas' juvenile justice system was never designed to be the de facto mental health or behavioral support system for youth, yet that is increasingly what it has become. The majority of young people who come in contact with the juvenile justice system are served at the county level by **164 independent juvenile probation departments** across TJJD's seven designated regions (see map above). Each county department has its own policies, budgets, and provider networks. Approximately two thirds of those local departments are small and rural with only a handful of paid staff.

This highly decentralized structure has led to uneven access to prevention, diversion, and treatment options across the seven regions. While some counties have built robust community-based continuums, others rely mostly on traditional probation or court-ordered interventions, often due to service gaps. Alternatives to court involvement, where they do exist, are frequently narrowly targeted, underfunded, or inaccessible to youth with significant needs. And despite years of reform efforts, challenges persist in staffing shortages across youth-serving systems, intervention access, and mechanisms to divert youth from deeper involvement in the justice system, when appropriate.

This report is rooted in the belief that meaningful change is both necessary and possible. It describes the current state of juvenile justice in Texas, presents findings and recommendations based on statewide data and community input, and outlines potential strategies to develop a more effective continuum of care that supports youth and families.

This section is intended to ground readers, particularly those unfamiliar with Texas, in the context, pressures, and structural realities that shape the state's juvenile justice system today, and sets the stage for the data and recommendations that follow.

System Overview

The creation of the Texas Juvenile Justice Department (TJJD) in 2011 marked a significant structural shift in the juvenile justice system following the consolidation of the Texas Youth Commission and the Texas Juvenile Probation Commission.[3] This change was driven by reform momentum following concerns about abuse and inefficiencies in the former system. Texas' juvenile justice system is governed primarily by Title 3 of the Texas Family Code (the "Juvenile Justice Code"), while TJJD operates primarily under Texas Human Resources Code, Title 12 as the centralized agency responsible for both probation oversight and secure confinement of youth in Texas.[4,5] TJJD oversees statewide juvenile justice policy, funding, and county department oversight. It also operates five secure state-run correctional facilities, three halfway houses, and parole services for the small percentage of youth adjudicated for more serious offenses and committed to state custody (approximately 578 new admissions in 2024).[6] Youth committed to TJJD have been adjudicated on felony offenses and represent a small but high-needs segment of the justice-involved population.

Nearly 99% of youth in the Texas juvenile justice system have cases overseen locally by independent county juvenile probation departments governed by local juvenile boards.[7] These departments are responsible for diversion, intake, supervision, linkage to services, and detention of most youth referred for delinquent offenses. While the funding share varies, **counties contribute about 73%** of resources for juvenile services on average, with TJJD contributing to the remaining **27% from state funds**.[8] The state's emphasis on local control has benefits but also creates differences in capacity, service access, and outcomes across Texas' 254 counties.

A defining feature of Texas' structure is TJJD's Regionalization Plan, launched in 2015 to reduce youth commitments to state-run facilities and keep kids "closer to home" by providing more localized service delivery and placement alternatives.[9] While initial regionalization efforts focused on reducing state commitment for those youth already adjudicated, this CoC initiative represents the next step in the evolution of TJJD's regionalization efforts by expanding the vision upstream, increasing investments in early diversion, prevention, and community-based responses.

[3] Texas Legislature Online. *SB 653,* 2011. https://capitol.texas.gov/tlodocs/82R/billtext/html/SB00653F.HTM
[4] Texas Family Code, Title 3*, Juvenile Justice Code*, https://statutes.capitol.texas.gov/Docs/FA/htm/FA.51.htm
[5] Texas Human Resources Code, Title 12, *Texas Juvenile Justice Department*, https://statutes.capitol.texas.gov/Docs/HR/htm/HR.201.htm
[6] Texas Juvenile Justice Department. *TJJD Admission Profile,* FY13-25. https://www.tjjd.texas.gov/wp-content/uploads/2025/10/TJJD-Admission-Profile-FY13-25.xlsx
[7] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas*, CY 2024. https://www.tjjd.texas.gov/wp-content/uploads/2025/08/The-State-of-Juvenile-Probation-Activity-in-Texas-CY-2024.pdf
[8] 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
[9] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan, December 2024*.

System Trends

Texas has made significant progress in reducing youth incarceration over the past two decades. Since 2007, the number of youth in state secure facilities has dropped by more than 80%, due in part to major reform efforts, regionalization strategies, and changes in sentencing laws.[10]

Of the 578 youth committed to TJJD facilities in 2024, over **89% had substance use** treatment needs and **92% had mental health** treatment needs.[11] More than half had four or more Adverse Childhood Experiences (ACEs), including extremely high rates of family violence and household substance abuse, incarcerated caregivers, and histories of physical and emotional abuse.[12]

County-level probation departments serve as the primary entry point for juvenile justice in Texas. In 2024, juvenile probation departments received **50,472 referrals,** the majority for non-violent misdemeanor offenses.[13] Over half of the youth referred were either deferred or placed on non-formal supervision, reflecting the system's focus on intervention and diversion. There is significant variation across counties in terms of referral and outcomes and schools continue to play a substantial role in source of arrests.[14]

Table 1. County vs. State Involvement in Texas Juvenile Justice, 2024[15,16]

Category	County-Level Probation & Facilities	State-Level TJJD Facilities
Youth Served	~99% of all referrals	~1% of all referrals
Volume	50,472 referrals; 38,123 unique youth	578 new youth admissions
Funding	~73% county funded; ~27% state funded	State funded
CoC Goal	Strengthen prevention, diversion, and community-based care	Limit reliance on commitment, ensure quality treatment

For a detailed analysis of statewide trends and county-level data, see *Section 4: Statewide Data Profile.*

National Comparisons

The Texas juvenile justice system differs from many other states because of its assignment of primary responsibility to counties. The Juvenile Justice Geography, Policy, Practice & Statistics (JJGPS) platform summaries some key system differences:

- **Diversion use:** Many states employ standardized diversion frameworks for non-violent youth. Texas does not have a uniform diversion framework, frequently leaving it to county discretion with wide variation in diversion access and consistency across regions.
- **Alternatives to Detention (ATDs):** Many states in JJGPS have standardized ATDs available statewide, such as day reporting centers and universally available evidence-based treatment programs. In Texas, ATD availability varies widely, with rural areas often under-resourced.

[10] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan*, December 2024.
[11] Texas Juvenile Justice Department. *TJJD Admission Profile,* FY 13-25.
[12] Texas Juvenile Justice Department. *TJJD Admission Profile,* FY 13-25.
[13] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas*, CY 2024.
[14] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas*, CY 2024.
[15] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas*, CY 2024.
[16] Texas Juvenile Justice Department. *TJJD Admission Profile,* FY 13-25.

- **17-year-old jurisdiction**: Unlike most of the country, Texas automatically treats 17-year-olds as adults in the criminal justice system. Only a few states share this policy, which adds substantial numbers of youth into adult systems.
- **Data and Accountability**: JJGPS rates Texas lower on transparency indicators. Many states provide accessible, disaggregated public data; Texas centralizes reporting but lacks unified dashboards across counties.

These state-by-state markers elevate the urgency and importance of Texas' CoC initiative, particularly in standardizing diversion and building stronger data structures.

Key System-Level Challenges

Several structural challenges continue to constrain progress within and across regions. From staffing shortages to funding misalignment, these pressures are not new, but they remain urgent and must be addressed to build a more robust continuum of care.

Workforce and Capacity Strains: Staffing shortages, turnover, and uneven service distribution create pressure for both county departments and TJJD secure facilities. Smaller and rural counties, in particular, struggle to maintain access to sustainable mental health, intellectual and developmental disabilities (IDD), and specialty services, often due to limited provider networks and geographic isolation. Compounding these challenges, youth committed to TJJD often remain in local detention centers for extended periods while waiting for a state bed due to the agency's waitlist protocol introduced during the COVID-19 pandemic that remains in effect today. This backlog places strain on local detention capacity, limits availability for youth who may require short-term custody, and further stresses county resources.

Rising Youth Acuity: The profile of youth entering the juvenile justice system is evolving. In 2022, 85% of youth admitted to state facilities were identified as having moderate to high mental health needs, compared to 21% in 2014.[17] Beyond mental health, system-involved youth increasingly present with complex, co-occurring needs, including significant trauma exposure, serious behavioral challenges, intellectual and developmental disabilities, and substance use disorders. As noted in TJJD's 2024 Regionalization Plan, many counties describe today's population as "fewer, but higher need," with youth requiring intensive, multidisciplinary interventions that often exceed the capacity of traditional juvenile probation programming and available community-based services.[18]

[17] U.S. Department of Justice, Civil Rights Division. In*vestigation of the Texas Juvenile Justice Department,* July 2024. https://www.justice.gov/d9/2024-07/2024_tjjd_findings_report.pdf
[18] Texas Juvenile Justice Department. *Closer to Home Regionalization Plan*, December 2024.

Funding Structure: Counties often rely on a blended local, state and federal funds, often with limited flexibility to expand prevention and early intervention efforts without additional investments. TJJD funding streams do not always incentivize or sustain diversion-focused approaches.

***Lingering Pandemic Impacts*:** The COVID-19 pandemic exacerbated many existing challenges within Texas' juvenile justice and behavioral health systems, including court backlogs, treatment delays, reduced school-based supports, workforce shortages, and gaps in community supervision. Many communities also experienced the closure or downsizing of behavioral health providers, residential treatment programs, and other community-based services, reducing an already limited continuum of care. As capacity declined, waitlists for psychiatric care, residential treatment, and other intensive services grew, while juvenile detention facilities experienced overcrowding driven in part by delays in placement and the lack of appropriate community- and residential-based alternatives. Although many systems have recovered, post-pandemic rebuilding has been uneven, and numerous counties continue to report persistent workforce shortages and limited provider and residential capacity.

Cross-System Alignment: While juvenile justice remains the lead system for justice-involved youth, no single agency can meet the increasingly complex needs of today's youth and families. TJJD's ongoing partnerships with HHSC, the Texas Education Agency (TEA), the Texas Department of Family and Protective Services (DFPS), Local Mental Health Authorities (LMHAs), Local Intellectual and Developmental Disability Authorities (LIDDAs), and other state and local partners provide a strong foundation for the cross-sector strategies advanced throughout this report. Strengthening these partnerships will be essential to ensuring youth receive the right services at the right time and in the least restrictive setting.

The barriers identified throughout this report are not isolated operational challenges. They reflect broader system design issues including gaps in early intervention infrastructure, behavioral health capacity, cross-system coordination, and regional implementation support. Addressing these challenges requires structural alignment across policy, funding, and practice.

Throughout this assessment, stakeholders did not frame their feedback as complaints. They described recurring patterns: youth remaining in detention because no appropriate treatment placement was available; school-based referrals escalating in communities without diversion infrastructure; probation departments serving as the default provider for unmet behavioral health, family, and social needs; and youth with increasingly complex needs cycling across multiple systems without coordinated care.

These are not isolated incidents, they are system signals. They reveal where connections between systems are breaking down, where the continuum of care is failing to function as intended, and where strategic investment and structural realignment can have the greatest impact.

The recommendations that follow are designed not only to address individual gaps, but to strengthen the continuum as a connected system so that youth receive the right support, at the right time, in the least restrictive setting.

Section 3:
Framework for a Connected Continuum of Care

Section 3: Frameworks for a Connected Continuum of Care

Efforts to improve juvenile justice systems often focus on expanding individual programs or improving the performance of a single agency. While these investments are important, they are rarely sufficient on their own. Youth and families do not experience services through a single organization. They move through schools, behavioral health providers, law enforcement, child welfare, juvenile probation, courts, residential programs, and community organizations, often interacting with several systems before receiving the support they need.

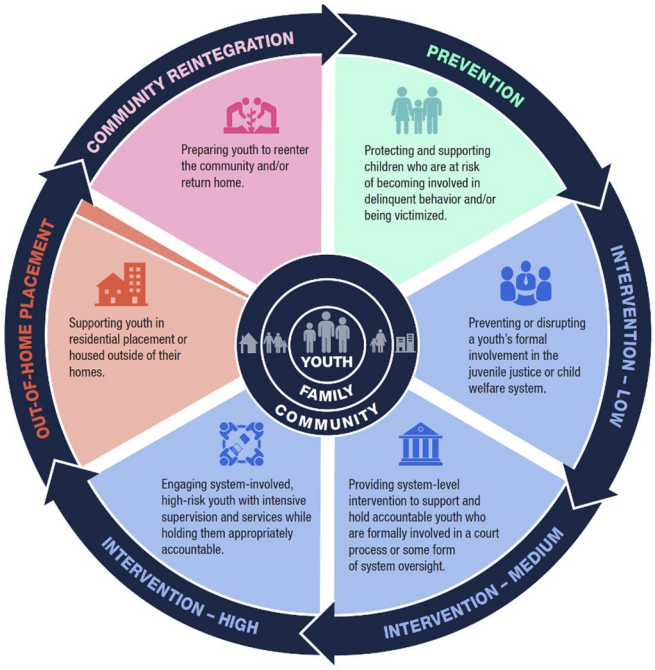
As a result, improving outcomes for youth requires more than increasing the number of available services. It requires ensuring that youth are identified early, connected to appropriate supports, and able to move smoothly between systems without unnecessary delays, duplication, or escalation.

Throughout this assessment, communities demonstrated that similar resources can produce very different outcomes depending on how well local systems share responsibility, make coordinated decisions, and connect youth to care. Strengthening the continuum of care is as much about improving system design as it is about expanding services. This report is therefore grounded in three complementary frameworks that together provide a comprehensive approach to understanding and strengthening juvenile justice systems across Texas.

OJJDP Continuum of Care Framework

The federal Office of Juvenile Justice and Delinquency Prevention (OJJDP) Continuum of Care for Communities framework provides a vision for organizing communities around the full spectrum of youth needs.[19] The framework recognizes that an effective juvenile justice system includes coordinated investments across the entire continuum, including:

- ***Prevention*** *for children and youth at risk of delinquency*
- ***Intervention*** *strategies (low, medium, high) and community-based alternatives to formal processing*
- ***Out-home-placement*** *only for a small percentage of youth who pose a serious risk to public safety*
- ***Community reintegration*** *for youth returning from placement*



[19] Office of Juvenile Justice and Delinquency Prevention. *Continuum of Care for Communities*, April 2024. https://ojjdp.ojp.gov/library/publications/office-juvenile-justice-and-delinquency-prevention-continuum-care-communities

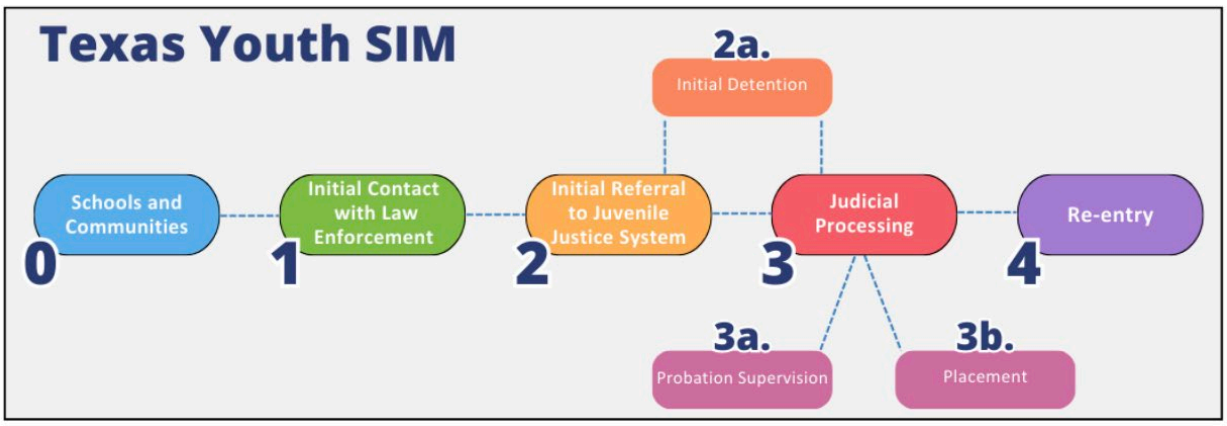
Rather than viewing juvenile justice as a series of disconnected programs, the model emphasizes that youth should receive the right intervention, at the right time, in the least restrictive setting necessary to promote both positive youth development and public safety.

Texas Youth Sequential Intercept Model (SIM)

In 2022, HHSC's Office of Forensic Services and Coordination adapted the national Sequential Intercept Model for the Texas juvenile justice system.[20] While the Continuum of Care framework describes *what* a comprehensive juvenile justice system should include, the Texas Youth SIM helps communities understand *where* youth encounter systems and where opportunities exist to intervene before deeper system involvement occurs. It maps the major decision points or "intercepts" where youth interact with schools, law enforcement, courts, probation, residential systems, behavioral health providers, and community organizations. Examining each intercept allows communities to identify where pathways function effectively, where youth experience unnecessary barriers, and where opportunities exist to divert youth toward community-based supports earlier in the process.

The Texas Youth SIM is used to frame the findings and recommendations throughout this report (see *Section 6: Findings and Recommendations by Intercept*). Structuring the assessment around these intercepts shifts the conversation beyond identifying individual program or service gaps to examining how youth move through the broader juvenile justice continuum and the systems that surround it.

Figure 1. HHSC's Texas Youth Sequential Intercept Model (SIM)[21]



The Texas Continuum of Care Model

Although the OJJDP Continuum of Care framework and Texas Youth SIM provide valuable organizing frameworks, this statewide assessment found that the effectiveness of local systems depends on more than the availability of programs or the sequence of decisions. Across all seven regions, communities frequently identified situations in which services technically existed but youth struggled to access them because referral pathways were unclear, eligibility requirements were limiting, funding streams were

[20] Munetz, M. R., & Griffin, P. A. (2006, April). "Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness." *Psychiatric Services*, 57(4), 544–549. https://www.ncbi.nlm.nih.gov/pubmed/16603751

[21] Texas Behavioral Health and Justice Technical Assistance Center. (2022) *Texas Youth SIM Model Mapping Best Practices.* https://txbhjustice.org/assets/main/downloads/updated_youth-sim-best-practices.pdf

fragmented, information was not shared, or agencies lacked coordinated decision-making processes. In fact, some communities with relatively modest resources achieved stronger outcomes because agencies had developed effective partnerships, coordinated referral processes, and shared responsibility for serving youth. These findings led to the development of a **Texas Continuum of Care model**, described in this report and the companion Regional CoC Playbooks. The model recognizes that an effective continuum depends on multiple interconnected components, including:

- Available programs and services
- Policies and decision-making practices
- Cross-system partnerships and governance
- Screening, assessment, and referral processes
- Sustainable funding and financing strategies
- Workforce capacity and technical assistance
- Data systems and continuous quality improvement
- Meaningful youth and family engagement

Together, these elements determine whether services function as a coordinated continuum or remain isolated resources operating independently of one another. Rather than prescribing a single approach for every community, the model is intended to provide counties, state agencies, and community partners with a shared framework for understanding local systems, identifying priorities, and strengthening the continuum of care in ways that reflect each community's unique needs and resources.

How to Read This Report

The remainder of this report applies these frameworks to examine challenges and opportunities for improvement. **Section 4** presents key trends and system patterns identified through statewide data. **Section 5** elevates the perspectives of youth and caregivers, providing firsthand insight into how families experience systems and the opportunities they see for change. **Section 6** examines findings at each intercept and offers recommendations to strengthen prevention, diversion, community-based services, residential care, and reentry. The report concludes with cross-cutting recommendations in **Section 7** focused on the statewide infrastructure needed to support local implementation.

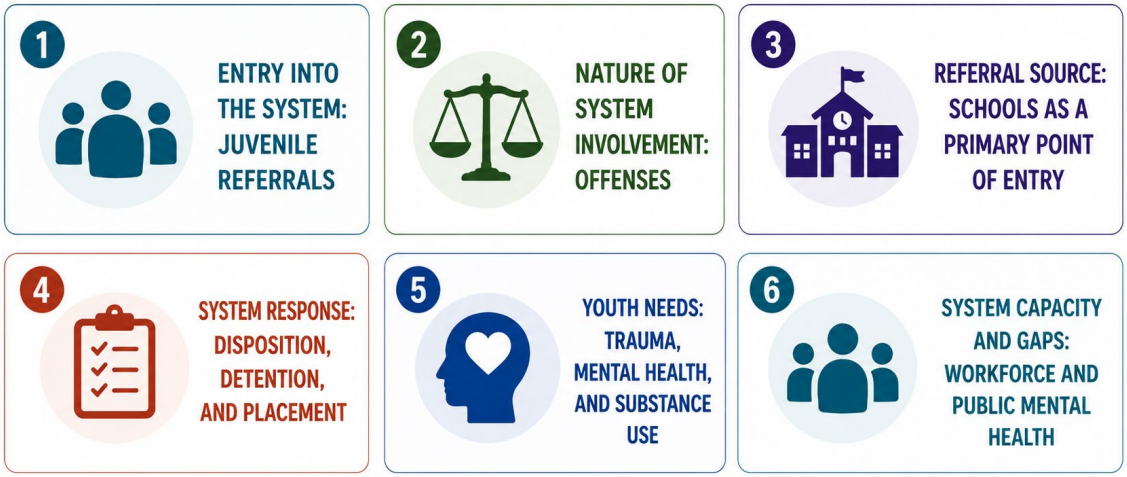
This report is not a mandate, performance audit, or ranking of counties. It is a field-driven blueprint designed to support local and state decision-making. These recommendations offer multiple options, from quick operational fixes to regional pilots and longer-term structural policy reform, allowing counties and state leaders to move at a pace aligned with their capacity and priorities. While the CoC framework and SIM model provide shared language and structure, local ownership will be critical. This was underscored through conversations with regional stakeholders who consistently emphasized the need for flexible implementation guidance, tailored technical assistance, and shared accountability. Moving forward, TJJD will define who is responsible for moving the work forward at each intercept and how this work will be supported through its **10-Year Strategic Plan** and revised **Regionalization Plan**, both forthcoming in December 2026.

Section 4:
Juvenile Justice
Data Profile

Section 4: Juvenile Justice Data Profile

This section synthesizes statewide juvenile justice data to inform the findings and recommendations presented throughout this report. The analyses presented here represents a high-level summary of a few key statewide trends identified through the Texas Juvenile Justice CoC initiative and are intended to complement the more detailed data analyses contained in each of the seven regional Continuum of Care Playbooks. Each regional playbook includes more county- and region-level information on local demographics, referral patterns and offense trends, youth needs, system utilization, service capacity, and regional assets and gaps. This statewide data section draws from that broader body of work to highlight the trends, patterns, and cross-cutting themes that emerged most consistently across regions and that have the greatest implications for statewide policy, planning, and system improvement.[22]

Section At-A-Glance



1. Entry into the System: Juvenile Referrals

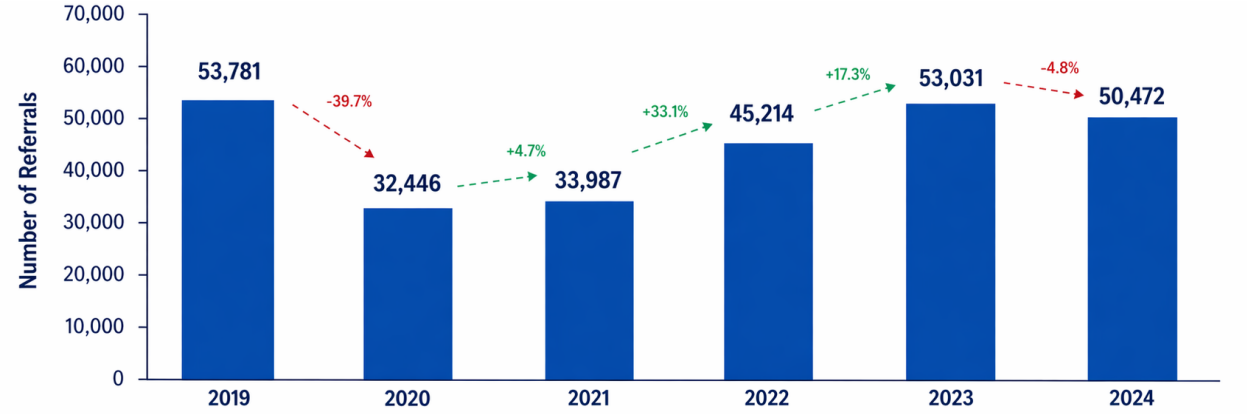
KEY FINDINGS, 2024:

- *Referrals have rebounded to pre-pandemic levels*
- *38,123 unique youth generated 50,472 referrals*
- *66% are first-time referrals*
- *One-third of youth referred have prior system involvement*
- *A smaller group of youth experienced repeat system contact*

Total juvenile justice referrals in Texas declined sharply in 2020, dropping from 53,781 in 2019 to 32,446, a decrease of nearly 40 percent, likely reflecting widespread disruptions during the COVID-19 pandemic. Referrals rebounded steadily through 2022 and 2023, reaching near pre-pandemic levels, and totaled 50,472 in 2024.

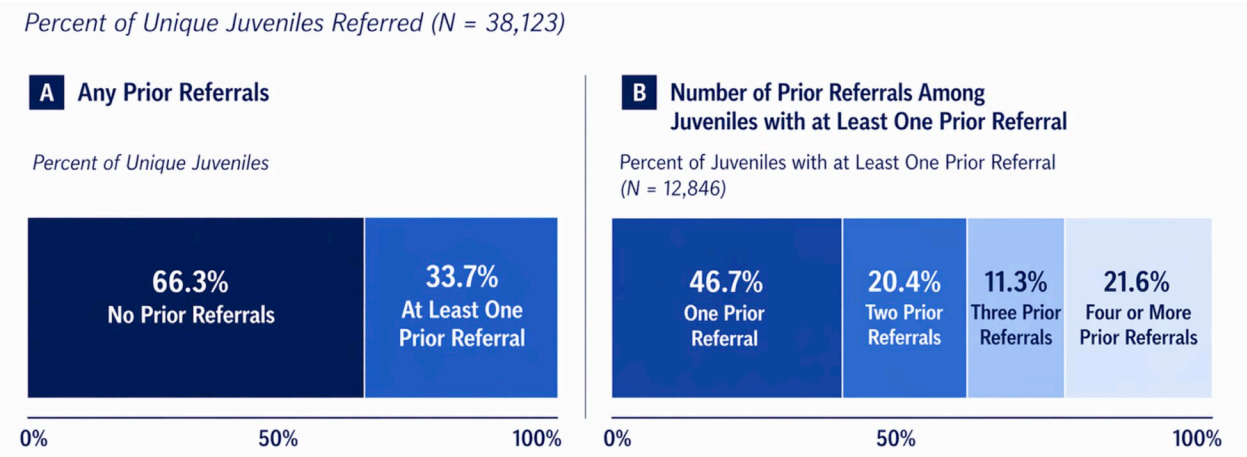
[22] Data included in this report reflect the most current information available during the project period, which began in 2024. Because statewide and county-level datasets were released on different schedules, some analyses utilize calendar year 2024 data while others rely on fiscal year 2023 data. The reporting period for each analysis is noted throughout the report.

Figure 2. Total Referrals to Juvenile Departments, Texas Statewide, 2019–2024 [23]



While overall volume has stabilized, understanding who is entering the system reveals a more nuanced picture. Of the 50,472 referrals in 2024, 38,123 involved unique youth. Most youth (66.3%) had no prior referrals, while 33.7% had at least one prior referral. Among those with prior involvement, nearly half had only one prior referral, but a meaningful share had deeper system contact, including over one-fifth (21.6%) with four or more prior referrals.

Figure 3. Juvenile Referral History, Texas Statewide, 2024[24]



These findings highlight a dual dynamic: a large volume of first-time referrals alongside a smaller but significant group of youth who cycle through the system repeatedly. This pattern shows the importance of both front-end prevention and targeted intervention for repeat-involved youth.

[23] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2019-2024*. https://www.tjjd.texas.gov/wp-content/uploads/2025/08/The-State-of-Juvenile-Probation-Activity-in-Texas-CY-2024.pdf

[24] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2019-2024*.

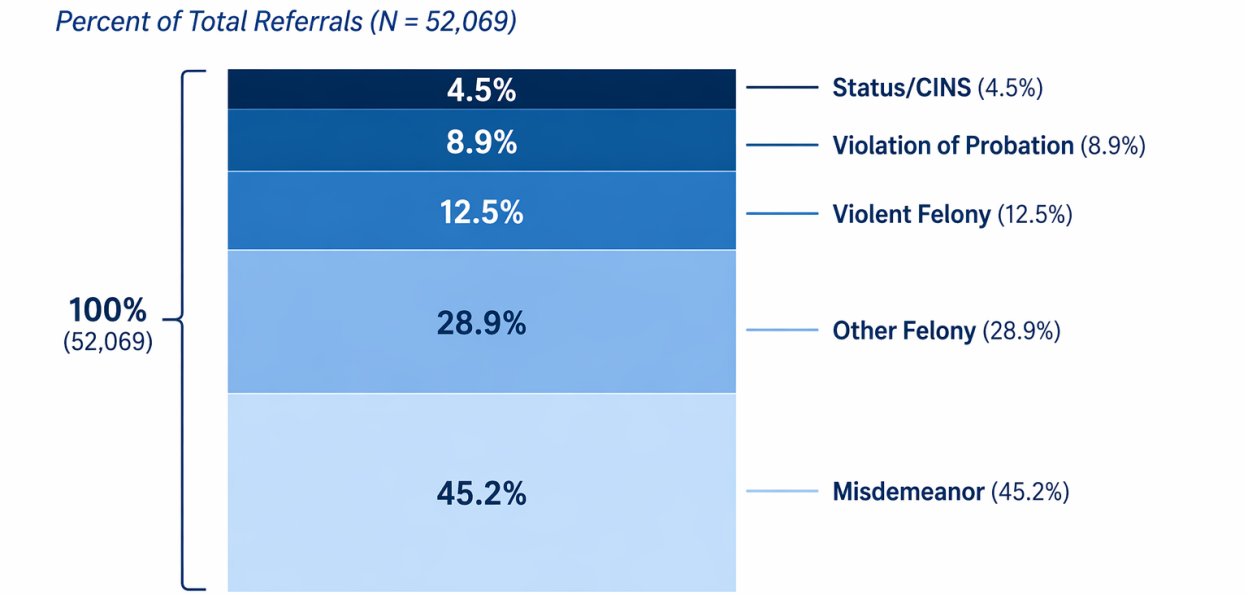
2. Nature of System Involvement: Offenses

KEY FINDINGS, 2023:

- *Misdemeanors are the largest proportion of referrals statewide*
- *Felony proportion has increased over time but does not dominate overall volume*
- *Regional findings indicate much of system involvement is driven by non-felony behavior*
- *High-cost system responses (detention, formal probation) are often used for lower-risk offenses*

Statewide referral patterns in 2023 indicate that the system is primarily responding to lower-risk offenses, even as felony classifications represent a growing share of total referrals. Across regions, misdemeanors consistently represent the largest share of referrals, while felony referral categories – particularly "other felony" – make up a substantial but secondary portion.[25] Violent felonies remain a relatively small and stable share across regions.

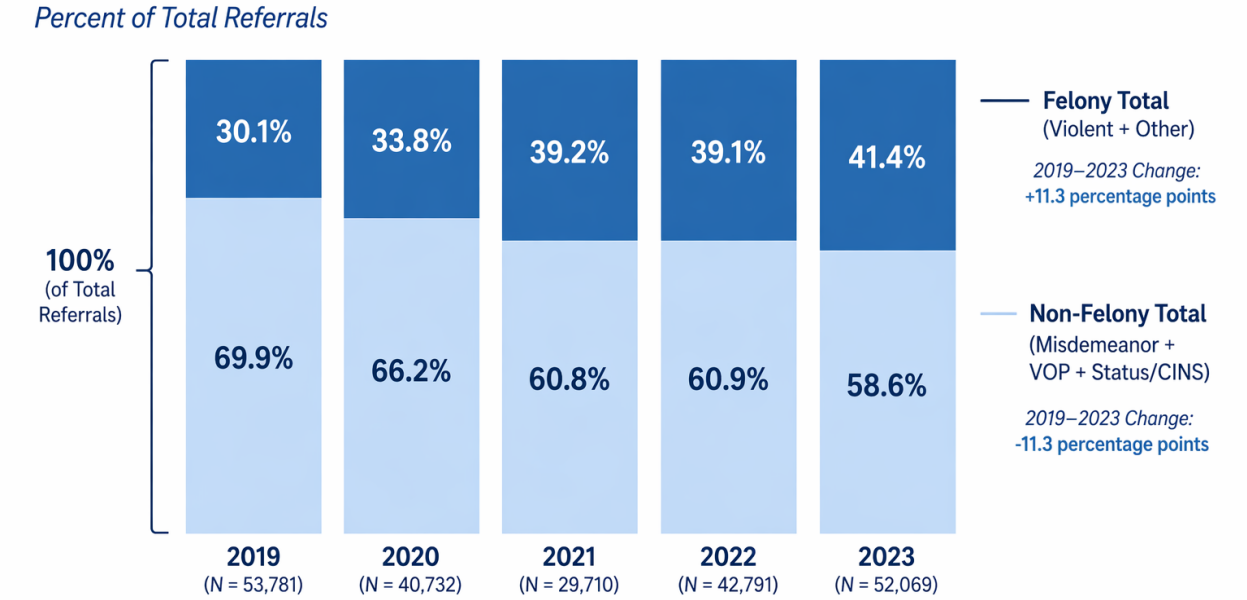
Figure 4. Referral Composition by Offense Type, Texas Statewide, 2023[26]



From 2019 to 2023, the share of felony referrals increased from 30.1% to 41.4%. While non-felony offenses still account for nearly six in ten referrals, the growing concentration of felony-level cases suggests that county juvenile probation departments are increasingly serving youth with more serious offense profiles. This trend has important implications for staffing, treatment capacity, diversion strategies, and behavioral health services, as youth with higher-acuity needs may require more intensive supervision and intervention than in previous years.

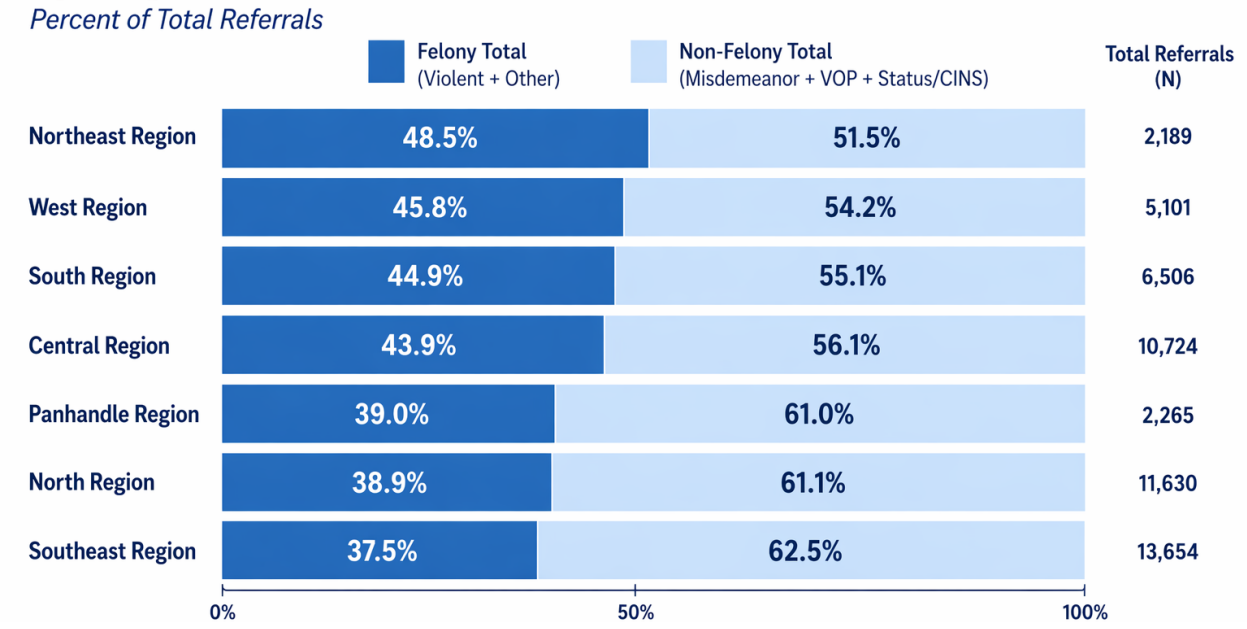
[25] Other Felony includes felony offenses that do not fall within the violent felony category, and may include property crimes, drug offenses including vaping, and other felony-level conduct as classified by TJJD.
[26] Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Referrals tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.

Figure 5. Felony vs. Non-Felony Referral Trends, Texas Statewide, 2019-2023[27]



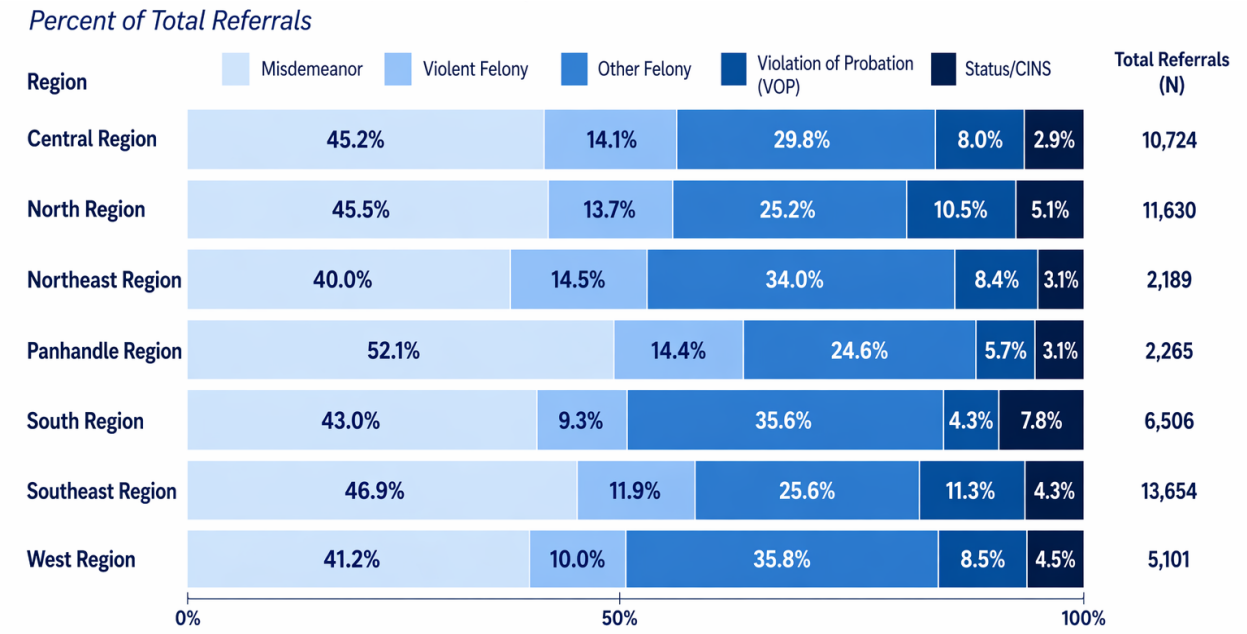
While overall patterns are consistent statewide, regional differences remain important. Felony referrals range from approximately 37.5% to 48.5%, with the Northeast, West, and South Regions showing the highest proportions. These differences suggest variation in local policy, service availability, and system practices may shape how youth enter the system.

Figure 6. Felony vs. Non-Felony Referrals by TJJD Region, 2023 [28]



[27] 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.
[28] 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.

Figure 7. Referral Composition by Offense Type and TJJD Region, 2023[29]



3. Referral Source: Schools as a Primary Point of Entry

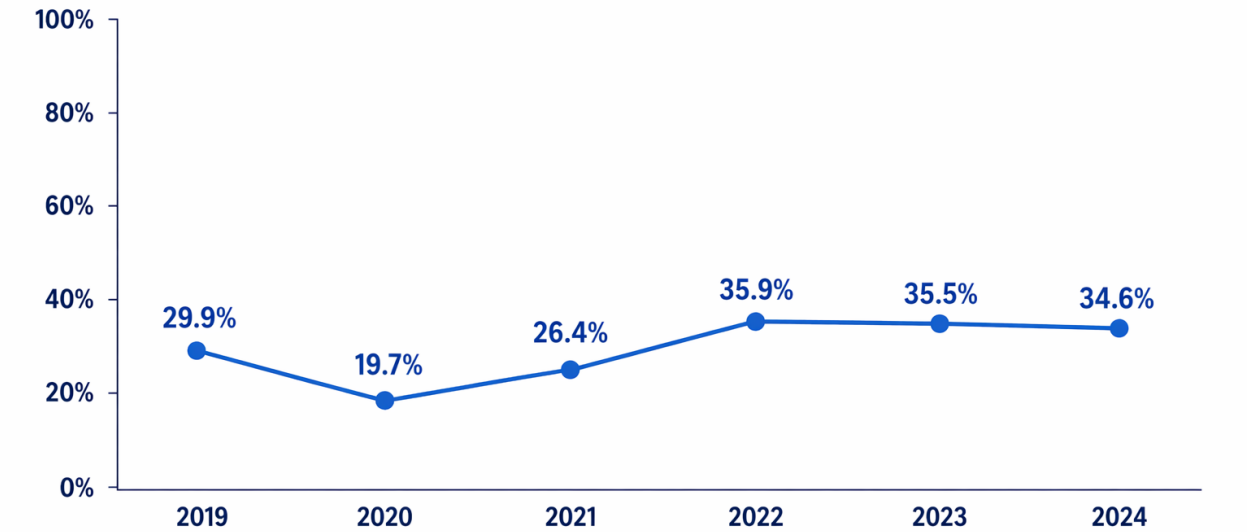
KEY FINDINGS, 2024:

- *Over one-third of juvenile justice referrals (arrests) come from schools*
- *School-based referrals in 2024 exceeded pre-pandemic levels*
- *Most regions cluster between 28%-37%*
- *Misdemeanor assault and drug offenses dominate school arrests*
- *Serious violent offenses represent a small share*

The *State of Juvenile Probation Activity* report, released annually by TJJD, shows law enforcement accounted for 41,175, or 81.6%, of referrals in 2024.[30] At first glance, this data suggests that schools play a limited role in initiating system involvement. However, this number only reflects how referrals are categorized, not where incidents occur or arrests originate. In practice, many school-based incidents are recorded as law enforcement referrals due to the involvement of school-based law enforcement agencies. When examined by location of the offense, a different picture emerges. Figure 8 shows that the share of school-linked referrals declined during the pandemic but has since increased to approximately 35% statewide in 2024, exceeding pre-pandemic levels.

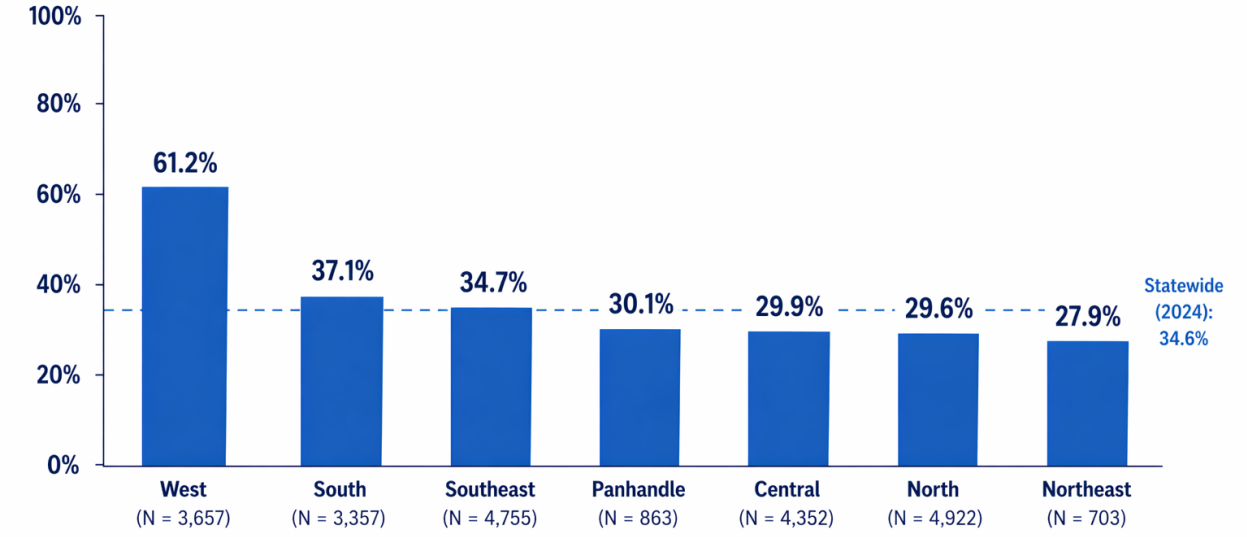
[29] Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Referrals tab*. Received by Meadows Institute from TJJD email communication on July 31, 2024.
[30] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2024*.

Figure 8. Percent of Referrals Occurring on Campus or School-Related Activity, 2019-2024[31]



While most regions reported that approximately 28% to 37% of referrals were school-linked, the West Region stands as an outlier, with more than 61% of all referrals connected to school-based incidents, nearly double the statewide average. These findings suggest that local school discipline practices, law enforcement involvement, diversion policies, and availability of school-based supports may significantly influence referral patterns.

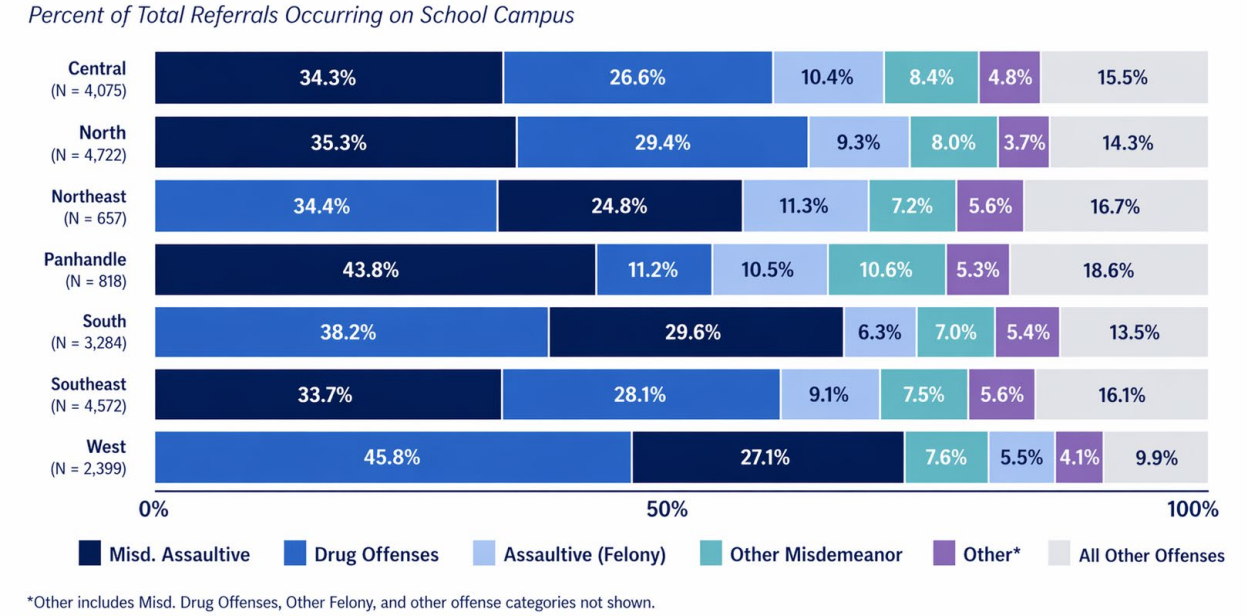
Figure 9. Share of School-Linked Referrals by TJJD Region, 2024[32]



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

Across regions, school-based referrals are driven by misdemeanor assaultive behavior, drug offenses (including vaping), and other misdemeanor categories, rather than serious violent crime. This highlights schools as a critical front-end intercept where early intervention and diversion options could significantly reduce system involvement.

Figure 10. Primary Offense Drivers in On-Campus Referrals by TJJD Region, 2024[33]



4. System Response: Disposition, Detention, and Placement

KEY FINDINGS, 2024:

- *Over 50% of cases were dismissed or diverted*
- *Nearly all others resulted in community-based supervision*
- *Deep-end dispositions (TJJD commitment and adult certification) are rare (<2%)*
- *Nearly 25,000 detention admissions statewide, half released within 10 days*
- *Residential placement serves a small but intensive population with an average stay of 5 months*

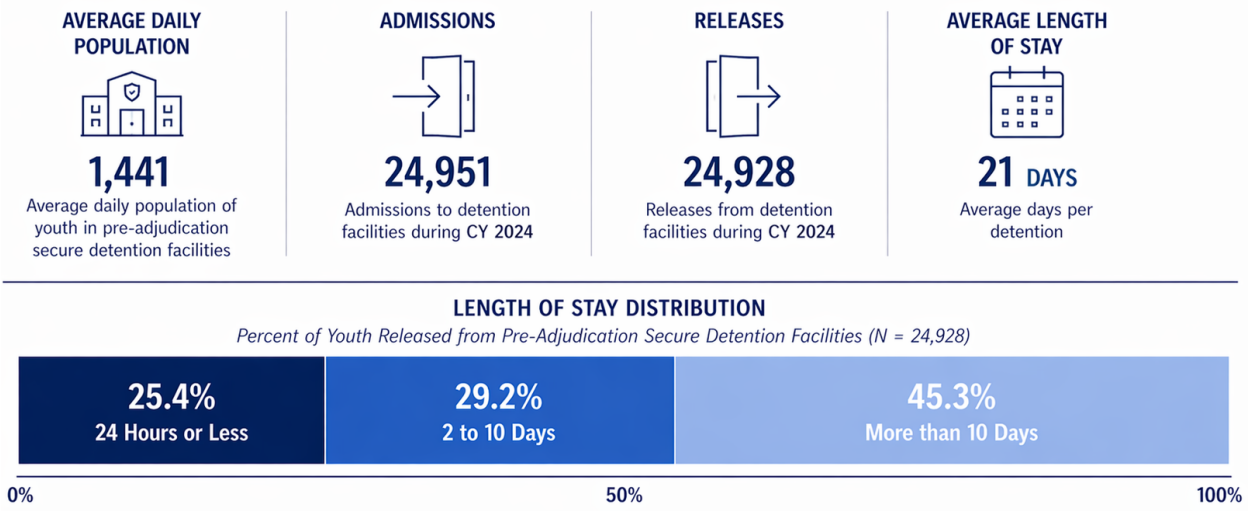
While many youth enter the system, relatively few proceed to deep-end involvement. In 2024, nearly 73% of cases were resolved through deferred prosecution, supervisory caution, or dismissal, and nearly all others result in probation supervision. Only a very small share result in commitment to state custody or transfer to the adult system (less than 2%). This indicates that the system is, in many cases, successfully limiting the use of the most restrictive interventions. However, statewide data do not consistently capture whether youth are connected to appropriate services during these pathways – an important gap highlighted in regional findings.

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

Figure 11. Distribution of Juvenile Case Dispositions, Texas Statewide, 2024[34]

Pre-adjudication detention remains a significant component of the juvenile justice system in Texas. In 2024, detention facilities admitted nearly 25,000 youth and maintained an average daily population of 1,441 youth, with an average length of stay of 21 days. Many youth experienced relatively brief periods of detention, with 25.4% released within 24 hours and more than half were released within 10 days. Over 45% remained detained for more than 10 days. This pattern suggests that detention is frequently used not only for immediate public safety concerns, but also as a mechanism for managing youth while awaiting court action, services, placement, or other system responses. As stakeholders across Texas consistently noted during regional site visits, limited access to crisis services, residential treatment, and community-based alternatives can contribute to longer detention stays. Expanding diversion options and alternative pathways may help reduce unnecessary detention while ensuring youth receive appropriate services and supports.

Figure 12. Pre-Adjudication Detention Activity, Texas Statewide, 2024[35]

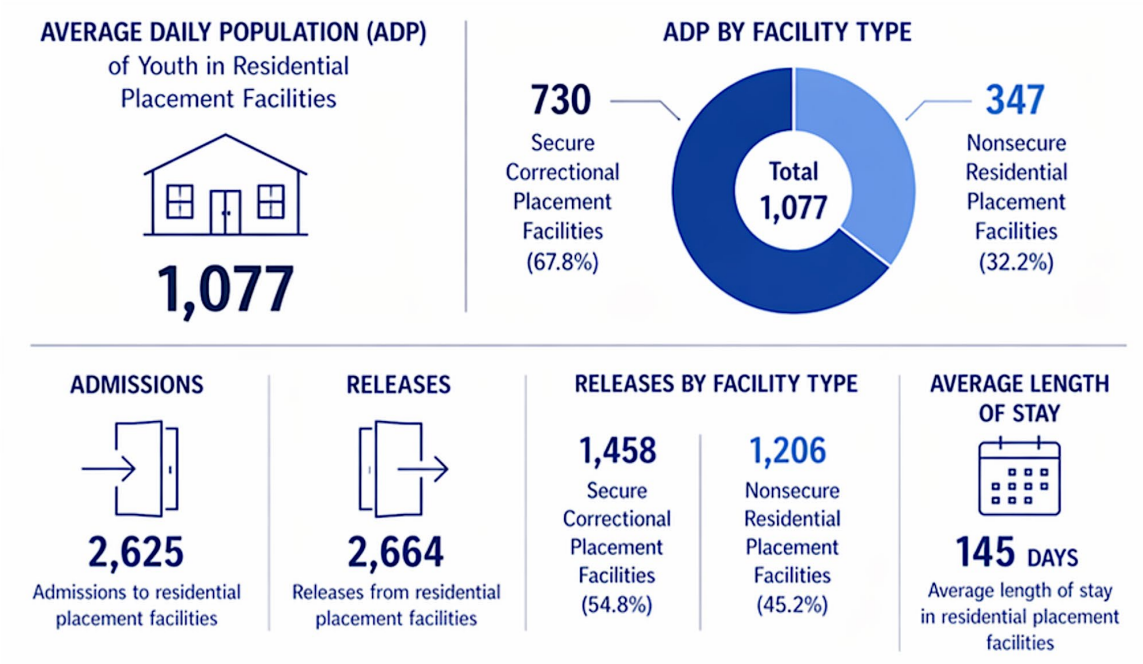


Post-adjudication residential placement represents the deepest end of the county juvenile justice continuum, serving a relatively small number of youth but requiring significant system resources. In

[34] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2024*.
[35] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2024*.

2024, Texas juvenile post-adjudication facilities maintained an average daily residential population of 1,077 youth, with nearly 68% housed in secure correctional facilities. Youth admitted to residential placement typically remained for extended periods, averaging nearly five months incarcerated. The concentration of youth in secure settings highlights the importance of ensuring that placement decisions are matched to youth risk and treatment needs and that less restrictive community-based alternatives are available whenever appropriate. Throughout the regional assessments, stakeholders identified gaps in intensive community-based services, residential treatment options, and step-down supports and barriers to reducing the reliance on post-adjudication incarceration for some youth.

Figure 13. Post-Adjudication Residential Placement Activity, Texas Statewide, 2024[36]



Most youth placed in residential facilities successfully completed placement in 2024 (79-84%). Although unsuccessful terminations still occurred for approximately one in five youth in nonsecure placements and one in six youth in secure placements, the overall findings suggest that the majority of youth remain engaged in placement long enough to achieve their planned treatment and supervision goals.

Figure 14. Post-Adjudication Residential Placement Terminations, Texas Statewide, 2024[37]

[36] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2024*.
[37] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2024*.

5. Youth Needs: Trauma, Mental Health, and Substance Use

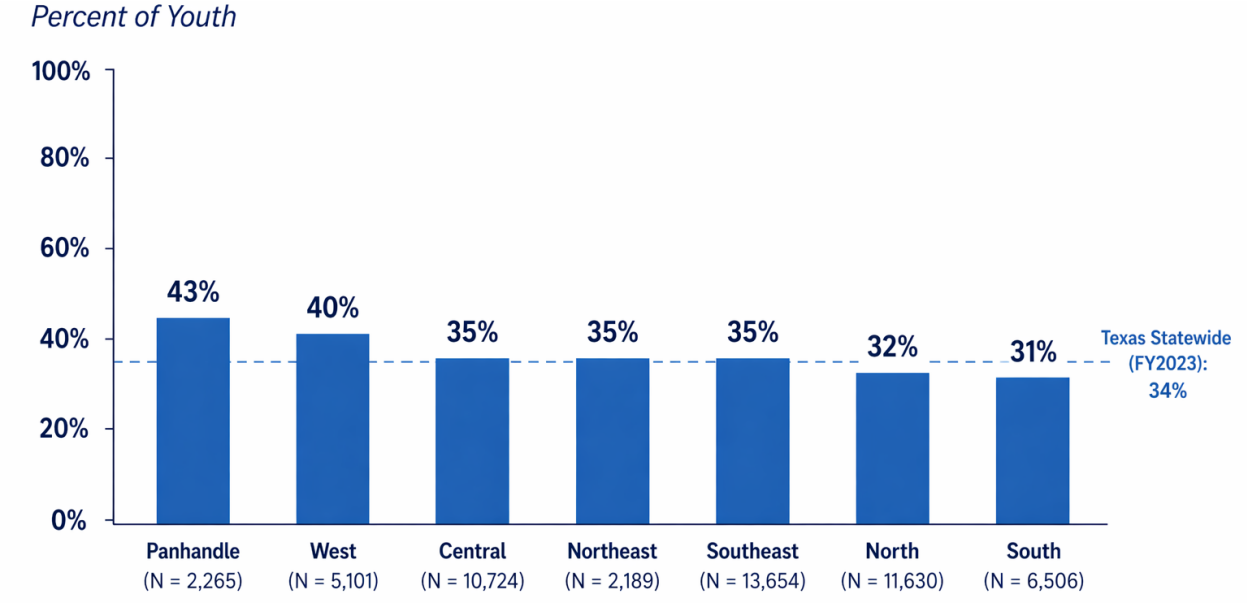
KEY FINDINGS, 2023:

- *1 in 3 youth were identified as having medium or high levels of need*
- *Nearly 6 in 10 youth reported trauma exposure*
- *1 in 3 youth had a mental health need*
- *1 in 5 youth had a confirmed or suspected substance use need*
- *Needs are likely underreported due to limited reassessment*

The prevalence of medium- and high-need youth across all regions highlights that juvenile justice systems are increasingly serving youth with complex and multifaceted challenges. Statewide, 34% of referred youth were identified as having elevated needs, with rates exceeding 40% in both the Panhandle and West Regions. Importantly, these figures likely represent only a portion of the true need within the population, as many behavioral health, family, educational, and developmental challenges may not be fully identified on assessments at intake, and probation staff report that those assessments are not consistently updated.

When viewed alongside the high rates of trauma exposure, mental health needs, and substance use concerns presented later in this section, the data suggest that a substantial portion of justice-involved youth require coordinated interventions that extend beyond traditional probation supervision. Ensuring that communities have access to an appropriate range of behavioral health, family support, and community-based services will be critical to meeting these needs and reducing future system involvement.

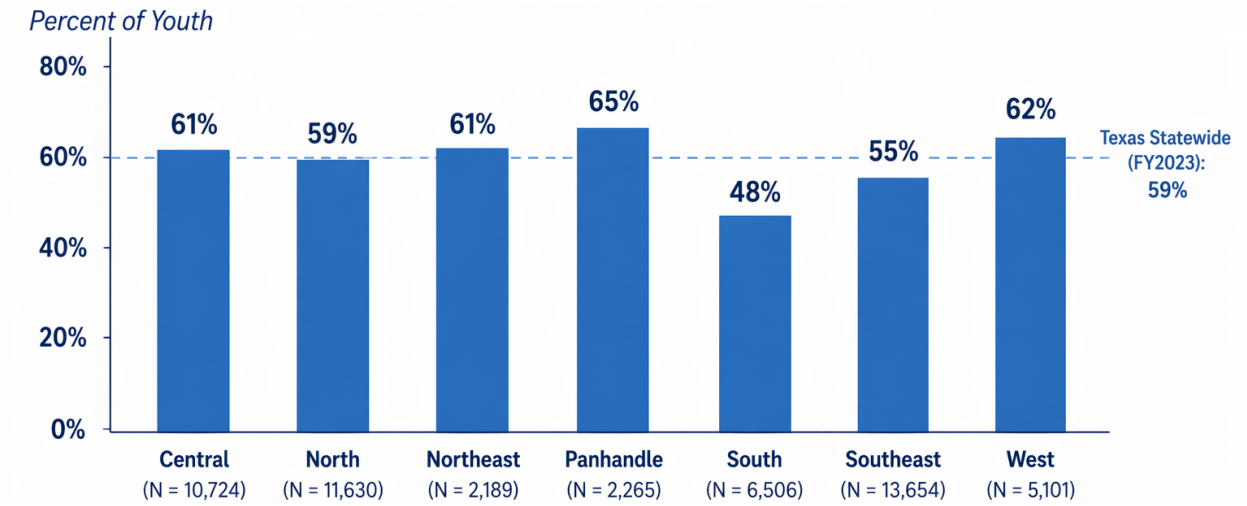
Figure 15. Youth Referred with High/Medium Needs by TJJD Region, 2023[38]



[38] 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.

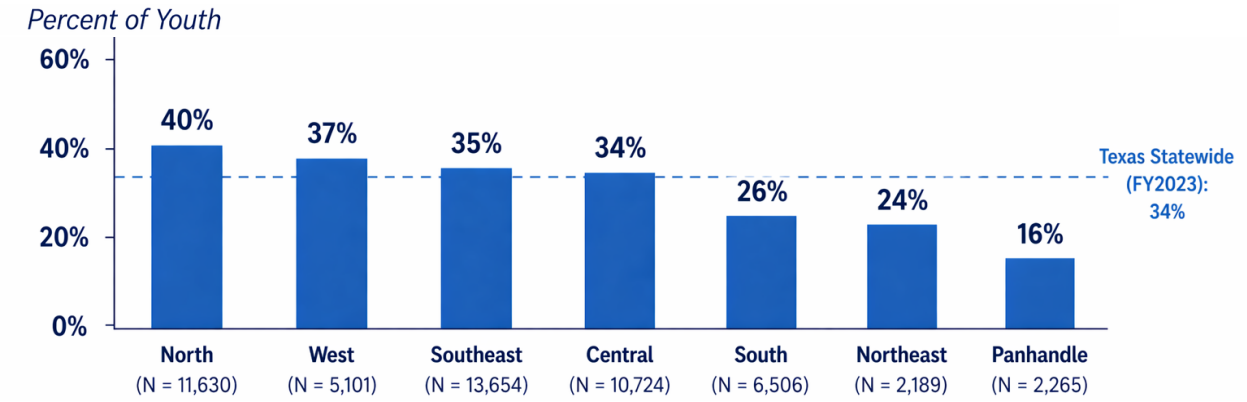
In 2023, nearly six in ten referred youth statewide (59%) screened positive for trauma exposure on the Massachusetts Youth Screening Instrument (MAYSI). Rates exceeded 60% in the Central, Northeast, and West, with the Panhandle reporting the highest prevalence at 65%. These findings are consistent with stakeholder feedback gathered across all seven regions, where juvenile justice professionals, behavioral health providers, schools, and families repeatedly identified trauma as a key underlying factor contributing to behavioral health challenges, school difficulties, family conflict, and substance use.

Figure 16. Youth with Trauma Exposure (MAYSI) by TJJD Region, 2023[39]



In 2023, approximately one-third of referred youth statewide (34%) were identified as having a mental health need. Rates varied considerably by region, ranging from 16% in the Panhandle to 40% in the North. When viewed alongside the high rates of trauma exposure and substance use needs, the data show the critical role behavioral health services play in preventing deeper system involvement and supporting successful outcomes for youth and families.

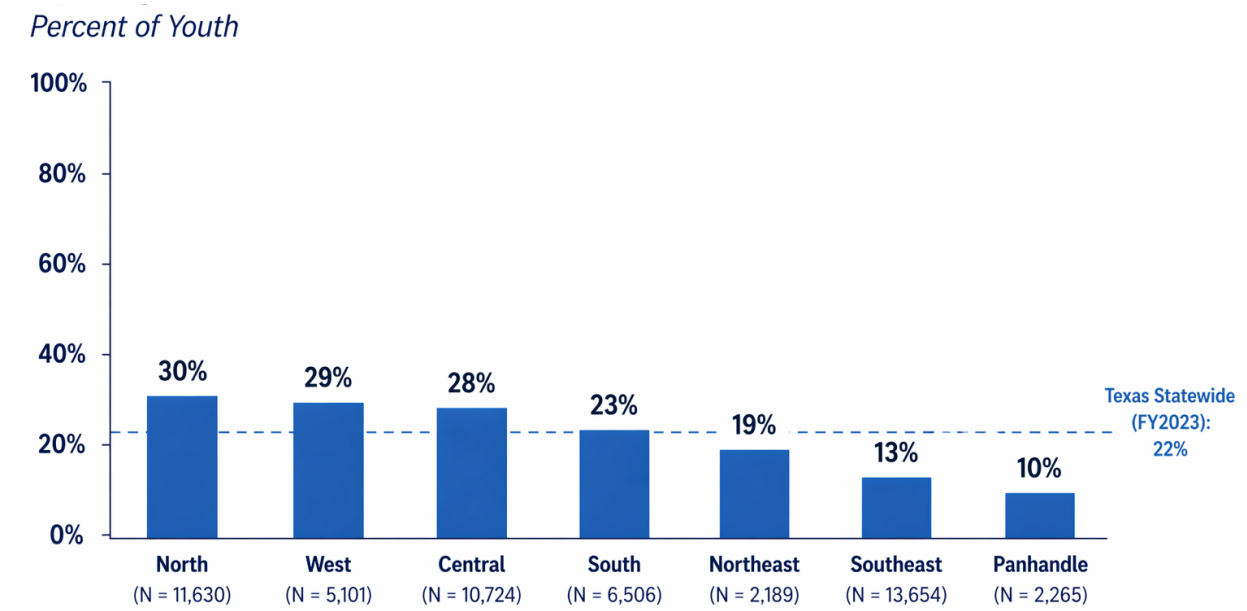
Figure 17. Youth Referred with Mental Health Need by TJJD Region, 2023[40]



[39] 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.
[40] 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.

In 2023, approximately 22% of referred youth statewide were identified as having either a confirmed or suspected substance use need. While the statewide rate is lower than reported rates of trauma exposure and mental health need, substance use remains one of the most common behavioral health challenges facing justice-involved youth. Significant gaps in the availability of recovery supports, residential treatment options, and early intervention services were identified across the state, particularly in rural and underserved communities.

Figure 18. Youth Referred with Substance Use Confirmed/Suspected Need by Region, 2023[41]



6. System Capacity and Gaps: Workforce and Public Mental Health

KEY FINDINGS, 2024:

- *Texas behavioral health workforce varies significantly by region and specialty*
- *Central and North Regions generally have the strongest provider availability across disciplines*
- *South and West Regions have the most limited access to behavioral health professionals*
- *Juvenile justice has 30 times the residential capacity of the public youth mental health system*
- *This imbalance results in juvenile facilities being a primary provider of residential treatment*

Behavioral Health Workforce

Statewide provider data show a large behavioral health workforce, particularly among non-physician providers such as counselors and social workers. However, access varies significantly by specialty and geography. Regions such as the South consistently show higher resident-to-provider ratios, indicating lower access to care, particularly for psychiatrists and youth-focused behavioral health physicians.

[41] 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.

Table 2: Number of Behavioral Health Care Providers in Texas, 2024[42,43,44,45]

Provider Type – Texas (Statewide)	Number of Providers	Average Residents / Provider
Licensed Behavioral Health Physicians	**3,671**	**7,500**
Children and Youth Behavioral Health Physicians	1,034	5,000
Psychiatrists	3,470	8,000
Non-Physician Providers		
Licensed Psychologists	5,069	5,500
Licensed Clinical Social Workers	21,309	1,300
Licensed Professional Counselors	25,396	1,100
Licensed Specialists in School Psychology	3,268	8,500
Licensed Marriage and Family Therapists	3,284	8,500
Licensed Chemical Dependency Counselors	9,510	2,900
Psychiatric Nurse Practitioners	4,985	5,500
Psychiatric/Substance Use Registered Nurses	10,232	2,700

(Higher values indicate lower provider availability)

Figure 19 provides a high-level view of behavioral health workforce availability across Texas and highlights substantial regional disparities in access to key provider types. The Central and North Regions have the strongest provider availability, performing well across nearly every workforce category examined. In contrast, the South and West are the lowest-access regions, particularly for youth behavioral health physicians, psychiatrists, psychologists, and licensed professional counselors (LPCs) and licensed chemical dependency counselors (LCDCs).

This illustrates that workforce shortages are not isolated to a single profession. Regions experiencing limited access to one provider type often experience shortages across multiple disciplines simultaneously, creating compounding challenges for youth and families seeking care. These workforce constraints can limit access to prevention services, diversion programs, crisis response, treatment, and reentry supports, ultimately affecting the ability of communities to meet the behavioral health needs of justice-involved youth.

[42] All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.
[43] 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
[44] 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.
[45] Provider counts include trainees, such as associates and interns, when applicable.

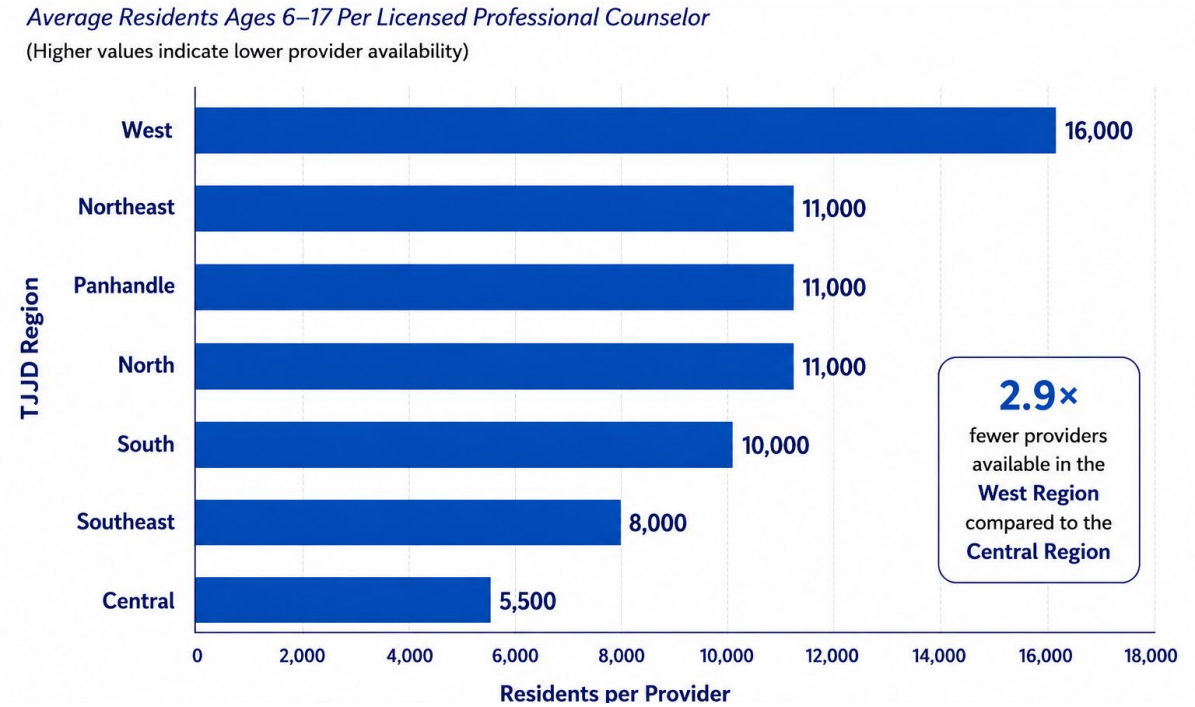
Figure 19. Access to Behavioral Health Providers by TJJD Region, 2024[46]

Better Access Moderate Access Lowest Access

Region	Youth BH Physicians	Psychiatrists	Psychologists	LPCs	LCDCs
Central	Better	Better	Better	Better	Better
North	Better	Better	Better	Better	Better
Northeast	Moderate	Moderate	Better	Moderate	Moderate
Panhandle	Moderate	Moderate	Better	Moderate	Moderate
South	Lowest	Lowest	Lowest	Lowest	Lowest
Southeast	Better	Better	Better	Moderate	Moderate
West	Lowest	Lowest	Lowest	Lowest	Moderate

Figure 20 highlights regional variation in access to LPCs, one of the largest behavioral health professions and a critical workforce for providing outpatient therapy, school-based counseling, diversion services, family interventions, and treatment for youth at risk of justice involvement. Access ranges from approximately 5,500 residents ages 6-17 per LPC in the Central Region to 16,000 residents per LPC in the West Region, meaning that youth in the West Region have access to nearly three times fewer counselors relative to the youth population. The uneven distribution of LPCs across the state suggests that access to behavioral health services depends heavily on geography.

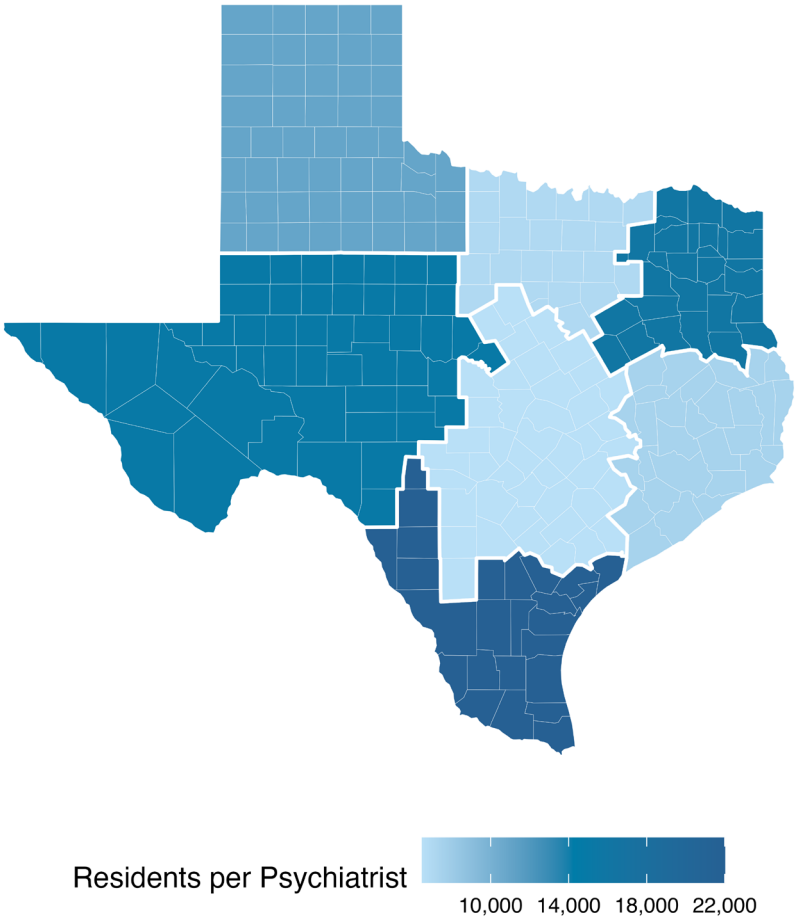
Figure 20. Access to Licensed Professional Counselors by TJJD Region, 2024[47]



[46] See citations for Table 2.
[47] See citations for Table 2.

Figure 21 illustrates the rate of residents per psychiatrist across the seven TJJD regions for 2024. Darker blue shading indicates a higher rate of residents per provider, reflecting lower provider availability. The South Region has the highest number of residents per psychiatrist (22,000 residents per psychiatrist). The neighboring Central Region has the lowest rate (6,500 residents per psychiatrist), followed by the North region (7,000 residents per psychiatrist), reflecting comparatively stronger access in those areas.

Figure 21: Residents per Psychiatrist by TJJD Region, 2024[48,49,50,51]



[48] All Texas population estimates are rounded to reflect uncertainty in the American Community Survey estimates.
[49] 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
[50] 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.
[51] 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.

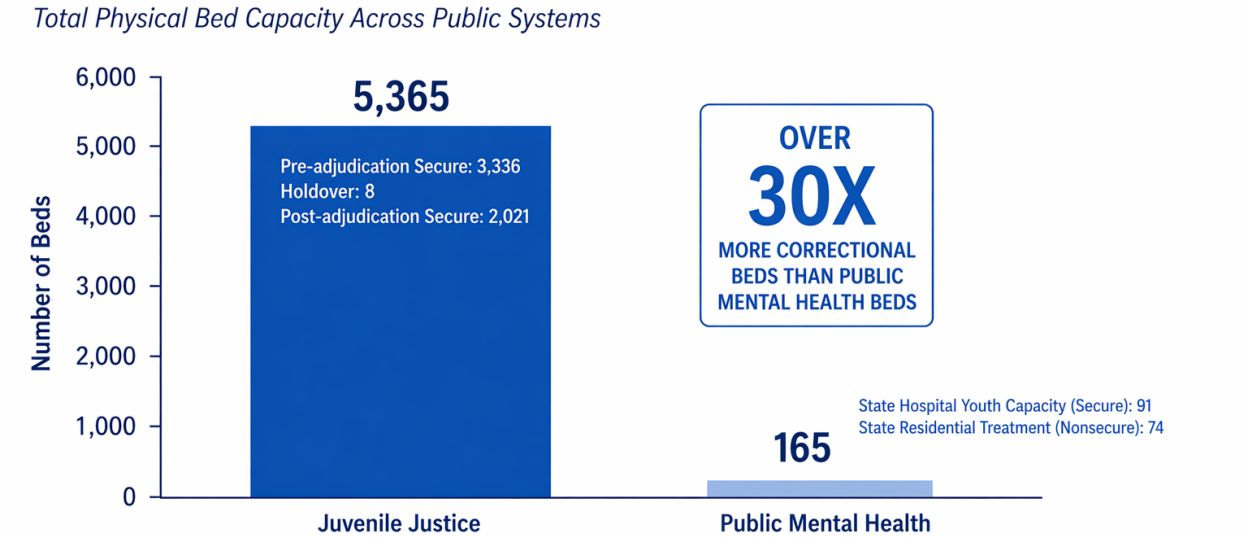
Residential Capacity Imbalance

The comparison between juvenile justice and public mental health residential capacity highlights a significant structural imbalance in Texas' youth-serving systems. Statewide, publicly funded juvenile justice facilities provide approximately 5,365 correctional and detention beds, while the public mental health system provides only 165 residential treatment and state hospital beds specifically designated for youth. In other words, Texas maintains more than 30 times as many correctional beds as public mental health beds for children and adolescents.

Across all seven regions, stakeholders described situations in which youth with significant behavioral health needs cycle through emergency rooms, detention centers, residential placements, and other systems because appropriate treatment options are unavailable or inaccessible. While correctional beds and mental health treatment beds are not interchangeable, the comparison illustrates a broader systems challenge: Texas has invested heavily in its capacity to manage youth after system involvement occurs, while maintaining comparatively limited public capacity to provide intensive behavioral health treatment that may prevent deeper system involvement in the first place.

Figure 22. Texas Juvenile Justice vs. Public Mental Health Residential Capacity, 2024[52,53]

Total Physical Bed Capacity Across Public Systems



Conclusion

These findings describe a system that is highly active at the front end, primarily responding to lower-level behavioral issues with justice system responses, and serving youth with significant and often unmet behavioral health needs. While most youth do not progress to deep-end involvement, a smaller group cycles through repeatedly, and system responses, particularly detention and residential placement, are sometimes used in the absence of accessible alternatives.

[52] Texas Health and Human Services Commission. *Availability of Youth Beds.* Received by email communication to the Williamson County Juvenile Probation Department, April 15, 2024.
[53] Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, 2024*. https://www2.tjjd.texas.gov/publications/other/searchfacilityregistry.aspx

At the same time, the state's investment in correctional capacity far exceeds its investment in behavioral health residential treatment. These dynamics highlight a critical opportunity to realign the system toward earlier intervention, expanded diversion, and a stronger continuum of care that better meets the needs of youth and families.

What the Data Do Not Show

Statewide juvenile justice data do not capture the full range of youth-serving activity occurring outside formal system responses. Prevention efforts, informal diversion, crisis response, and community-based interventions are often not reflected in agency data. Statewide reporting does not consistently track whether youth receive services during system involvement or the outcomes of those services. This creates a gap between what is measurable and what is experienced by youth and families.

The qualitative components of this assessment – including regional site visits, key informant interviews, focus groups, youth and caregiver listening sessions, surveys, and system mapping workshops – help fill this gap by providing insight into how systems operate in practice, where connections to services break down, and where promising local approaches are emerging.

The next section highlights themes that emerged from listening sessions with youth, young adults, and caregivers. Their perspectives provide context for understanding how system policies, practices, and service gaps influence the experiences of those navigating the juvenile justice system and help illuminate opportunities for improvement that may not be apparent through data alone.

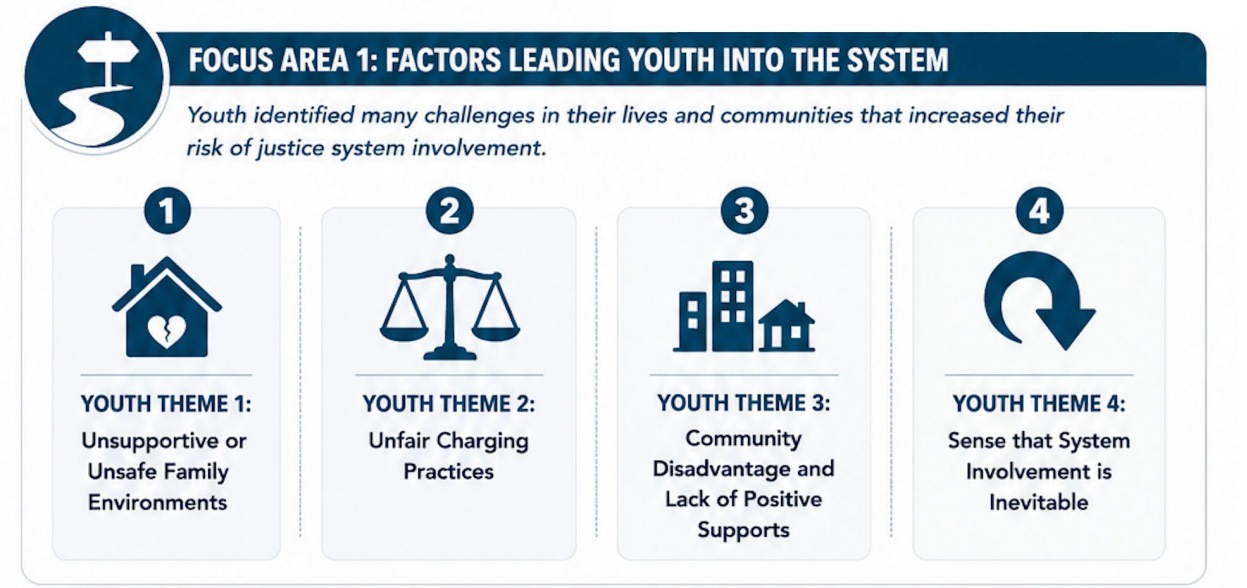
Section 5:
Voices of Impacted Youth & Families

Section 5: Voices of Impacted Youth & Families

From December 2024 to July 2025, the **Texas Network of Youth Services** (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 the juvenile justice system has impacted. Over two virtual listening sessions with YYA, two virtual listening sessions with caregivers including parents, grandparents, and one foster parent, 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.

TNOYS applied a **Youth Participatory Action Research model** to this work, an innovative approach to positive youth and community development in which YYAs are trained to conduct systematic research to improve their lives, communities, and the systems intended to serve them. TNOYS worked with its **Young Adult Leadership Council (YALC)**, a group of 12 YYAs with experience in various systems, as well as its YYA Alumni Program, to assist in developing, facilitating, and analyzing listening sessions with YYAs who have experience with the juvenile justice system.

Insights from Youth & Young Adults: Section At-A-Glance



Focus Area 1: Factors Leading Youth into the System

Youth voiced various factors they believed contributed to their involvement with the juvenile justice system. They also shared several opportunities that could have kept them and their peers out of the system. In particular, unsupportive and unsafe family environments and an unfair system were the most cited reasons for youth entering the juvenile justice system, with their community's disadvantages and the inevitability of justice involvement closely following.

Youth Theme 1: Unsupportive or Unsafe Family Environments

Many youth shared that they entered the system due to abuse, unsupportive parents, and conflict at home, with few safe alternatives in the community.

While youth in the listening sessions shared many factors that led to their involvement with the juvenile justice system, many commonly shared that familial concerns and their home environment were what led to their involvement, including abusive, disengaged, or unsupportive parents. Multiple YYA who did not feel safe at home shared that their involvement with the system stemmed from their avoidance at home, as they did not have a place where they were allowed to be. YYA also cited concerns with familial substance use leading to their own substance use.

One youth explicitly acknowledged that a parent had her arrested and put in the juvenile justice system for running away, even though he had kicked her out of her home. However, multiple youth acknowledged that "lots of youth" in the system are there because their parents were trying to teach them a lesson. One participant stated, *"What kind of parent would do that? No one should want their kid to experience what we experienced."*

Youth would like to see more parenting classes available to parents, as well as parents having a better understanding of mental health and how to support their child's mental health.

Implications for the Continuum of Care

Preventing justice involvement requires upstream investment in family support services, such as accessible crisis respite, family mediation, in-home counseling, substance use treatment for parents, and targeted supports for kinship caregivers. CoC design should prioritize cross-system referral pathways so youth are connected to these supports before justice involvement. When young people do become involved with the system, they will be more successful if their families are supported. The CoC should make available the same family supports available when a youth is on probation, in a facility, and as they transition home.

- Improve data interoperability between local juvenile probation departments and the Department of Family and Protective Services to promote cross-system collaboration, allowing probation to quickly determine if youth or their families are receiving services as part of a child protection case.
- Increase state investments in prevention programs that support families and prevent abuse, neglect, and juvenile delinquency.
- Promote collaboration between juvenile probation departments and prevention programs like Family and Youth Success (FAYS) to increase diversion from the system and connect youth and their family to counseling and parenting classes already available in the community.

Youth Theme 2: Unfair Charging Practices

Youth reported "trumped up" charges, inconsistent enforcement of rules, and harsher responses for some youth over others for similar behavior.

YYA commonly cited "trumped up" and "unfair" charges as factoring into a YYA's justice involvement. Below are examples of behaviors that young people do not believe they should be charged, or, at a minimum, detained for:

- Assault on a public servant when the public servant was accidentally hit trying to break up a fight, particularly when neither youth would was charged with fighting. In this instance, only one YYA was charged with "assault on a public servant."
- Assault charges due to fights when they were only defending themselves because someone else started the fight.
- School or teachers calling the police only on the youth they were targeting.
- Possession of marijuana and other drugs. As one young person explained, *"Everyone knows who is smoking it, but only some people get charged."*

Implications for the Continuum of Care

A fair system that youth can trust requires standardized diversion criteria, clear charging protocols, and safeguards against bias. CoC development should include partnerships with probation, prosecutors, schools, and law enforcement to adopt alternatives to arrest for low-level and non-violent behaviors.

- TJJD should consider developing a robust list of recommended low-level and non-violent behaviors to target for diversion from juvenile probation and referral to community-based services.
- Using this list, juvenile departments should consider working with local law enforcement, prosecutors, schools, and local service providers to develop agreements on when police and schools refer youth to local services rather than juvenile probation.

Youth Theme 3: Community Disadvantage and Lack of Positive Supports

Youth cited poverty, unsafe neighborhoods, lack of role models, and absence of accessible, positive activities as contributing factors to their involvement.

Community disadvantage is defined as the interplay between individual characteristics of a community's residents (such as unemployment, low income, and low educational attainment) and the social and environmental context within the community such as weak social networks and relative lack of opportunity. YYA cited many other factors relating to their community's disadvantage, which they believe led to their involvement in the system, including:

- Lack of trusting and supportive relationships with adults and authority figures, beyond just parents.
- Lack of positive role models or guidance.
- Histories of trauma and substance use to cope with trauma, as well as a lack of behavioral health supports.
- Loss of a friend, parent, or loved one.
- Poverty/financial instability and associated social determinants of health including, unsafe foster families, neighborhoods, and lack of peer supports.
- Being raised around the wrong people and/or hanging out with the wrong people.
- Not knowing how to make good decisions.
- Becoming a bully due to the young person being bullied themselves.
- Anger issues.

YYA believe that increased community resources would help to keep youth out of the juvenile justice system. They recommended the following:

- Access to healthy food (in incarceration, but particularly in the community).
- More training for professionals who work with youth, both in and out of the system.
- More after-school programs.
- Community youth centers that are open late.
- Anger management classes.
- Parents education on how to support youth mental health.
- More support in schools to help youth stay in school.
- Better screening of foster parents.
- Better pay/jobs for parents.

> "Something that really helped me that I was assigned in court was drug counseling. After school, I would go to this facility along with other youth for like 6 hours per day, and we would talk about our issues, and we would all bond … we're all pissed and then there was food there, and I would go home with a full belly …. And I did this for almost a year and it really helped me to recover from some issues."
>
> – S, 19

Implications for the Continuum of Care

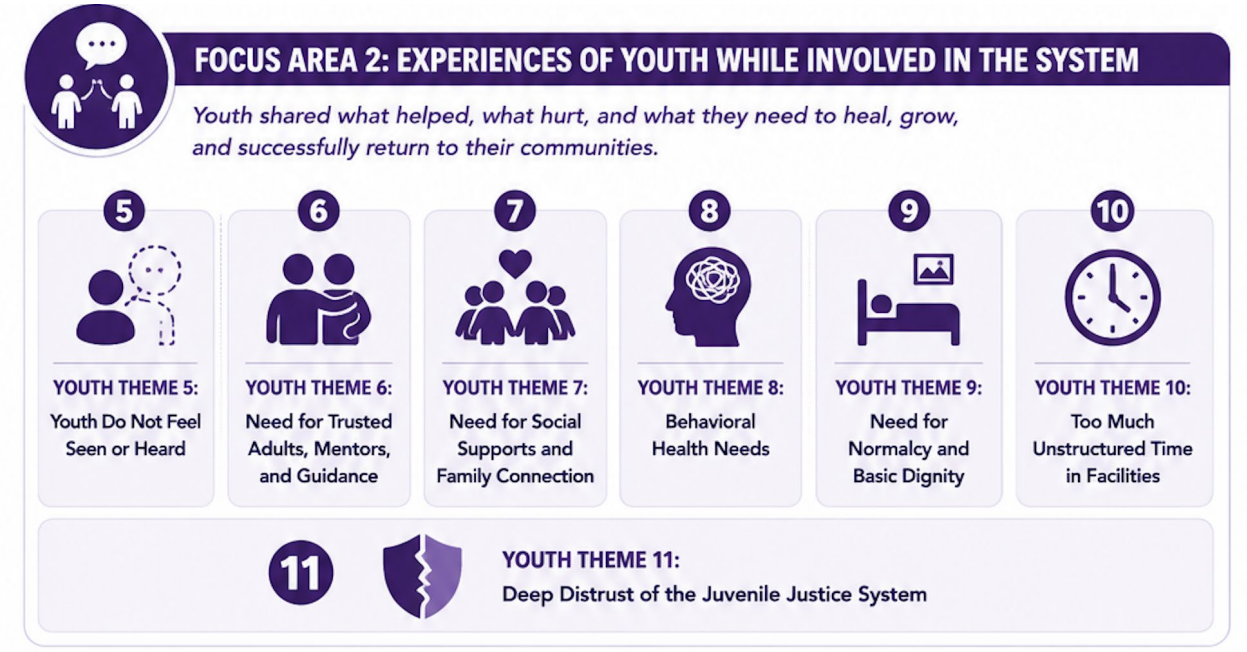
Communities need a strong prevention infrastructure, including free or low-cost afterschool programs, youth centers, mentorship programs, and safe spaces available in the evenings and weekends. CoC planning should coordinate government, nonprofit, and school resources to sustain these options and ensure access in high-need areas. CoC planning should also ensure these options include food and youth-centered activities (recommended or developed by youth) to make them more enticing and get youth in the door.

Youth Theme 4: Sense that System Involvement is Inevitable

In comparison to older peers who had aged out of the system, younger youth and those still involved in the system were more likely to struggle to answer questions about the factors that led to their involvement with the system or how to avoid it. Younger youth seem to believe that their involvement with the system is inevitable and that nothing could prevent it. They shared things like: *"It's just what happens to people like me" and "It's just part of our life."*

> "I followed in my brother's footsteps. Everyone expected it, so I did too. My little brother will be here soon, I'm sure."
>
> – A, 16

Insights from Youth & Young Adults: Section At-A-Glance



Focus Area 2: Experiences of Youth While Involved in the System

YYA voiced many concerns regarding their treatment and support while involved with the juvenile justice system. Particularly, youth shared that they do not feel seen or heard and that they need mentorship, more behavioral and social supports, and a sense of normalcy while incarcerated. Youth shared that their disconnection from family and friends and their lack of access to hygiene products they use at home was not normal and led to emotional dysregulation. They also believed that this disconnection was intentional to *"keep them down."* Addressing such concerns can not only build trust with the youth but also prevent youth from going deeper into the system, as it improves their behavior and their willingness to work through programming effectively. Or, if addressed early enough, it may prevent their involvement with the juvenile justice system altogether.

Youth Theme 5: Youth Do Not Feel Seen or Heard

Youth report that the adults in their lives, particularly in the juvenile justice system, do not listen to them or consider what the youth want or need to be successful.

> "They don't have to agree with everything we say, but we need them to listen."
>
> – A, 19

Whether it's teachers, parents, judges, or probation officers (POs), youth do not feel they are listened to or heard before, during, or after their involvement in the juvenile system. They want the adults in their lives to listen to them and understand their perspectives. Youth feel like adults don't understand what it's like being a youth because they don't listen. Not all youth could name even one adult who they felt listened to them while they were in the juvenile system. However, when youth did have an adult who they felt listened to them, it was most often their attorney or a teacher, though one YYA shared that their PO listened, while

another shared that their therapist listened. One young person shared she was wrongfully "convicted," and no one would listen to her side:

"In situations with youth, I think that when it comes to law enforcement, they don't really want to hear us out at all. They just want to put us away… or quiet us down to de-escalate the situation quickly when I think a lot of times we just need to be heard. As far as the court systems went, I was not listened to or believed at all. I was kind of just given like, 'either you're going to go on probation or you're going to sit here.' I had teachers and people like adults at school who believed me, but they really couldn't do much about it. And my parents didn't believe me. Nobody believed me so I didn't really have the support where it kind of mattered." - A, 20

Another young person shared that "only" her last PO listened to what she needed to be successful and helped connect her to services on the outside. She shared that the PO worked hard to ask the right questions and then truly listened, which helped her open up. However, other YYA in the room responded with surprise, sharing, *"My PO definitely didn't listen."*

> "I think juveniles need to be taken seriously because it's easy for adults to say kids are this or that."
>
> – I, age not known

One young person considered himself innocent of the charges brought against him but acknowledged he had anger issues and made other mistakes. He felt he couldn't get anyone to listen until the parents of a friend who knew the judge on his case spoke to the judge in his behalf.

Implications for the Continuum of Care

The basic minimum to begin building trust with youth is truly listening to them and hearing what they have to say. This starts by ensuring all adults working with young people have training in active listening skills and have adequate time when working with youth to ensure the discussion leaves the youth feeling heard. CoC efforts should involve developing guidance and ways for local communities to provide youth with opportunities to give feedback and have their ideas heard through listening sessions, suggestion boxes, one-on-one conversations, and the implementation of a youth board. Technical assistance must be available to organizations to create and sustain youth boards.

A Note from TNOYS: How Youth Describe "Detention" and "Placement"

Most YYAs who participated in the in-person listening sessions were served on probation in locations that have a pre- and post-adjudication facilities. TNOYS explained the difference between detention and post-adjudication in our questions; however, to the young people we talked to, the experiences felt the same: they were locked up. It was never clear in our discussions if the YYA were talking about detention or post-adjudication. At times, a YYA would talk about when they were "in detention," only to share experiences that seemed more in line with placement in a post-adjudication facility. We asked different questions about detention and placement, but received similar answers. Throughout the following report, "detention" and "lock-up" are used interchangeably, just as the young people we spoke with did. Only a few YYA discussed their time in Residential Treatment Centers (RTCs). Still, it is also possible that some references to "detention" or "lock up" could refer to a time in an RTC placement.

Youth Theme 6: Need for Trusted Adults, Mentors, and Guidance

Nearly all youth reported a lack of trusted adults in their lives and/or a desire for a mentor who cares about them to help guide their decision making.

YYA want adults in their lives to care about them and their futures. Whether discussing what could have prevented juvenile justice involvement or what they thought would have helped most while on probation or incarcerated, YYA overwhelmingly shared that they needed adults who cared about them and would provide them with guidance. They'd like to see access to mentors who are not in the system – someone who is not a PO or therapist. Many shared that teachers, foster care case workers, and others tried, but they didn't have enough time because they were supporting too many youth.

In one listening session, YYA debated and expressed mixed feelings about whether professionals in the system can also serve as mentors and adults providing guidance, or if the role of mentor needs to be removed from the system altogether. Some YYA acknowledged that they don't have a problem with mentors in the system, such as case workers or probation officers, but that these individuals are often too busy and lack the right mindset to be effective mentors. Others acknowledged that they prefer their mentor not to be paid so that they know the person really cares about them. They also struggle to believe someone who is working in a system that locks up kids is really looking out for them.

One young person who was previously incarcerated in a state secure facility acknowledged he would get upset because he had no one to call him or visit him on visiting days.[54] It would upset him as he watched others have visitors, and because he still wasn't good at regulating his emotions, he would start fights with the kids who had visitors. An outside mentor, he said, would have provided him with someone who would visit on visiting day.

Another YYA shared that she had a volunteer mentor while in detention who continued to be her mentor on the outside. The mentor talks her through better decision-making, including how she could have approached situations differently in the past to avoid juvenile justice involvement and how to constructively confront challenges in everyday life. She shared that her mentor has helped her grow as a person and make better decisions. She would like to see more youth have access to mentors before, during, and after involvement with the juvenile system, but acknowledged that she probably wouldn't have agreed to a mentor if not for being in detention and wanting more contact with the outside world.[55]

[54] While this YYA shared this occurred in a state facility, based on the full discussion it is likely that either he had been previously placed in a Residential Treatment Center (RTC) or he did not understand the difference between an RTC and a state facility.

[55] This young person is now 18 and no longer involved with the juvenile system but spoke of the mentor as someone who still has a mentor role in their life. It's unclear if the mentorship role is still in an official capacity and through which program the role is organized.

Implications for the Continuum of Care

Mentoring should be incorporated into both the prevention and reentry processes by recruiting community-based mentors. CoC design must ensure that mentoring is integrated into diversion programs, school-based services, infrastructure, and post-release casework.

- Develop policies that ensure mentors can visit or call youth in detention and post-adjudication on a schedule similar to one they used visiting with youth on the outside.
- Create partnerships with existing mentorship programs to ensure they are accessible to young people before, during, and after involvement with the juvenile justice system.
- Mentor programs should work to connect youth with mentors who share similar experiences.

Youth Theme 7: Need for Social Supports and Family Connection

Phone call limits, visitation restrictions, and sibling separation in facilities were reported as harmful to mental health and rehabilitation.

YYA, particularly those recently detained in a juvenile facility, shared that disconnection from their families and the outside world while locked up is particularly harmful to their mental health and rehabilitation. While they already distrust the system, not allowing youth to speak to family more frequently or for longer periods only exacerbates that distrust.

Additionally, YYA shared examples of how disconnection during juvenile detention has frayed family ties and support systems. Siblings who were previously close and locked up at the same time shared that they weren't allowed to see each other or talk to each other. Once they were released, the impact of being unable to see or talk to each other negatively impacted their relationship – a rift that they are now working to repair. They believe that youth should always be able to talk to and see their siblings if they feel it would be best for them, even if they are both incarcerated.

YYA sees phone call limitations as unfair and unjust and believe they hinder rehabilitation. When asked what they needed to support them in detention, YYA frequently mentioned engaging others, citing that they needed *"someone to love me," "someone to talk to," and "more time with family."* The conversation would then turn to a discussion of lack of time to talk to others while in detention. Concerns about phone call limits were commonly shared by youth recently in the system, with one YYA asking, "*Why was I only getting two phone calls per week?"* YYA who had spent time detained across at least three different probation facilities all shared that they felt it to be unfair, unjust, and unrealistic to have phone calls limited to 10 minutes.

There was some debate – seemingly based on the county where the youth was detained, the year they were detained, or potentially their behavior and facility's level system – on whether calls were limited to 10 or 15 minutes. However, all agreed that this is not enough time and does not promote rehabilitation, as youth need a connection to their family and the outside world. Youth reported that the limited access to their family and inability to talk to them frequently directly impacted their mental health.

YYA shared that 10 minutes is not enough time to get an update about family, *"When your grandma is sick you want to know how she is doing,"* talk to more than one family member, share what is going on with them, or talk about their case. As one YYA stated, *"We are still young, we need access to our families."* One YYA shared disappointment that they couldn't call their best friend, the person they trusted the most. They shared that not talking to their friend for so long impacted their mental health. It was unclear if calling a friend was prohibited or if the YYA had used their limited time to call family instead.

> "We are still young, we need access to our families."
> – participant unknown

YYA seemed divided on whether the increase length of each call should be increased or the number of days they can make calls should be increased. In general, they would like to see both and didn't want to choose. All YYA agreed that phone privileges should never be tied to punishment, particularly when phone privileges were taken away from everyone after only one or two young people misbehaved or fought. In one listening session, YYA acknowledged that staffing might be the reason calls are only a certain length and only on certain days. Multiple young people said they would be willing to give up something else that needed staffing to get more call time; however, no one could specify what they would be willing to give up.

Implications for the Continuum of Care

Family engagement must include regular, meaningful family contact (if the youth wants it) as a rehabilitative priority for youth in facilities. TJJD should consider developing statewide minimum standards for family engagement for youth who are in detention or post-adjudication facilities. Those standards should include minimum frequency and duration requirements for family visitation, phone, and video calls; require probation departments to allow family members under 18 to visit youth, if the parents approve; and prohibit the practice of families being charged for phone and video calls.

Youth Theme 8: Behavioral Health Needs

Youth and caregivers described limited or poor-quality mental health support, overreliance on medication, and inadequate access to counseling.

> "The system made my mental health terrible because of the stuff that I've been through. And the mental health help that they tried to give me didn't help at all — it made things worse. The person they gave me just tried to relate to me, they didn't listen to me."
> – T, 25

YYA offered very mixed feelings when asked if mental health treatment and supports were helpful while they were involved in the system. YYA also acknowledged that when they are system-involved they need even more therapy and better counselors, although they still didn't receive this support. For some, being involved in the juvenile system created a need for more therapy.

A handful of YYA acknowledged that having a therapist or counselor wasn't helpful and were unwilling to explain why or whether a different therapist could have been helpful. It was unclear whether the concern was related to a stigma against mental health supports, their personal

reluctance to seek therapy, their belief in whether they needed or needed it, or whether there were concerns with the particular therapist or counselor assigned to them. A few YYA, very noticeably, unwilling to speak to the issue at all.

G., age 16, raved about her therapist and shared how having access to her therapist every day while she was locked up was the only thing that kept her going. Her therapist was also the only adult she could acknowledge who had supported her throughout her time in the system. As G. shared, *"I needed to talk to her every day. I still do."*

While the vast majority of YYA in listening sessions did not discuss or acknowledge use of medications to address their mental health concerns, a couple of YYA did share concerns of overmedication when therapy and counseling would have been more appropriate. Both YYA shared they were overmedicated in RTCs, that their medications kept them sedated, and that they believed they were kept medicated because there were not enough staff or counselors on site. One YYA shared that she knows she needs medication for her mental health and that she still takes some, but stated *"I needed therapy, not to be a zombie."*

Implications for the Continuum of Care

Behavioral health services need to be expanded in both the community and facilities, with an emphasis on qualified, youth-focused providers and trauma-informed care. CoC design should ensure warm hand-offs between facility-based services and community providers to maintain continuity of care. Behavioral health education needs to be made available to youth and families in the community. Youth-friendly information on what mental health is, how to support their own mental health, and how to support their child's mental health should be easily accessible in the community. This type of information could be shared in community centers and other organizations. CoC planning should also include a focus on increasing access to counselors and other mental health supports in schools, such as the Texas Child Health Access Through Telemedicine (TCHATT) program, where youth are located.

Youth Theme 9: Need for Normalcy and Basic Dignity

Lack of quality hygiene products, especially for girls, is seen as a sign of disrespect and a barrier to engagement in programming.

YYA views access to hygiene products not only a basic right that provides dignity but also as a way to build trust with professionals and the system. Multiple YYA were passionate about improving the quality of hygiene products available to young people in detention. YYA stated that being able to stay clean and comfortable contributes to their personal dignity, and that providing appropriate products can foster trust in the system and the professionals within it. There was also discussion about having different options of shampoo, soaps, and lotions being available so youth can use what works best for their skin or hair.

In particular, girls shared concerns about the quality and lack of variety of period products available. One YYA shared the belief that providing poor-quality period products was the system's way of keeping them down. It was shared that girls had access to only one size of sanitary pad, which was thin and small. They shared concerns that without a variety of products available, the products cannot meet their needs, particularly for those with heavier menstrual cycles. Besides needing a variety of pad absorbencies and sizes, the girls were adamant that tampons need to be available, particularly if that is what they are accustomed to using. As YYA explained, *"I had to make a diaper out of a bunch of the thin pads so I didn't bleed everywhere. It didn't always work. We had light tan pants and when we leaked it was obvious"* and *"How you gonna expect me to pay attention, when I'm worried about bleeding through my pants?"*

> I had to make a diaper out of a bunch of the thin pads so I didn't bleed everywhere. It didn't always work.
>
> – D, age unknown

Whether decisions like limited phone time, cheaper hygiene products, or a lack of options for hygiene products are due to staffing or funding, or something else, the reality is that young people largely see decisions surrounding issues such as these as efforts to keep them down. This tension exacerbates the YYAs' distrust of the system and their unwillingness engage effectively with programming.

Implications for the Continuum of Care

Meeting youths' basic needs with dignity should be a baseline standard. CoC recommendations should include facility guidelines for hygiene products, clothing, food, and recreation that align with adolescent developmental needs and foster self-respect, which supports rehabilitation.

- Products and needs may vary slightly across communities. While the CoC should develop broad recommendations, local youth should be given the opportunity to provide specific feedback on products that meet the basic needs of the community.
- Juvenile departments and other community organizations should consider evaluating concerns and complaints they have received regarding hygiene, products, clothing, food, etc., to determine whether upgrading those products could provide dignity and build trust with youth.

Youth Theme 10: Too Much Unstructured Time in Facilities

Youth report boredom, mental health decline, and missed opportunities for skill-building due to excessive free time.

Youth report having too much unstructured time in detention; they want and need more things to keep their minds occupied. Many YYA reported that while in detention, too much free time would lead to their mind spiraling. At least one YYA acknowledged that they tried to use the time to think through how to better themselves, but most shared that not knowing how to channel their thoughts would often lead to negative thought patterns and a decline in their mental health. One YYA laughed, acknowledging they used their free time to plan things they shouldn't have been planning. While they would have liked to use that time to speak with family or friends, they would have been open to using it to talk with other adults or more activities in the detention center, or talk and engage with other youth. One young person wished she had a journal to write in.

Implications for the Continuum of Care

Facility programming should include structured, youth-driven activities such as education, vocational training, arts, sports, and life skills, and ensure that youth do not have substantial idle time.

- CoC should provide recommendations on how reallocating facility resources can maximize engagement and reduce idle time.
- TJJD should consider developing guidance for facilities on seeking regular feedback from youth on programming and supporting youth to co-create and co-lead activities with facility staff in a youth-adult partnership model.

Youth Theme 11: Distrust of the Juvenile Justice System

Youth consistently expressed that they do not trust the juvenile justice system to be fair, respectful, or accountable. This distrust often existed before their first contact with the system.

Across the listening sessions with young people, a common theme was that YYA do not see the juvenile justice system as fair. While the word "trust" was rarely stated explicitly by participants in the listening sessions, it was evident that YYA do not trust the juvenile justice system or the people working in it. Specifically, YYA do not trust the system to be fair; they do not trust the professionals working within it to be fair or to respect them; they do not trust that the system or the people working in it can or will be held accountable; and, they do not trust the potential for future change. For many youth, the lack of trust existed before their involvement. For most, if not all, distrust of the system was created by, or exacerbated by how they were treated by it and how they perceive they were treated by it.

A deep lack of trust makes it difficult for youth to open up to juvenile justice professionals, pay attention during programming, or believe the system can help them. This creates a critical shortcoming in efforts to keep young people safe, help them overcome challenges, and ensure they can thrive into adulthood — both for juvenile justice system professionals and those working across youth and family services. By working to create trust and fairness (actually listening to the youth, working to understand the youth and their needs, and then providing them what they need – not just what is available or what others think they need), juvenile justice professionals can bridge significant gaps in youth's trust of the system and professionals, ability to work through programming, and willingness to take guidance from adults in the system. Key findings regarding YYA perceptions of factors contributing to their juvenile justice involvement, the treatment they received while involved, and ways to prevent involvement are highlighted below.

Implications for the Continuum of Care

Fostering trust should be one of the core tenets of the CoC. This would involve youth-focused practices at all intercepts, staff training in trauma-informed care and active listening, and ensuring effective feedback loops so youth to understand that their voices influence outcomes. There should be oversight in place to ensure fairness in the process for the counties.

Insights from Caregivers: Section At-A-Glance

Caregiver Theme 1: Detention is Overused but Provides Much-Needed Respite

Many caregivers acknowledge that before their youth was involved in the system, they thought the system would help their children. However, they changed their mind.

One-third of the caregivers TNOYS spoke with acknowledged that they were the reason their youth was first involved in the juvenile justice system. They were the ones who called the police. They wanted their child arrested. The community had either led the caregiver to believe that they would be able to get their child the mental or behavioral health supports they needed, or they thought that being locked up for a couple of days would scare their child straight. They also believed they would be able to stop the law enforcement or juvenile probation intervention when they were ready.

Most parents who acknowledged having their child arrested regretted it. Others are waiting until the youth is off probation to determine if it helped, but they aren't yet seeing the value. One mother shared that she didn't want her child to be arrested; she just thought that the police would come to the house and scare her. She knew the second she saw her child in handcuffs that she had made a bad decision – a decision that meant she and her daughter were involved in the system for nearly a year. She learned too late that she wasn't allowed to say "never mind."

Caregiver Theme 2: Caregivers Don't Feel Heard or Respected

Caregivers have concerns similar to YYA about the juvenile justice system not listening to them and not always being fair.

Nearly all caregivers felt that they or others were not listened to about what they or their child needed. For example, one caregiver shared that their youth's therapist made recommendations to provide incentives rather than threaten punishments to address and modify their youth's behavior; however the PO and judge would not listen or consider the recommendation. Multiple caregivers reported feeling as though they were intentionally not listened to because it was assumed they were bad parents. From

two different caregiver listening sessions, two parents painted very different pictures about their experience when their youth were involved in the juvenile justice system.

One mom shared that, overall, the system was beneficial to her and her child. Both the youth's PO and the judge were helpful and looked out for the youth and the entire family. She shared that she will always be grateful for the support in helping the family turn things around and address her daughter's mental health. The judge was always supportive and respectful and considered what the youth and the entire family needed. The youth's probation officer not only helped connect the youth to community resources like tutoring and extracurricular activities, but the PO also encouraged the mom to consider a career path in law enforcement and connected her to training and job applications. The mom now has a consistent job, by far the highest-paying job she's ever had. Moreover, her daughter's grades quickly improved, and she has since graduated high school and started college.

The second mom shared that no matter who she spoke to in the system, she was always treated as if she were a bad parent and was the reason her child misbehaved. As the mom explained, *"The judge told me 'where are your other kids? You shouldn't even be a mom'… I wanted to come home and wanted to end my life like the shittiest mom in the world. The POs came to my house and made me feel terrible."* When she spoke up about what she and her child needed, she was ignored, looked down upon, and disrespected. She states feeling that her child was continuously treated poorly, that her entire family was under a microscope, with the PO pointing out how everything they were doing was wrong.

These experiences are the two most extreme positive and negative experiences shared in the caregiver listening sessions (neither parent heard the other's experience because they were in different listening sessions). However, they highlight differences in treatment within the juvenile system that can vary depending on the PO assigned to a youth, the judge handling the case, or the county involved. Coincidentally, in these two examples, the youth lived in the same county and were served by the same probation department within two years of one another.

Caregiver Theme 3: Families Need Early and Ongoing Help

Caregivers want to see more parental and family support before and during involvement with the juvenile system.

Caregivers are begging for community support to help a young person recover from trauma and abuse or to address mental health and behavioral health challenges long before a youth is involved in the juvenile justice system. This sentiment was particularly strong among grandparents who are raising grandchildren, either through the foster care system or to avoid the foster care system. Caregivers reported that their youth had behavioral challenges and substance use issues long before they were involved in the juvenile system, and, for some, years before they were old enough to be involved in the juvenile system. They shared that they did not know how to find support or they tried but found that these supports do not exist.

Multiple grandparents shared that their grandchildren were born to very young parents (their children) who did not know how to and were not ready to be parents. They would like to see parenting classes available to young parents who cannot or will not learn from their own parents. Looking at the bigger

picture other parents agreed that other parents in their community, even if they aren't teen parents, could benefit from parenting classes to learn how to support their children.

> "A lot of times we can't take our emotions out of it and need someone to help develop the plan."
> – a Mom

Caregivers also want to see more family engagement across the juvenile justice system with a documented "family plan," which they agreed would help the entire family. Multiple listening session participants shared different concepts of what that should look like and what they would want. At least one seemed to be looking for a documented schedule or timeline of exactly what would be happening with their youth: when the next court hearings would take place, when the youth would be released, or when they would need to take their youth to therapy provided to them. However, one caregiver expressed the need for a family plan similar to a family plan in the CPS system, but without CPS involvement. They would like to see it include an assessment of the youth and family's needs, goals for each family member, an outline of the steps each family member should take, and the services available to each person. One caregiver stated that this plan should include *"everybody sitting down and everybody knowing what their role is,"* saying that *"A lot of times we can't take our emotions out of it and need someone to help develop the plan."* Many other caregivers agreed and liked the suggestion.

Caregivers have concerns that detention and placement are overused for minor offenses and can be harmful to youth, but acknowledge that it provides much-needed respite for the family. While one parent spoke very highly of the treatment and support her young son received in detention and an RTC, she had significant concerns that her daughter's time in detention exposed her to bad behaviors. She didn't believe her daughter's original charge warranted detention, but was confident that who she was detained with exacerbated the bad behavior and decision-making after her release. Other caregivers had similar concerns. One shared that their youth came out of detention excited that they had made new friends and had learned to *"throw gang signs."* Another parent reported that the RTC her son was placed at did not monitor the youth consistently, and he shared with her on multiple occasions that the youth would watch porn in the TV room when staff were not around.

Even parents who think that detention and placement did more harm than good for their child, or didn't believe their child should have been detained or locked up, agreed that the respite that came with their youth being incarcerated was helpful. It allowed them to focus on their other children or take a much-needed break. It was an unanticipated but appreciated benefit of their family's involvement with the system.

Caregiver Theme 4: Caregivers Need System Guides

Caregivers want support navigating the system and would like an assigned advocate.

While many caregivers acknowledged having had multiple children go through the system, they all agreed they needed support in navigating and understanding the system. They struggled to understand what their child was experiencing, how long they would be in detention, when they would be in court, and who they should reach out to with questions. They would like a safe person they could call to get

their questions answered and get a better understanding of what to expect throughout their family's involvement. As one caregiver explained, *"once our child is arrested, we're involved in the system too."*

One parent recommended that youth receive an advocate, similar to Court Appointed Special Attorneys (CASAs) for youth foster care. In turn, many parents shared that they would like to have an advocate specifically for them to help navigate the system and support them through the process.

Caregiver Theme 5: Need for Parent Peer Networks

Caregivers recommend an organized peer support group for parents.

Toward the end of one of the caregiver listening sessions, a parent acknowledged how much she appreciated sharing space with other parents who are going through or have gone through similar issues to her. She found the listening session and hearing from other parents to be very validating and therapeutic for her. In her final recommendation to reform the juvenile justice system, she called for the creation of parent support groups that would allow parents to meet regularly, either virtually or in person, to support one another as they navigate the system. It was apparent that this recommendation resonated with many caregivers, as they stayed on the Zoom meeting past the end time to continue their discussion.

Although these are two distinct recommendations they are related and could potentially be combined. The parent support group recommendation is a suggestion to establish an emotional support group for parents who are both parenting a youth in the system and navigating the system, so they can validate and support one another emotionally. While the request for support navigating the system could come from a professional in the system, a parent who has already learned to navigate it could be incorporated into a parent support group structure.

Finally, caregivers briefly mentioned several forms of support they felt found beneficial for their children. The following was acknowledged but not discussed in detail:

- Equine therapy.
- An ankle monitor that allowed the youth to come home to spend time with family, instead of a longer incarceration.
- Mental health diagnosis and education for the family regarding the diagnosis, so that the family knows how to support the young person impacted.

Other supports that caregivers thought youth and families would benefit from include:

- Mental health supports in the community that are easy to find and access.
- A personal advocate to help youth navigate the system.
- More support in schools, including access to counseling, tutoring, and supports to keep students in school.
- Schools that follow a student's 504 plan.
- After school programs.
- Free sports/athletic programs in the community.
- Mentors for youth.
- Drug and alcohol awareness classes.

Caregiver Feedback: Implications for the Continuum of Care

Families need access to more community resources and mental health supports so that they feel there are other options than having their child arrested. Ensure that when families reach a crisis point, the system's response prioritizes stabilization and temporary support rather than formal entry into the justice system.

- Advocate for expanded crisis respite capacity statewide, particularly short-term, voluntary, youth-focused respite options that families can access without requiring arrest, court involvement, or formal system referral.
- Align with existing behavioral health crisis infrastructure (e.g., Youth Crisis Outreach Teams and local mental health authorities) to ensure youth-specific respite beds are available and appropriately staffed.
- Develop clear, written diversion guidance for law enforcement and juvenile probation outlining when and how to refer youth to respite care when caregivers call for help during a behavioral crisis.
- Increase caregiver awareness of available respite options through schools, family resource centers, probation intake materials, and community partners, so families understand alternatives before calling law enforcement.
- Improve access and availability of beds in HHSC's RTC Project to increase mental health support for youth with serious emotional disturbance outside of the juvenile justice system.

CoC design should formalize caregiver engagement. Caregiver engagement should be available from prevention through reentry to strengthen family capacity and reduce recidivism, and at a minimum should include:

- Actively listening to learn what supports parents believe their child needs.
- Caregiver/family advocates who help caregivers understand and navigate the system.
- Development of collaborative family plans to support the youth and their family.
- Establishing parent peer networks that bring caregivers together without system stakeholders to support and learn from one another.

Conclusion

It is clear from the perspectives of the youth and caregivers in the listening sessions that fairness, accessibility, and the provision of support services are among the areas that require system-wide improvements. It appears from the experiences expressed by the youth that the system often reacts to their behavior with a one-size-fits-all solutions rather than implementing preventive measures through family-centered approaches.

To address these findings, the Continuum of Care must weave the fabric of trust-building, fairness, and family engagement throughout every touchpoint of the juvenile justice system, and before system involvement. This means eliminating low-level and unfair charging policies, truly listening to youth, increasing upstream resources like access to mental health care, family crisis response resources, respite care options, safe community activities, assuring access to caring adult mentors, and removing obstacles to family connections during system engagement.

These results also highlight the importance of having consistent standards at the county level, backed by state-level support for local systems to apply best practices. By using the perspectives of youth and their caregivers in the design of policies, programs, and oversight efforts related to juvenile justice system engagement, Texas can build a continuum that addresses root causes, promotes trust, centers dignity, and ensures that involvement with the juvenile justice system is rare, brief, and a last resort.

Section 6:
Findings & Recommendations by Intercept

Section 6: Findings & Recommendations by Intercept

The following sections represent the culmination of more than two years of research conducted through the Texas Continuum of Care project. They synthesize findings from the project's seven regional assessments, site visits, and mapping sessions; interviews and focus groups with youth, families, and professionals; statewide surveys; extensive document and best practice review; and quantitative data analyses into a single set of statewide findings and recommendations.

Taken together, these findings tell a statewide story: where Texas has made meaningful progress, where persistent gaps remain, and where strategic investments can have the greatest impact on improving outcomes for youth, families, and communities.

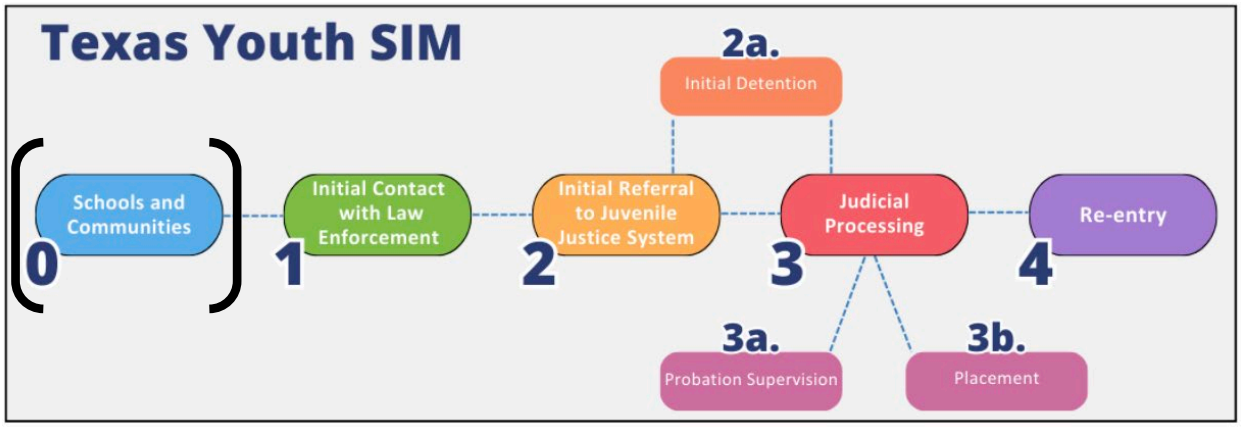
To organize these findings, this section is structured around the intercepts of the Texas Youth Sequential Intercept Model (SIM). As described in Section 3, these intercepts represent critical decision points where youth encounter schools, law enforcement, courts, juvenile probation, behavioral health providers, and community organizations, and where timely intervention, diversion, and coordinated support can prevent deeper justice system involvement.

Each intercept section begins with an overview of the relevant system functions and context, followed by key findings drawn from regional and statewide research and organized by topic. Each intercept topic concludes with a set of actionable recommendations to help decision makers prioritize both immediate improvements and longer-term system transformation. Each recommendation is accompanied by an icon indicating the implementation strategy (see key below), allowing readers to quickly identify the types of action indicated.

Recommendation Implementation Key

- *Statutory or Administrative Rule Change*
- *Operational or Practice Change / Management Action*
- *Partnership Development / Cross-Sector Collaboration*
- *Funding Change or Investment*
- *Program or Protocol Development / Implementation Tool*
- *Training or Capacity Building*

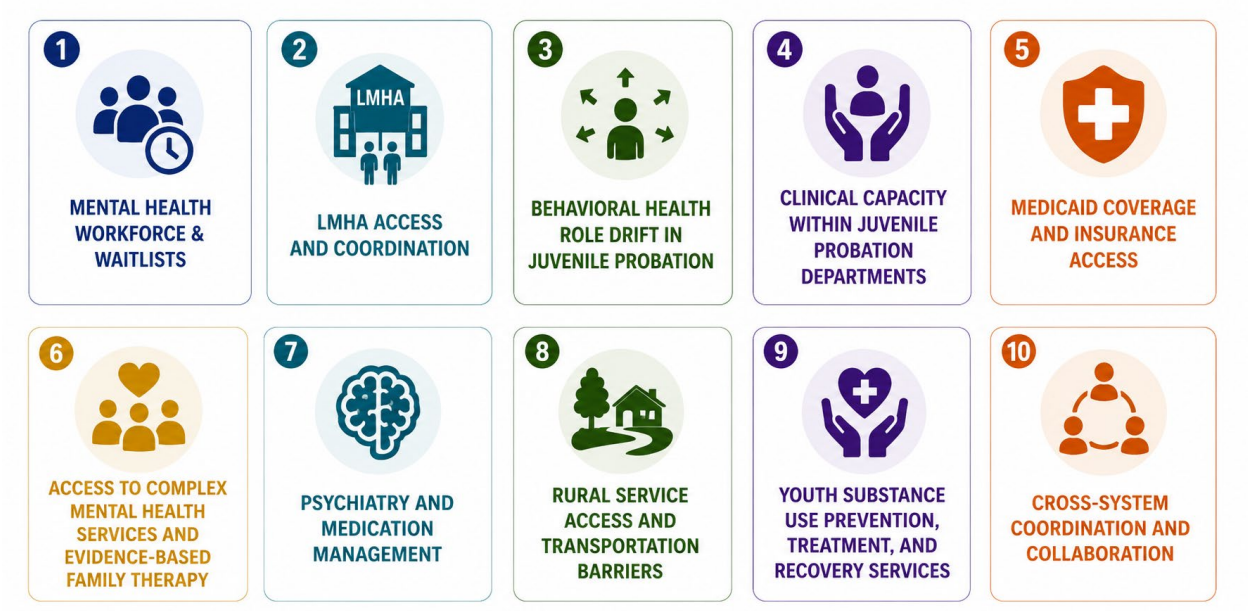
Intercept 0: Behavioral Health Systems, Schools, & Communities



Intercept 0 represents the broad network of community, family, school, and behavioral health supports that can prevent youth from ever entering the juvenile justice system. Rather than responding after a crisis or law enforcement contact has occurred, Intercept 0 focuses on strengthening the systems that promote healthy youth development, identify needs early, and connect children, youth, and families to appropriate services before behavioral, mental health, family, or school challenges escalate to justice system involvement. As the most upstream point in the continuum of care, strengthening Intercept 0 offers the greatest opportunity to improve outcomes for youth while reducing unnecessary referrals to juvenile probation. Findings in this section are organized into two focus areas*: (1) Behavioral Health; (2) Community/Schools.*

Intercept 0 Findings & Recommendations | Focus Area 1: Behavioral Health

Section At-A-Glance



1. Mental Health Workforce & Waitlists

Across Texas, the demand for mental health and substance use treatment services for youth dramatically exceeds provider availability. More than 80 percent of Texas counties are federally designated as Mental Health Professional Shortage Areas, and all 178 rural counties meet federal criteria for mental health workforce shortages.[56] Access to substance use treatment is similarly limited, with nearly 89 percent of rural Texas counties lacking sufficient opioid treatment programs.[57] These workforce shortages contribute to long waitlists for outpatient care, intensive community-based services, and residential treatment, leaving many youth without timely access to appropriate care and increasing the likelihood that behavioral health needs are addressed only after justice system involvement.[58]

Recommendations

a. Juvenile departments should consider replicating the Texas Tech Lubbock Juvenile Psychiatry Partnership program, which places psychiatry fellows into juvenile departments. Medical schools can add juvenile justice rotations as a required training block for child psychiatry fellows.

b. LMHAs and juvenile departments should consider expanding training pipelines for youth-serving clinicians through partnerships with local colleges and universities. Develop practicum sites, internships, and Licensed Professional Counselor (LPC)-Associate supervision placements within juvenile departments. Establish a shared regional clinical supervisor role to supervise interns across multiple county juvenile departments. Use Grayson County's shared clinical internship program as a model.

c. TJJD should consider partnering with HHSC and LMHAs to create regional telehealth hubs to mitigate provider shortages and long wait times. Help counties identify where telehealth is already available and where simple infrastructure investments could expand access. Equip rural juvenile departments with technology and private telehealth spaces. Develop regional telepsychiatry contracts to provide rapid consultations, medication management, and after-hours support. Provide caregivers with telehealth onboarding and technology support.

d. HHSC should consider implementing policies to improve real-time waitlist reporting for therapy, psychiatry, YES Waiver, and other intensive services. LMHAs could update waitlists monthly and share trends with juvenile departments. Require contracted managed care organizations (MCOs) to report more frequently and transparently on their provider networks, including whether or not providers in the network are available for new patients and appointments. Use data to prioritize regions for additional support.

e. HHSC should consider pursuing legislative action to expand youth behavioral health workforce development investments, including scholarships, loan repayment programs, rural service incentives, and bilingual clinician bonuses. Prioritize incentives for licensed clinicians willing to serve

[56] Texas Department of State Health Services, *Shortage Area Designations* (2026) https://www.dshs.texas.gov/center-health-statistics/texas-primary-care-office-tpco/shortage-area-designations
[57] Be Well Texas. Rural Consortium. 2026. https://bewelltexas.org/providers-professionals/rural-consortium/
[58] See Section 4 for data on behavioral health provider shortages by TJJD region.

justice-involved youth in rural and high-need counties. Texas should consider developing stackable behavioral health career pathways modeled after emerging approaches in states such as Colorado. These pathways allow individuals to enter the behavioral health workforce through shorter-term credentials and progressively advance toward higher levels of certification and licensure while remaining employed.

f. HHSC and TJJD should consider expanding the use of trained non-clinical support roles such as certified family partners, community health workers, and youth peer specialists as a core component of their workforce. These roles can meaningfully extend system capacity by supporting engagement, care coordination, navigation, and family stabilization, particularly in regions where licensed clinicians and specialty providers are scarce. HHSC, in partnership with LMHAs and juvenile departments, should clarify and expand Medicaid reimbursement and other public funding to support these roles across the continuum of care, including within diversion programs, probation settings, and community-based services. Use of these roles is a critical component of the children's behavioral health system and can improve service utilization, reduce missed appointments and service drop-off, and strengthen family engagement, factors that are especially critical for justice-involved youth with complex needs.

2. LMHA Access and Coordination

Local Mental Health Authorities *(LMHAs) are the backbone of Texas' public behavioral health system and, as the safety-net provider, are often the primary entry point for services for youth with significant mental health needs. At early points of system involvement, timely connection to LMHA services is frequently the most appropriate response for youth, even when their behavior has resulted in contact with the juvenile probation department. When juvenile departments are able to quickly connect youth and families to appropriate behavioral health services, youth can often be diverted from the juvenile justice system, have their needs addressed by the system with the clinical expertise necessary to treat underlying challenges, and support families effectively.*

Despite pockets of strong collaboration, such as long-standing partnerships between juvenile departments and LMHAs in Hill, Parker, Cameron, and Bexar counties, coordination between LMHAs and the juvenile justice system remains inconsistent statewide. Although LMHAs are required to offer a standard set of services, availability, access, and responsiveness vary by region and county due to workforce shortages, capacity constraints, geographic coverage, and local implementation differences. This variation is reflected in the experiences of juvenile probation staff, who frequently report not knowing where to begin when attempting to connect youth to services, encountering long wait times, unclear referral pathways, and inconsistent follow-through on referrals.

These challenges are particularly acute in rural regions, where LMHAs must cover extremely large geographic catchment areas and often struggle to maintain a regular presence in schools or communities, which are frequently the most effective entry points for early intervention. Limited access to timely, community-based services reduces opportunities to address emerging behavioral health needs before they escalate and increases the likelihood of deeper juvenile justice involvement for youth whose primary needs are clinical rather than criminogenic.

Even when youth are successfully referred to LMHAs, probation departments report additional challenges related to service intensity and alignment with assessed need. LMHAs administer the Child and Adolescent Needs and Strengths (CANS) assessment to determine service eligibility, which may indicate the need for high intensity supports such as wraparound services or the Youth Empowerment Services (YES) Waiver. However, due to limited capacity and workforce shortages, probation departments report that LMHAs sometimes deviate from recommended levels of care, instead placing youth in lower-intensity services such as skills training or medication management. This mismatch between assessed need and actual care leaves youth without access to evidence-based interventions, increases the likelihood of escalating behaviors or crises, and often results in juvenile probation departments continuing to supervise or absorb youth who could have been stabilized through appropriate community-based services.

*In response to these gaps, some counties have developed creative but resource-intensive workarounds, including **contracting with third-party providers**, convening interagency staffing meetings to elevate a youth's level of care, or using juvenile probation funds to provide wraparound-type supports. However, these approaches are the exception rather than the norm and rely heavily on local relationships, informal problem-solving, and discretionary funding rather than consistent, statewide systems or accountability structures.*

Compounding these challenges, juvenile probation staff report limited communication from LMHAs once youth are connected to services, including minimal feedback on engagement, progress, or treatment changes. The absence of clear communication protocols and dedicated cross-system liaisons with juvenile justice expertise leaves families and front-line staff without clear guidance or shared planning processes. Contributing to this disconnect, multiple divisions within HHSC, the agency responsible for overseeing and developing the majority of LMHA programming and policies, lack juvenile justice subject-matter expertise or a working understanding of the juvenile justice system's structure, timelines, and constraints, further limiting effective coordination between systems intended to serve the same youth.

Recommendations

a. HHSC regional offices, LMHAs, ESCs, and juvenile departments can strengthen regional cross-system partnerships by holding standing coordination meetings focused on youth behavioral health access, waitlist trends, and cross-system problem-solving. Use existing LMHA-ESC liaison roles through the Behavioral Health Partnership Program to streamline communication with school districts. Use these forums to identify shared service gaps, address logistical and policy related barriers, such as level of care and service eligibility challenges, and coordinate regional resource navigation.

b. LMHAs and HHSC should consider publishing regional, public-facing "front door" guides for juvenile departments that describe available youth services, service-specific exclusion criteria, step-by-step referral guidance, scripts with language to use when calling LMHA (juvenile staff reported

that families gain access faster when they ask generally for "services" rather than a particular modality, for example), and key contacts.

c. HHSC should continue pursuing opportunities to incentivize Medicaid enrollment among high quality community-based providers such as CK Family Services, as intended by Senate Bill 58. Continued recruitment and support for these providers can help ensure that all communities have access to a variety of skilled providers delivering evidence-based supports.

d. HHSC should consider establishing a "Juvenile Justice Advisor" role within its Behavioral Health Services division. This subject matter expert should review policies affecting justice-involved youth, train HHSC divisions on the juvenile justice system, act as a liaison, provide technical assistance when there are disagreements or misunderstanding related to eligibility for community based services, and coordinate in the development of new and innovative approaches to supporting the upstream behavioral health needs of youth with or at risk of juvenile justice involvement. HHSC should consider including TJJD in the hiring process for this role.

3. Behavioral Health Role Drift in Juvenile Probation

Across Texas, juvenile staff increasingly function as behavioral health navigators: coordinating care, scheduling appointments, conducting screenings, and explaining diagnoses, but without the clinical training, credentials, or support to do so. This role drift occurs because probation staff are often the primary professionals responsible for coordinating a youth's care and because other community providers often lack capacity to coordinate across systems. This can create liability risks, staff burnout, and inadequate care for youth with significant needs.

Recommendations

a. TJJD, HHSC, and LMHAs should consider clarifying role boundaries so probation officers are not expected to coordinate treatment and to ensure all clinical assessments and subsequent communication with families related to assessment findings and diagnostic interpretations are managed by providers with the credentials and expertise to do so. This could include development of written protocols defining responsibilities and processes. Additionally, HHSC should consider piloting a juvenile justice navigator program modeled after the existing child welfare navigator program, starting with an LMHA already informally performing a similar function.

b. TJJD and HHSC should consider developing behavioral health training for probation officers focused on identification (not treatment) of youth behavioral health needs. Revise current mandated JPO training with clear guidance on when and how to connect youth to licensed clinicians. Use brief "quick reference" tools to support decision-making in the field.

c. TJJD should consider expanding access to nonclinical, evidence-informed approaches that help probation officers and caregivers effectively respond to challenging behaviors. Through its partnership with the Meadows Institute, TJJD could help juvenile departments access free training in the Collaborative Problem Solving (CPS) approach, which helps adults move beyond punitive responses by identifying underlying skill deficits and unmet needs, improving communication, reducing family conflict, and building collaborative solutions with youth. CPS may be particularly valuable for families experiencing chronic conflict, school-related behavioral concerns, and emerging behavioral health needs that often precede justice system involvement.

d. LMHAs, juvenile departments, and schools should consider establishing formal referral and warm-handoff pathways through MOUs that replace the current informal, officer-driven navigation system. Designate LMHA "single points of contact" for justice-involved youth. Use structured warm-handoff protocols (direct calls/virtual meetings) for high-risk referrals.
e. HHSC and TJJD should consider investing in co-located behavioral health professionals within juvenile probation departments. Create shared LMHA-probation funding models for embedded clinicians. This could include allowing funds for non-clinical navigators who manage referrals and care coordination. The TCOOMMI Special Needs Diversionary Program (SNDP) pre-referral pilot program can be used as a model.

4. Clinical Capacity Within Juvenile Probation Departments

Due to a lack of accessible community-based mental health providers, many juvenile probation departments have hired in-house clinicians to meet youth needs. Chiefs reported that probation essentially functions as an "unfunded social service agency," filling gaps left by other systems. While this helps fill critical gaps, it often means that some youth only access needed care after they are arrested and formally referred to probation.

All urban and most mid-sized juvenile departments have in-house or contracted clinical staff, but capacity is limited and caseloads are high. Where in-house teams exist, such as the strong clinical programs in Smith and Randall counties, they provide significant value for immediate assessments and treatment. However, many counties cannot afford to hire mental health professionals. Additionally, probation departments are frequently using county or state funds for interventions that could be billed through Medicaid or LMHAs.

Recommendations

a. TJJD, in partnership with HHSC and LMHAs, should consider creating a crosswalk of services being delivered and funded in house by probation departments with the interventions available and reimbursable through LMHAs and other Medicaid-enrolled community-based behavioral health providers. The Skills Training benefit delivered most often by LMHAs should be considered first as the interventions provided as part of this benefit (aggression replacement training, for example) are the ones most likely to provide opportunities for collaboration and efficiency. By transitioning delivery to LMHAs (direct or via contract), probation departments' county funds can be utilized for services that cannot be reimbursed elsewhere. Bexar County JPD's longstanding collaboration with their local LMHA illustrates how structured referral pathways, shared care coordination, and continuity of services can strengthen outcomes for youth with behavioral health needs.
b. TJJD, in partnership with HHSC and LMHAs, should consider developing an *In-House Clinical Services Toolkit* with guidance for probation departments modeled after strong programs (e.g., Smith County, Randall County). Include staffing models, job descriptions, supervision structures, templates for MOUs with LMHAs, and guidance on clinical functions.
c. Juvenile departments, with the support of Regional Chiefs Associations and TJJD's CoC Coordinators, should consider creating regional clinical staffing pools to support small counties that cannot afford full-time clinicians. Multi-county agreements could allow one clinician (or team) to

rotate across jurisdictions, ensuring rural departments receive consistent clinical coverage without relying solely on probation officers. TJJD should consider allowing Discretionary State Aid (DSA) funding for regional services to be accessed directly by nonprofits, universities, and provider groups, rather than limiting applicants to juvenile departments who must then serve as an intermediary. Existing regional approaches, such as the Bandera County-led Central Region hub-and-spoke counseling initiative, demonstrate how smaller jurisdictions can pool resources to expand access to clinical services and may offer lessons for replication in other regions.

d. TJJD and relevant behavioral health partners should consider hosting a *statewide peer learning collaborative* for in-house juvenile clinical staff across the state. The collaborative could provide ongoing peer learning, case consultation, resource sharing, and training on evidence-based practices, while a TJJD-staffed clinical consultation hotline could offer real-time guidance on clinically complex cases.

5. Medicaid Coverage and Insurance Access

Families across the income spectrum struggle to access affordable behavioral health services. Youth covered by Medicaid often face long provider waitlists and many community behavioral health providers either do not accept Medicaid, limit Medicaid slots, or serve only privately insured youth. Middle-income families with commercial insurance often cannot access evidence-based mental health care because providers do not take insurance. This creates a bifurcated service landscape in which low-income families remain on waitlists or rely on LMHAs as their only option, and middle-income families face prohibitive out-of-pocket expenses.

Recommendations

a. Juvenile departments, with the support of TJJD's CoC Coordinators, should consider establishing a referral protocol with at least one Federally Qualified Health Center (FQHC) in their region for mental health, SUD, and primary care needs regardless of insurance status. TJJD and HHSC can provide training and resource guides to probation staff to ensure they understand FQHC access points and services. Consult the *Regional CoC Playbooks* for a list of FQHCs in each region.

b. Juvenile departments should consider creating an inventory of low-cost or sliding-scale providers in their area and develop clearly defined referral pathways for youth who are uninsured or ineligible for Medicaid. This inventory should be updated annually with support from TJJD's CoC Coordinators and integrated into regional probation resource guides.

c. HHSC and TJJD should consider creating a statewide *insurance eligibility and behavioral health navigation tool* for caregivers and front-line staff, outlining Medicaid eligibility and enrollment steps, available low-cost coverage options, community-based, faith-based, and FQHC services, and guidance for families transitioning between plans or coverage categories.

d. HHSC should continue advocating for increased Medicaid reimbursement rates for the services and supports most critical to children and youth at risk of justice involvement and with complex mental health needs. This includes YES Waiver services, psychiatry, and psychotherapy. Additionally, HHSC and its contracted MCOs should explore other opportunities to incentivize high quality, specialized providers and clinicians to enroll as Medicaid providers.

6. Access to Complex Mental Health Services and Evidence-Based Family Therapy

Intensive, community-based mental health services play a critical role in stabilizing youth with complex behavioral health needs and preventing deeper justice system involvement. These services are designed to intervene early, reduce reliance on inpatient hospitalization or detention, and support youth in remaining safely in their homes and communities whenever possible. When delivered in-home or in community settings, intensive services allow providers to address the full context of a youth's life, including family dynamics, culture, environmental stressors, and informal supports, resulting in more effective and sustainable outcomes.

Evidence-based, family-focused interventions, including wraparound services, structured family therapy models such as Multisystemic Therapy (MST), Coordinated Specialty Care (CSC) for youth and young adults experiencing first-episode psychosis, and the Youth Empowerment Services (YES) Waiver, are well-documented as effective for youth with serious emotional disturbance, co-occurring mental health and substance use needs, and complex trauma histories.

Across Texas, juvenile departments supervise youth whose behavioral health needs align with these intensive service models and who would likely have benefited from such interventions prior to or in lieu of justice involvement. However, access to these services remains highly variable and inconsistent across the state, with especially limited availability in rural and small-to-medium sized counties. Even where programs exist, access is often disconnected from juvenile justice pathways, particularly at early intercepts, resulting in youth cycling through lower-intensity services that are insufficient for their level of need and increasing the likelihood of crisis escalation, detention, or hospitalization. In some cases, confusion or misinformation persists regarding eligibility for justice-involved youth, despite the absence of categorical exclusions.

In addition, community-based nonprofit providers capable of delivering intensive, evidence-based services are underutilized. In many regions, LMHAs remain the primary entities able to deliver and bill for complex behavioral health services, while contracting constraints limit the participation of smaller, neighborhood-based providers. These challenges are compounded by limited geographic coverage, often dependent on whether an LMHA voluntarily implemented a given model, insufficient Medicaid reimbursement or lack of coverage for certain evidence-based interventions, and workforce and sustainability challenges that make it difficult for providers to maintain fidelity.

These access and utilization challenges are reinforced by broader structural barriers that cut across programs and service models. Procurement processes were frequently cited as a significant obstacle. Counties sometimes lack flexibility to contract quickly with small or emerging providers and local procurement rules impede rapid development of alternatives to detention or crisis-based programming. At the state level, children's behavioral health services administered through HHSC appear comprehensive on paper but function in practice as a patchwork of pilots and optional initiatives. LMHAs are not required to implement many specialty youth programs, resulting in uneven availability of intensive services across regions. Access depends heavily on whether an LMHA elected to pursue

funding, had sufficient staffing capacity, and prioritized youth-focused models. Together with the inconsistency and complexity of referral pathways from juvenile probation, courts, and schools, these realities limit access to evidence-based care for justice-involved youth.

Recommendations

a. TJJD and juvenile departments should consider embedding YES Waiver services, wraparound supports, CSC, MST, and other evidence-based family therapy options into early referral processes, including referrals from schools, law enforcement diversion options, intake screening, and pre-petition decision points. Juvenile departments should consider explicitly assessing and documenting the use of intensive community-based services as alternatives to detention and hospitalization for youth with complex needs, rather than waiting to refer after youth are adjudicated. Counties and regions should consider implementing early cross-system case staffing, bringing together probation, LMHAs, schools, and DFPS (when applicable), to identify youth who would benefit from high-intensity services before an arrest or formal juvenile referral is made.

b. TJJD, in coordination with HHSC and LMHAs, should consider issuing statewide guidance for juvenile probation departments on the appropriate use of the YES Waiver for justice-involved youth, including clear referral points across early intercepts. TJJD and HHSC should consider developing plain-language materials for families, probation staff, and schools explaining what the YES Waiver is, who it is for, how it fits within the children's behavioral health continuum, and what families should expect during referral and enrollment.

c. LMHAs should consider designating YES Waiver points of contact for juvenile justice referrals and routinely communicating current capacity, waitlists, provider/service availability, and enrollment processes to probation departments and other local partners. HHSC, in partnership with TJJD, should consider collecting and analyzing data on YES Waiver referrals, denials, wait times, and outcomes for justice-involved youth to identify breakdowns, inconsistencies, and regional differences.

d. The Legislature, HHSC, and TJJD should consider expanding statewide funding for evidence-based family therapy programs proven to reduce delinquency and system involvement, with targeted investment in regions lacking access. HHSC should consider addressing Medicaid and contracting barriers that limit coverage of these models by exploring rate adjustments, bundled payment options, and braided funding strategies across juvenile justice and behavioral health systems. As part of this consideration, HHSC should explore additional services to add to the YES Waiver service array as well as opportunities to incentivize providers to become trained in and deliver specialized interventions.

e. TJJD should consider partnering with HHSC to incorporate a module into the Juvenile Probation Officer (JPO) training curriculum that explains the full spectrum of LMHA children's behavioral health services and referral pathways, including CSC for justice-involved youth ages 15-24 experiencing first-episode psychosis. Include practical, step-by-step guidance on when and how JPOs can initiate or support referrals, including required documentation and points of contact.

f. HHSC, TJJD, and counties should consider modernizing procurement and contracting processes to allow more rapid partnerships with community-based nonprofit providers, including smaller grassroots organizations. The state should consider piloting alternative procurement models

such as pre-approved vendor pools to reduce delays in launching community-based alternatives to detention. HHSC should consider reducing administrative and billing barriers that prevent community providers from delivering intensive services under Medicaid frameworks. HHSC should also consider moving from pilot-based implementation toward baseline statewide expectations for the availability of core intensive youth services across LMHAs.

7. Psychiatry and Medication Management

Many communities across Texas face significant shortages of child and adolescent psychiatrists, resulting in long waitlists for psychiatric evaluations and medication management (see *Section 4: Statewide Data Profile* for a map of provider availability by region). Youth frequently leave detention or residential placements without adequate medication supplies, and extended periods without needed care increase their risk of behavioral health crises. While many psychiatric needs can be met through integrated primary care models, families and juvenile probation staff often don't know about these options.

Recommendations

a. TJJD should considering partnering with the Texas Child Mental Health Care Consortium to ensure pediatric Primary Care Providers (PCPs) who serve high volumes of justice-involved youth are enrolled in Child Psychiatry Access Network (CPAN) for real-time psychiatric guidance, prescribing support, and case consultation. Ensure PCPs serving rural regions receive targeted CPAN outreach.

b. Juvenile departments should consider educating probation staff on available pediatric behavioral health resources, including integrated care models, FQHCs, and CPAN. Staff should be equipped to help families identify their primary care provider and understand available behavioral health supports before defaulting to scarce specialty psychiatry referrals. TJJD and HHSC should consider developing standardized referral guides and training materials to support consistent use of these resources statewide.

c. LMHAs, juvenile departments, and community behavioral health providers should consider establishing expedited referral pathways for justice-involved youth requiring psychiatric evaluation or medication management. Develop shared protocols, designated points of contact, and formal referral agreements that facilitate timely access to psychiatric services and reduce delays in assessment and treatment. Communities could explore blended funding and partnership models that leverage LMHAs and universities to expand psychiatric capacity. Existing approaches, such as Williamson County's partnerships for on-site and telehealth psychiatric services, may provide useful lessons for other jurisdictions seeking to improve access to timely psychiatric care.

8. Rural Service Access and Transportation Barriers

Many rural counties in Texas are behavioral health service deserts. Families face long travel times, transportation challenges, and limited local options, especially in the Panhandle, West, and Northeast regions. Juvenile departments often report having no providers to refer to, pushing youth further into the system to access basic care. These challenges are compounded by broadband access issues, limited

telehealth infrastructure, and staffing shortages. Smaller counties are often unable to sustain standalone programs or clinical staff, resulting in an overreliance on out-of-county services.

Recommendations

a. HHSC and LMHAs should consider funding the expansion of existing regional behavioral health provider models, including mobile teams and traveling clinicians that serve multiple counties. Deploy multi-county clinical teams based at LMHAs, FQHCs, or regional hubs. Use outcome data to identify underserved counties for targeted deployment.

b. HHSC and the Legislature should consider targeted expansion of Youth Crisis Outreach Team (YCOT) capacity in rural regions. Unlike traditional crisis response models, YCOTs are specifically designed to work with youth and families and provide ongoing follow-up, care coordination, and linkage to services after the immediate crisis has stabilized. Expanding YCOT availability could help communities respond more effectively to family conflict, behavioral health emergencies, and escalating youth behaviors while reducing unnecessary juvenile justice involvement.

c. TJJD should consider expanding telehealth infrastructure in rural juvenile departments by providing equipment, broadband enhancements, and guidance on setting up telehealth kiosks or pods in county facilities. Develop a "telehealth readiness toolkit" to guide county juvenile departments on privacy standards, workflow setup, and integrating virtual care into daily operations. Highlight best practices from counties with strong telehealth adoption, such as Bandera County.

d. TJJD and HHSC should consider making transportation a core focus of service delivery enhancement in rural regions. Invest in regional transportation collaboratives shared between juvenile departments. Provide vouchers, mileage reimbursement, and establish rideshare partnerships to support families. Establish flex funds to allow juvenile departments to budget for transportation assistance. Identify regional transportation barriers and incorporate them into strategic planning and the agency's Legislative Appropriations Request (LAR).

9. Youth Substance Use Prevention, Treatment, and Recovery Services

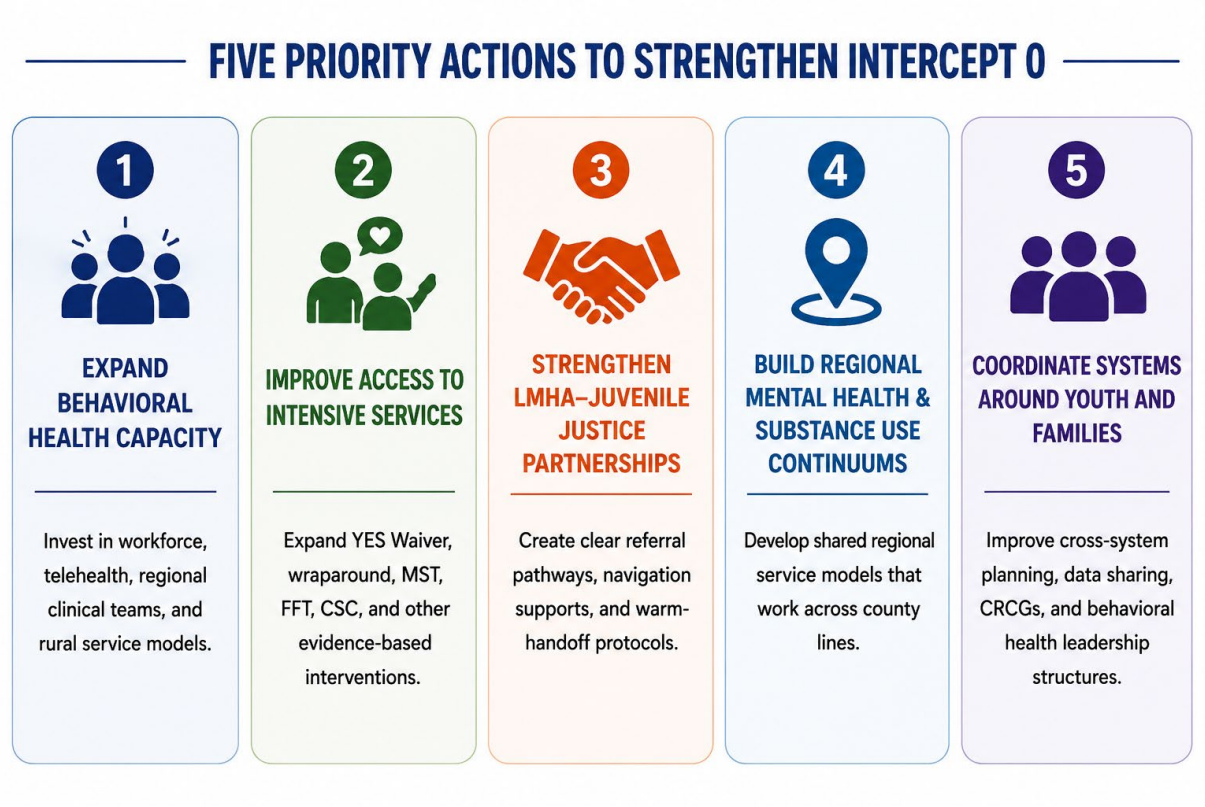
Texas experienced widespread closures of substance use treatment centers historically relied upon by the juvenile justice system after the pandemic, including Pegasus, Central Plains Reed Adolescent Center, and Phoenix House. Most regions now lack both adolescent community-based substance use disorder (SUD) treatment and SUD residential beds, resulting in juvenile post-adjudication facilities often being the only settings for youth to receive treatment. LMHAs offer "skills training" but few have evidence-based addiction treatment services. Additionally, SUD and vaping prevention efforts are inconsistent and typically limited to isolated school programs, leaving many youth without early support.

Recommendations

a. TJJD should consider educating juvenile departments on the state's regional OSAR (Outreach, Screening, Assessment & Referral) network as a primary access point for youth SUD assessments for

juvenile departments. Train probation staff, schools, and community partners on OSAR referral pathways. Establish expedited telehealth OSAR services for youth in detention.

b. TJJD should consider partnering with HHSC's Regional SUD Prevention Resource Centers to strengthen regional access to youth substance use prevention, assessment, treatment, and recovery supports. Rather than relying on individual counties to develop and sustain their own programs, TJJD should explore the use of DSA or other funding mechanisms to support regional service delivery models, including shared Licensed Chemical Dependency Counselor (LCDC) capacity across multiple jurisdictions. The North Region's shared LCDC contracting approach demonstrates how counties can pool resources to expand access to youth SUD services that would be difficult to sustain independently.
c. TJJD should consider establishing a formal process for identifying and scaling effective substance use initiatives across the state. Successful regional efforts, such as the Nueces County SUD Regional Expansion Project, demonstrate how coordinated investments can expand access to assessment, treatment, and recovery services for justice-involved youth. TJJD should explore replicating the program additional regions and develop implementation toolkits, training resources, and peer-to-peer learning networks to accelerate adoption of proven approaches statewide.
d. HHSC and TEA should consider incentivizing the use of Substance Use Screening and Brief Intervention (SBIRT) as part of school disciplinary responses. Integrate standardized screening tools into school discipline workflows. Train staff to identify early substance use signs and establish warm-handoff pathways to community providers or OSARs. Ensure screening does not trigger unnecessary justice involvement.
e. HHSC and the Legislature should consider launching a Youth SUD Provider Revitalization Fund (tuition repayment, startup grants, reimbursement stabilization) to re-establish the state's youth SUD treatment capacity, including outpatient treatment, detox, residential care, and early intervention services. Fund adolescent-focused SUD providers through targeted grants. Incentivize expansion into rural regions.



10. Cross-System Coordination and Collaboration

Youth frequently experience fragmented care because schools, LMHAs, juvenile departments, child welfare agencies, pediatricians, and community programs often operate in silos. Each system conducts separate assessments, creates its own case plans, and shares limited information, which can lead to duplicated assessments or conflicting recommendations. Youth with complex trauma, IDD, co-occurring mental health and SUD needs, or multi-system involvement are especially vulnerable. Youth are often "ping-ponged" between systems, with no single point-of-contact responsible for ensuring access, care continuity, or follow-through. Local stakeholders report:

- Misunderstandings about confidentiality laws, including the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and state privacy rules, that impede lawful information sharing.
- Lack of shared referral pathways, MOUs, or standard assessment protocols.
- No consistent venue for multi-agency staffing and Community Resource Coordination Groups (CRCGs) are often inconsistent, under-resourced, or poorly attended.
- No statewide expectation or infrastructure guiding collaborative practice.

At the state level, data interoperability challenges and incompatible platforms prevent agencies from cross-system planning.

Recommendations

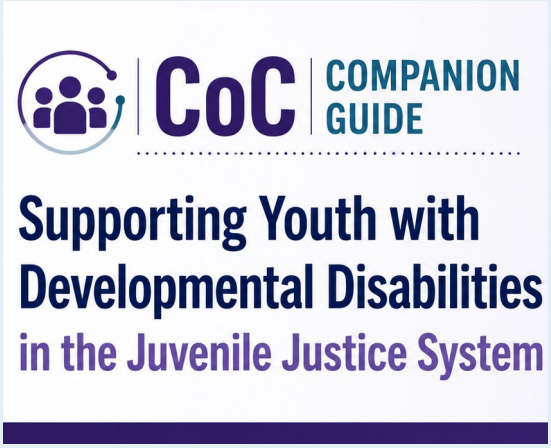
a. TJJD's Regional Coc Coordinators should consider helping counties in their region establish a Behavioral Health Coordinating Council or similar planning body, modeled after the Paso del Norte Family Leadership Council in El Paso. These teams would convene DFPS, LMHAs, schools, CRCGs, community organizations, juvenile probation, and others to map gaps and resources, review data, and lead cross-system planning.

b. State agencies should consider clarifying FERPA/HIPAA/state privacy provisions to explicitly allow interagency information-sharing for at-risk and justice-involved youth. Fund regional referral tracking systems and role-based viewing platforms that allow agencies to see relevant information. Train staff on what information can be legally shared.

c. DFPS and TJJD should consider encouraging standing coordination between DFPS and their Single Source Continuum Contractors (SSCCs) and juvenile departments at intake, placement decision points, and reentry. Include SSCCs in county and regional collaboration structures. Integrate dual-status case staffing into the unified referral pathways and county behavioral health teams.

d. TJJD, HHSC, and DFPS should consider jointly developing a cross-system training academy or online learning series for LMHAs, DFPS/SSCC personnel, schools, LIDDAs, and other youth-serving partners. Training should provide a practical overview of juvenile justice processes, legal timelines, court decision-making, diversion and placement pathways, behavioral health referral options, crisis response protocols, confidentiality requirements, and the respective roles and responsibilities of each system. Increasing cross-system understanding can strengthen case planning, improve coordination for youth with complex needs, reduce duplication of effort, and help partners identify shared solutions rather than attributing system challenges to a single agency.

e. HHSC should consider requesting funding from the legislature to increase investment in the state's CRCG and System of Care infrastructure, including funding for paid coordinators. Expand CRCG technical assistance and regional capacity-building grants through HHSC to strengthen cross-system collaboration.



Across Texas, stakeholders consistently identified youth with intellectual and developmental disabilities (IDD) as one of the most underserved populations in the juvenile justice continuum. While many youth enter the system with behavioral challenges that are rooted in developmental, cognitive, communication, sensory, or adaptive functioning needs, these underlying conditions are often misunderstood, misidentified, or addressed through behavioral health or juvenile justice responses that are not designed to meet their needs.

A more comprehensive discussion of these findings, including promising practices from across Texas, implementation strategies, available resources, and detailed recommendations for every stage of the juvenile justice continuum, is available in the CoC Companion Guide: ***Supporting Youth with Developmental Disabilities and Mental Health Concerns in the Juvenile Justice System*.**

The guide explores prevention, diversion, probation, out-of-home placement, and reentry strategies for youth with developmental disabilities and co-occurring mental health needs.

Intercept 0 Findings & Recommendations | Focus Area 2: Community & Schools

Section At-A-Glance

1. Caregiver Supports, Parenting Programs, and Family Strengthening

Texas lacks a coordinated, front-end caregiver support and family strengthening infrastructure that intervenes early, stabilizes households, and prevents escalation into formal systems. Across all regions, caregivers consistently described feeling overwhelmed, isolated, and unsupported as their child's needs escalated. Families reported difficulty identifying where to turn for help, particularly when behavioral challenges first emerge at home or school. As a result, early warning signs such as escalating conflict, school discipline issues, truancy, or mental health concerns often go unaddressed until a crisis occurs.

While Texas has a broad array of family support and prevention programs, including Family and Youth Success (FAYS), Community Youth Development (CYD), home visiting, and other HHSC Family Support Services, these programs are unevenly utilized and often operate within separate administrative and funding structures from juvenile justice systems. In many regions, there are no formal referral pathways, shared intake processes, or coordinated outreach efforts linking these prevention services to probation departments or their diversion efforts. As a result, youth whose families need practical, in-home skill-building supports frequently do not receive them until after formal system involvement.

Probation staff shared that many caregivers need help with routines, supervision strategies, de-escalation, safety planning, and navigating school and service systems. Further, parents and caregivers often experience untreated trauma, depression, anxiety, or substance use challenges, themselves. Families reported facing crises, particularly during evenings and weekends, without access to respite, crisis support, or guidance. Evidence-informed parenting and family- strengthening programs, such as

Triple P Positive Parenting Program, Trust Based Relational Intervention (TBRI)-informed models, and in-home skills training exist in pockets, but not all juvenile departments are aware of these resources or how to integrate them into their referral pathways. Without caregiver-focused supports to stabilize households, youth behavioral crises are more likely to escalate into police calls.

***Family Resource Centers** (FRCs) are a critical but underutilized prevention asset. Where strong, FRCs operate as trusted, voluntary community hubs offering parenting programs, crisis navigation, and family preservation supports. However, most FRCs operate in parallel to, rather than embedded within, juvenile justice and school systems. They are rarely included in intake protocols, diversion decision trees, or cross-system staffing meetings. Without formal referral pathways or accountability structures to ensure families are connected early, FRCs remain available but not systematically leveraged as front-end prevention resources.*

Recommendations

a. TJJD and HHSC should consider expanding investment in flexible, home-based supports that focus on parenting skills and routines, de-escalation and safety planning, and trauma-informed family engagement. Promote county-level adoption of models such as TBRI Leveraging Safe Adults (LeSA), Dialectical Behavioral Training (DBT) skills for caregivers, and in-home family coaching. TJJD should consider prioritizing services that can be delivered before formal system involvement and without clinical eligibility thresholds.

b. TJJD should consider working with HHSC to align FAYS, CYD, home visiting, and other HHSC Family Support Services with juvenile justice diversion efforts. Develop standardized referral pathways so probation intake staff can easily connect families to services. Target outreach and expansion in counties with low utilization of these proven prevention programs.

c. Juvenile departments should consider establishing formal referral partnerships with local FRCs as an early-intervention option. TJJD and the Texas FRC Association should consider developing a statewide “Family Resource Center Locator and Referral Guide” tailored for juvenile justice partners.

2. Informal, Nonclinical Support Pathways

Across regions, stakeholders emphasized that youth and families often move too quickly from early warning signs, such as school and family conflict, to formal clinical mental health services or justice system involvement, without meaningful or less formal early intervention in between. School, juvenile probation, community organization, faith-based setting, and out-of-school program staff frequently lack access to practical, nonclinical tools to respond to early behavioral concerns, family conflict, or emotional distress.

Not all youth or family challenges require therapy or formal system involvement. Many situations driving early school discipline, police contact, or juvenile referrals, such as conflict at home, emotional dysregulation, school avoidance, or low-level risky behavior could be stabilized through skill-based, relational, and non-diagnostic interventions. However, these approaches are inconsistently understood, underutilized, or not seen as legitimate prevention strategies.

While many evidence-informed, nonclinical approaches are well-established and scalable, they are not often embedded in juvenile department programming or diversion practices. Informal, nonclinical supports could fill the critical gap between "nothing happens" and "formal systems intervene."

Recommendations

a. TJJD should consider guiding juvenile departments on the use of evidence-informed, nonclinical approaches, such as Collaborative Problem Solving (CPS), TBRI for non-clinical staff and caregivers, motivational interviewing, family mediation, restorative practices, and de-escalation as core prevention and diversion strategies. Clearly articulate when nonclinical interventions are appropriate before escalation to clinical or justice system responses.

b. TJJD should consider partnering with HHSC and community-based organizations to provide accessible, role-appropriate training on CPS and TBRI for probation intake officers, non-clinical staff, mentors, and volunteers as approaches for responding to youth behavior. Integrate these tools into family/probation meetings and diversion programming. By offering short-format, modular training these approaches can be integrated into existing professional development.

c. TJJD, HHSC, and Education Service Centers (ESCs) should consider developing simple decision-support tools for probation departments and school staff that help staff determine when nonclinical supports are appropriate as a first response. Encourage the use of non-punitive, voluntary supports before clinical assessment or formal system contact.

3. Youth Leadership, Positive Youth Development, and Prosocial Engagement

Through CoC listening sessions, youth expressed a desire for more opportunities to belong, lead, and build positive identities outside of formal systems. Youth described feeling defined by their mistakes or risks rather than their strengths, interests, and potential. When youth lack safe spaces, structured activities, and trusted adults, early risk behaviors are more likely to escalate into school discipline, police contact, or juvenile justice involvement.

Many communities lack consistent after-school programs, mentorship opportunities, and structured youth activities. Some regions cited long waitlists for or a complete lack of programming, especially during after-school and summer hours. Transportation, cost, and eligibility barriers further limit access to these opportunities.

Organizations such as Boys & Girls Clubs, 4-H, YMCAs, youth sports leagues, arts programs, and faith-based youth ministries play a critical role in providing structure, supervision, mentoring, and a sense of belonging. However, these organizations are often unable to contract with juvenile departments due to their size, capacity constraints, and complexities of system procurement, and are rarely used as part of the juvenile justice continuum, despite serving many of the same youth at risk of system contact.

***"Spark-based" programming**, focused on youth's intrinsic interests, talents, and passions (e.g., arts, music, sports, service, and leadership), can shift youth identity from a "problem to be managed" to a "strength to be developed." However, these approaches are rarely coordinated, funded, or embedded within prevention strategies.*

Additionally, youth in the listening sessions expressed frustration that adults "talk about us without us." While youth input is sometimes solicited through one-time forums, few communities have sustained youth leadership structures that shape prevention programming, funding priorities, or evaluation.

Recommendations

a. TJJD should consider prioritizing DSA grants for juvenile departments willing to contract for after-school, weekend, and summer programming that provides safe, structured environments during high-risk hours. Prioritize partnerships with established youth-serving organizations including Boys & Girls Clubs, 4-H, YMCA, youth sports, arts programs, and faith-based organizations. Reduce barriers to participation by supporting transportation, sliding-scale fees, and flexible eligibility criteria for at-risk youth.

b. Juvenile departments should consider incorporating youth development approaches that help youth identify and build upon their strengths, interests, talents, and sources of motivation ("sparks") as part of prevention, diversion, and case planning efforts. Train probation officers, mentors, and other non-clinical staff to integrate spark identification into routine interactions with youth and to incorporate spark-based goals into individualized service plans. Existing models, such as Williamson County's SPARK Ladder, adapted from the Search Institute's Sparks framework, may provide useful examples for implementation.

c. TJJD should consider providing guidance and resources to local juvenile departments to create Youth Advisory Councils in interested counties. Compensate youth for their time and expertise and provide leadership training, facilitation skills, and mentorship. Ensure Youth Advisory Councils have meaningful influence over program design, and outreach strategies.

d. Juvenile departments should consider designating faith-based and community organizations as formal prevention partners within local Continuum of Care strategies. Develop simple MOUs and referral protocols that clarify roles, boundaries, and communication pathways. Support training in youth mental health first aid, trauma-informed care, and de-escalation for trusted adults in these settings.

e. Juvenile departments should consider partnering with community providers to establish low-cost, high-touch community hubs that offer drop-in youth groups, mentorship and leadership activities, and arts, sports, and service opportunities. Coordinate schedules and outreach so youth and families can easily access opportunities without having to navigate multiple systems.

4. Peer Support and Credible Messengers

Across all seven regions, stakeholders emphasized the absence of structured, resourced peer support roles at the prevention and early intervention stage of the juvenile justice continuum. While no region reported a fully developed peer infrastructure, most regions identified trusted peers, credible messengers, and/or caregiver advocates as underutilized tools for engaging youth and families before formal system involvement.

Youth and caregivers repeatedly stated in listening sessions that they are more willing to engage with individuals who have "been through it" and understand the emotional and practical realities of system involvement. Stakeholders described ***"credible messengers" and peer mentors*** *as often more effective than traditional providers in promoting engagement, de-escalation, and behavior change. Caregivers also highlighted a significant gap in parent-to-parent support, noting feelings of isolation, judgment, and confusion when navigating early system contact or escalating behavioral concerns.*

Despite this consensus, peer support remains informal, unfunded, and disconnected from the juvenile justice system. In some rural and under-resourced regions, informal peer mentorship occurs organically through churches, schools, and community spaces. Still, these efforts are rarely funded or linked to juvenile department programs or supervision requirements. Few counties reported using certified peers or certified family partners. Some juvenile department leaders experiencing burnout among current staff saw peer models as a promising workforce supplement.

Recommendations

a. TJJD should consider working with LMHAs to co-fund/co-locate a youth peer specialist or certified family partner in medium/large juvenile probation departments (shared positions regionally for small counties). Contract with Recovery Community Organizations (RCOs) or LMHAs to provide supervision and ongoing CEUs so peers stay certified and supported.

b. TJJD should consider working with Texas workforce boards, the Texas Certification Board, and RCOs to establish a clear pathway for formerly justice-involved youth (18+) and caregivers to become certified peer specialists or family partners through scholarships for training and certification, supervised practicum placements within juvenile departments, and stipends to support participation during training. Develop a simple statewide checklist outlining certification steps, supervision requirements, and eligible host sites.

c. Juvenile probation departments should consider embedding caregivers who have experience with the justice system as peer navigators for families experiencing early stress, school discipline issues, or first system contact. Place navigators at system entry points such as school discipline hearings and probation intake meetings. Compensate caregiver peers at fair market rates and provide structured supervision and support.

d. TJJD, juvenile departments, and RCOs should consider creating a role description and training track for Credible Messengers (mentors with past experience in systems, no certification required) separate from certified peers.

5. Exclusionary Discipline and School-Based Juvenile Referrals

For many youth, schools represent both the greatest opportunity for prevention and one of the most common pathways into the juvenile justice system. Across nearly every region, stakeholders identified exclusionary school discipline (suspension) as a precursor to juvenile justice involvement. Students continue to be removed from classrooms through suspensions, Disciplinary Alternative School Program (DAEP) placements, expulsions to Juvenile Justice Alternative Education Programs (JJAEPs), and school-based arrests for behaviors that often reflect unmet behavioral health needs, disability, or trauma, rather than serious public safety concerns.

Although Texas Education Code Chapter 37 provides districts with significant discretion when responding to many student behaviors, the law is widely misunderstood, with many school administrators and juvenile department staff viewing suspension and expulsion as mandatory when, in practice, districts retain significant discretion after considering the statutory "mitigating factors" (including the student's disciplinary history, disability status, intent, foster care status, and other required considerations). As a result, schools often default to punitive responses rather than graduated interventions.

Recommendations

a. TJJD's legal team should consider partnering with the Texas Education Agency (TEA) to clarify and strengthen guidance regarding discretionary versus mandatory disciplinary action under Texas Education Code Chapter 37. While state law requires schools to consider multiple factors before removing a student from the classroom, these provisions are widely misunderstood and additional statutory clarification or administrative guidance could reinforce that exclusionary discipline should be reserved for situations in which less restrictive interventions have been considered and determined to be insufficient.

b. TEA in partnership with TJJD should consider developing a statewide *"Alternative to Removal" Decision Framework* to support consistent school discipline practices. The framework should incorporate the Chapter 37 disciplinary "mitigating factors" into a practical checklist, provide guidance on graduated responses, and offer documentation templates that help school administrators track and report on how supportive interventions were considered prior to assigning a DAEP placement. The framework could be disseminated through ESCs and integrated into statewide training on school discipline, MTSS, and school-based diversion.

c. TJJD should consider partnering with TEA and STEP UP Texas to develop a statewide educator training module that illustrates the real-world impact of juvenile justice involvement for students. Modeled after a similar successful effort led by prosecutors in Harris County, the training could include a short documentary-style video following a student's journey from a school disciplinary incident through arrest, police transport, booking, and detention facility intake. The module could be incorporated into educator professional development, administrator onboarding, and School Resource Officer training, helping school personnel better understand what occurs after a referral to law enforcement.

d. TJJD's CoC team should consider establishing a formal statewide *School Diversion Leadership Collaborative* with TEA and regional ESCs to guide implementation of school-based diversion efforts in partnership with juvenile departments across Texas. The collaborative should align policies and provide guidance and technical assistance related to school discipline, behavioral health, special education, and law enforcement engagement. The collaborative could also regularly review TEA discipline data and TJJD juvenile referral data to identify and troubleshoot emerging statewide and regional issues.

e. TJJD's CoC Coordinators should consider assisting juvenile departments in using local TEA school discipline data as the foundation for ongoing school-justice collaboration. By regularly reviewing trends in in-school suspension (ISS), out-of-school suspension (OSS), DAEP placements, JJAEP

expulsions, and school-based arrests, CoC Coordinators can support juvenile departments to engage their local school districts in data-informed discussions about diversion opportunities. These meetings should focus on understanding the drivers of referrals and jointly developing improvement strategies that are monitored over time through a continuous quality improvement process.

6. School-Based Behavioral Health and Special Education

Schools are increasingly serving youth with significant mental health, substance use, trauma, and developmental needs while often lacking sufficient clinical resources to respond effectively. Many youth exhibit warning signs long before formal discipline or juvenile justice involvement, yet schools frequently lack structured screening processes, timely access to counselors or social workers, or school-based interventions capable of responding before crises emerge. And departments reported that juvenile probation officers are often the first professionals to recognize signs of an undiagnosed disability, learning difference, or other developmental need only after a youth enters the juvenile justice system. Earlier identification and coordinated intervention can help ensure students receive appropriate educational and behavioral health supports before repeated disciplinary incidents or justice involvement occur.

Vaping-related offenses have also emerged as a significant driver of school-based juvenile justice involvement (see data on school-based arrests in *Section 4: Statewide Data Profile*), but many schools lack health-based interventions or access to vaping education and prevention programming.

*Although the **Texas Child Health Access Through Telemedicine** (TCHATT) program is available to all students across Texas to address these underlying needs, many juvenile probation departments are unaware of how to access services or obtain timely appointments for youth involved in or at risk of juvenile justice involvement. TCHATT is intended to prioritize high-risk youth, yet there is no clear mechanism or protocol to ensure youth on probation receive timely access. And although juvenile detention education programs and JJAEPs are public schools and are therefore eligible to participate as a TCHATT host site, no juvenile departments are currently implementing TCHATT services on their campuses.*

Recommendations

a. TJJD should consider partnering with the Texas Child Mental Health Care Consortium (TCMHCC) to establish standardized referral pathways between juvenile probation departments and TCHATT programs in schools. The agencies can develop referral protocols, identify regional points of contact, clarify eligibility and prioritization processes, and provide training to school and juvenile justice staff on accessing TCHATT and coordinating referrals with the Health-Related Institute (HRI) assigned to the schools in each region.

b. TJJD and TCMHCC should consider issuing guidance to juvenile departments on steps for enrolling JJAEPs and juvenile detention and post-adjudication facility schools as designated TCHATT service sites. Because these campuses are public schools and serve youth with some of the highest behavioral health needs in Texas, they represent an important opportunity to expand access to TCHATT's psychiatric consultation, medication management, and brief mental health interventions.

c. TJJD should consider partnering with the TEA and HHSC to promote diversion-based responses to vaping and THC-related offenses, including First Offender Programs and vaping prevention and cessation programs such as the evidence-informed Catch Your Breath program, and strengthen connections between schools and existing HHSC and community-based substance use prevention and intervention services.

d. TEA and TJJD should consider establishing statewide protocols to improve the early identification and evaluation of students with suspected disabilities before juvenile justice contact occurs. Guidance should establish how juvenile departments can notify and collaborate with school districts when a student requires a special education evaluation or additional accommodations.

e. TEA and TJJD should consider jointly developing cross-system training for educators, school resource officers, and juvenile probation professionals on recognizing disability-related behaviors. Training should emphasize distinguishing manifestations of disability from willful misconduct and using coordinated school-based interventions before disciplinary or juvenile justice responses. See the CoC Companion Guide: ***Supporting Youth with Developmental Disabilities and Mental Health Concerns in the Juvenile Justice System***.

7. Disciplinary Alternative Education Programs (DAEPs)

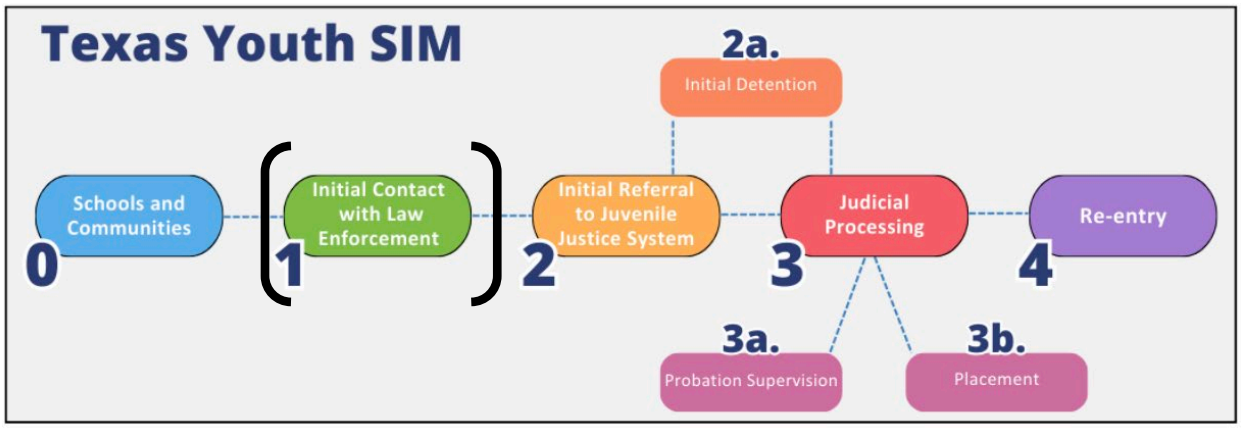
Although DAEPs serve important purposes within the educational continuum, stakeholders described significant variability in the quality of academic programming and behavioral health supports in these facilities. Stakeholders noted the lack of standardized quality benchmarks and oversight for DAEPs and insufficient transition services for youth returning to their home campuses. Additionally, DAEPs are not subject to the same accountability as other school settings, which contributes to inconsistent programming. Although Texas has hundreds of DAEPs, there is currently no statewide forum to support shared learning, consistent practices, or continuous quality improvement.

Recommendations

a. TJJD and TEA should consider partnering with regional ESCs and the Meadows Institute to establish a statewide Community of Practice for DAEPs. Modeled after the Meadows Institute's School Discipline Executive Learning Communities, the Community of Practice could use the SIM to help leaders map the student experience from home campus to the DAEP and back again, strengthen partnerships with community providers, share promising practices, and develop tools and guidance related to topics such as length of stay, educational continuity, behavioral health services, and successful reintegration. The initiative could also leverage the more established standards and practices used by JJAEPs to inform quality improvement across DAEPs.

b. TEA should consider establishing statewide minimum standards for DAEPs to help reduce variability across campuses. Consider providing targeted funding to strengthen educational and behavioral health programming within DAEPs. Investments should support evidence-based interventions, mental health services, credit recovery, career and technical education, and structured transition services.

Intercept 1: Law Enforcement & Crisis Systems

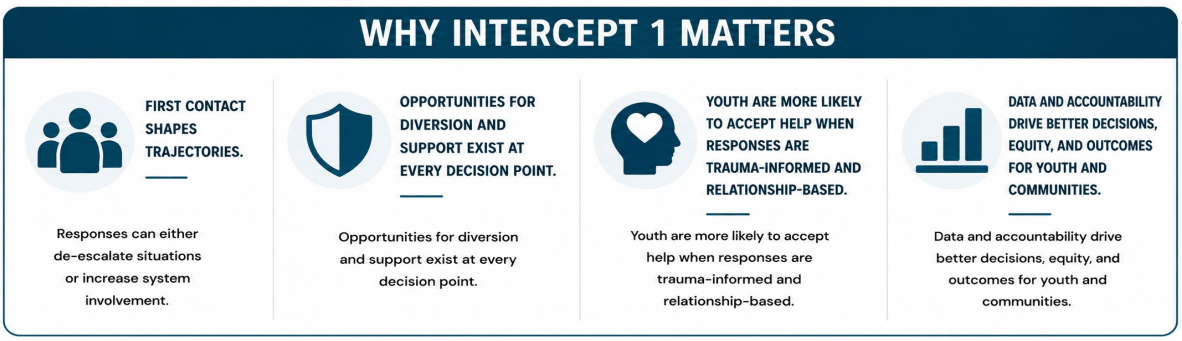


Intercept 1 includes the first points of contact youth have with law enforcement or the behavioral health crisis response system in homes, schools, or community settings. This stage is a critical decision point that can either escalate a young person's involvement with the juvenile justice system or redirect them toward services and support.

Law enforcement pathways at this intercept include a range of possible outcomes: a youth may be warned and released, referred to a diversion program or community service provider, or taken into custody. These decisions often depend on local protocols, agency culture, and available alternatives. However, practices vary significantly across the state, and many jurisdictions lack clear policies for school-based officers, structured decision-making tools, or criteria for when and how to divert youth.

Crisis response pathways also fall within Intercept 1. When youth experience mental health crises, family conflict, or other behavioral health emergencies, law enforcement is often the default responder, even when no crime has occurred. In the absence of 24/7 youth-focused mobile crisis teams, crisis stabilization facilities, or safe temporary housing or respite options, officers may resort to transporting youth to hospitals, juvenile detention, or back to unsafe environments.

This section describes the systems and decision points that shape youth experiences at the front door of the juvenile justice system. It also examines opportunities to strengthen cross-system coordination, expand crisis diversion infrastructure, and ensure responses are youth-centered and developmentally appropriate.



Intercept 1 | Findings & Recommendations

Section At-A-Glance

1. School-Based Law Enforcement and SROs

School-Based Law Enforcement (SBLE) programs, including School Resource Officers (SROs), are deeply embedded in Texas' school safety infrastructure. School-based police arrangements in Texas can vary significantly depending on the school district's size and resources. Large and mid-sized districts, such as Dallas and Houston ISD, often have their own dedicated police departments with multiple officers. Smaller districts may rely on local municipal police or county deputies to provide SRO services on school campuses.

In recent years, the presence of law enforcement in schools has expanded significantly. In 2023, the Texas Legislature passed House Bill 3 (88th Legislature), which ***requires every public school campus in Texas to have at least one armed security officer*** *during regular school hours. Districts may meet this requirement through a school district officer, an SRO, or a commissioned peace officer contracted through a local law enforcement agency. The law also requires updated emergency operations plans and increased funding for campus security, effectively institutionalizing a law enforcement presence in every Texas public school, including smaller and rural districts that previously lacked officers on campus.*

Research over several decades indicates that the effectiveness of SBLE programs depends on the clarity of officers' roles, the strength of relationships with students, the presence of clear memoranda of understanding (MOUs) limiting routine discipline referrals to law enforcement, and the broader availability of school-based behavioral health and restorative supports.[59] Solely expanding law

[59] Office of Community Oriented Policing Services. (2022) *Guiding Principles for the Implementation of School Resource Officers*. https://www.nasro.org/clientuploads/resources/e032218006_-_SRO_Guidelines_v2.pdf

enforcement presence in schools without additional guardrails may lead to an increase in referrals to the justice system for behaviors that could otherwise be addressed through school-based interventions.

*The Department of Justice and the National Association of School Resource Officers (NASRO) promote the "triad" role for SROs: as **educator, mentor, and law enforcement officer**. When these roles are implemented with clear expectations and sufficient training, officers can be allies in prevention and diversion, rather than drivers of justice system involvement.*

Many school districts face challenges in implementing SBLE in a developmentally appropriate way:

- MOUs between schools and law enforcement vary. Without clear policies, SROs are often asked to address student behavior that should be handled by educators, resulting in unnecessary arrests.
- In many schools, diversion is not a formalized or well-trained role of the SRO. Officers may not be given sufficient training in adolescent development, trauma-informed response, de-escalation, or mental health issues.
- Most districts lack comprehensive, disaggregated data on school-based arrests, SRO activity logs, and use of discretion.
- Officer recruitment and training standards vary significantly. Officers are not always screened for youth-oriented experience or disposition, and evaluation metrics rarely focus on diversion and prevention.

Recommendations

a. TJJD should consider partnering with Texas Commission on Law Enforcement (TCOLE) and the Texas School Safety Center (TSSC) to provide guidance on SBLE MOU standards that clarify the non-disciplinary role of SROs, include language on diversion, mandate trauma-informed and adolescent development training, and SRO data tracking expectations, including the number and type of diversions, referrals to services, and prevention lessons taught.

b. TJJD should consider partnering with TCOLE to create a *Diversion Decision-Making Protocol* with standard guidelines for when SROs should divert youth rather than arrest. Include this in MOU/Standard Operating Procedure documents and train officers.

c. TEA and TSSC should consider providing guidance on SRO hiring and selection that includes behavioral interview questions about discretion and youth development, input from school leaders and mental health staff, and community representation.

d. School districts with the support of ESCs and the TSSC should consider providing annual training to school staff clarifying what constitutes a disciplinary versus legal issue and when it is appropriate to involve an SRO. This helps reduce unnecessary referrals and reinforces appropriate role division.

e. TEA should consider encouraging school SBLEs to report school-based arrest and referral data by offense type, student demographics, and outcome.

2. School-Based Co-Response and Crisis Intervention Teams (CITs)

Many youth encounters with law enforcement in schools occur when students are in crisis. Still, many SROs are not equipped with the tools, training, or partnerships needed to effectively respond to behavioral health needs, trauma reactions, or mental health emergencies. Instead, schools may default

to punitive responses such as exclusionary discipline or arrests when an alternative approach could de-escalate and redirect.

Integrating mental health professionals directly into school-based response systems offers a promising solution. In a co-response model, such as Multi-disciplinary Response Teams, law enforcement officers work alongside behavioral health clinicians, allowing youth in crisis to receive immediate, developmentally appropriate care. This model has seen success across several sectors, yet youth- and school-specific adaptations remain rare.

*Round Rock ISD offers one such promising model. Their **co-responder program** pairs school police officers with licensed clinicians who jointly respond to students experiencing behavioral health crises on campus. This not only reduces the need for law enforcement action but also builds trust between students and adults trained to support them rather than punish them. Similarly, El Paso ISD's school-based **Crisis Intervention Team** (CIT) initiative has brought trained mental health officers into direct contact with students in crisis, resulting in fewer unnecessary arrests and stronger linkages to care.*

Despite these promising examples, most Texas districts lack access to youth-informed co-responder teams, and existing CIT programs rarely extend into school settings. Schools with existing mental health teams may lack protocols for engaging with SROs who are often siloed from school-based and community crisis and mental health providers. By reimagining the role of SROs as co-responders first, and equipping every SRO with the knowledge, training, and clinical partnerships necessary to serve students in crisis rather than simply enforcing school discipline, SROs can become key actors in prevention and early intervention.

Recommendations

a. School districts should consider partnering with LMHAs to explore the development of community-based co-responder and CIT models to include youth-specific training and protocols, integrating mental health clinicians into school-based responses to student crisis.
b. TCOLE should consider encouraging SROs to complete youth-focused crisis intervention training and partner with local mental health authorities to participate in joint responses.
c. Dedicate state or regional funding (e.g., through LMHAs or TJJD grants) to seed the creation of additional school-based co-responder teams in high-need areas.

3. School-Justice Partnerships

In many Texas communities, schools and law enforcement agencies lack clear, shared protocols for responding to minor, non-violent student behaviors such as disruption, disorderly conduct, or verbal altercations that do not pose a threat to public safety. Without a structured system in place, these behaviors too often escalate into student arrests and formal referrals to juvenile court. Schools and SROs often operate without agreed-upon definitions of which behaviors should be diverted from court. The absence of graduated responses leads to inconsistent or overly punitive responses, with some youth facing arrest or court referral for first-time or low-level infractions. Providing districts with a clear menu

of alternative interventions that can be used in lieu of formal legal consequences will help address this problem.

*The national **School-Justice Partnership** (SJP) model offers a transformative, evidence-based approach to reducing unnecessary school-based referrals to the juvenile justice system. Rooted in principles of restorative discipline and shared accountability, SJPs create alternative responses to minor misconduct. Rather than relying on exclusionary discipline or criminal sanctions, SJPs guide communities in building locally tailored systems that keep students engaged in school and connected to support.*

The model is particularly powerful because it brings together education, law enforcement, juvenile courts, mental health providers, and community stakeholders to co-create a common agenda and formalize it through interagency agreements. These partnerships clearly define "Focus Acts" – low-level offenses that are addressed through non-judicial means – by developing graduated response grids, role delineation documents, and robust governance structures to ensure implementation fidelity.

SJPs often begin with a community summit, convened by a local juvenile judge and supported by technical assistance providers. During this process, local leaders analyze referral data, identify opportunities to reduce court involvement, and co-design an MOU that outlines shared goals, responsibilities, and alternatives to court referral. Core elements of this model include:

- Defining "Focus Acts" – minor, non-violent infractions (e.g., disruption, disorderly conduct) that should be diverted from court.
- Role Delineation – clear guidelines to ensure that SROs and school administrators operate within distinct roles, reducing role conflict and inappropriate criminalization of school behavior.
- Graduated Response System – a decision tree or matrix that provides tailored consequences for repeated infractions and ensures proportionality.
- Menu of Alternatives – a set of community-based, developmentally appropriate options for responding to misconduct without court involvement.
- Governance and Monitoring – a cross-agency body responsible for overseeing implementation, data tracking, and continuous improvement.

National evidence demonstrates that SJPs can significantly reduce unnecessary justice involvement while improving educational outcomes. In Clayton County, Georgia, implementation of an SJP model resulted in an 83 percent reduction in school-based referrals to juvenile court and a 24 percent increase in graduation rates.[60] North Carolina has implemented SJPs in more than 50 counties, with participating jurisdictions reporting substantial reductions in school-based referrals.[61] A study of seven existing SJPs that had been established for at least two years prior to July 1, 2020 showed that overall, counties with

[60] Teske, S. et al, "Collaborative Role of Courts in Promoting Outcomes for Students: The Relationship Between Arrests, Graduation Rates, and School Safety," *51 Family Court Review,* no. 3, July 2013.
[61] North Carolina Administrative Office of the Courts. (2022) S*chool Justice Partnerships: North Carolina School Justice Partnership Initiative.* https://www.nccourts.gov/programs/school-justice-partnership/sjps-in-north-carolina

active SJPs experienced a decrease in the number of school-based referrals to juvenile court.[62] These findings suggest that Texas has a significant opportunity to improve juvenile justice system efficiency by establishing a consistent framework for responding to school-based behavior. Texas currently has no coordinated mechanism to scale or support SJPs, and school discipline remains heavily reliant on punitive, exclusionary practices.

Recommendations

a. TJJD should consider seeking federal funding to launch an SJP initiative in partnership with the TSSC training department, Police Chiefs Association, TEA, the Office of Court Administration, and/or the Judicial Commission on Mental Health. Pilot the SJP model in districts with high school-based referral rates. Create a statewide backbone organization or a cross-agency team to support and monitor SJP implementation across Texas.

b. TJJD should consider creating a toolkit to guide local jurisdictions through the SJP development process, including sample MOUs, graduated response grids, role conflict avoidance tools, and action plans. Analyze school-based referral data to identify districts where SJPs could have the greatest impact and offer priority support. For a step-by-step guide to implementing the model, see North Carolina's School Justice Partnership Toolkit.

4. Law Enforcement-Led First Offender Programs

First Offender Programs (FOPs – Texas Family Code § 52.031) offer a critical opportunity to divert youth from formal system involvement following a first arrest or citation, particularly for low-level, non-violent offenses. In some Texas counties, law enforcement agencies have partnered with local nonprofits, schools, and juvenile probation to create these structured, education- or service-based diversion pathways that prevent unnecessary referrals. However, these programs are not available statewide, and access often depends on local leadership, funding, and informal agreements.

A growing area of concern is the sharp increase in felony referrals related to THC vaping in schools.[63] Texas law classifies possession of certain THC products, such as vape pens containing cannabis oil, as a felony, even when quantities are small, and the youth has no prior history. This has led to an alarming number of felony referrals to juvenile departments. Without diversion options, particularly those led by or coordinated with law enforcement and SROs, these cases can introduce long-term consequences for youth and overload probation departments with cases that could be better addressed through early education, family engagement, and clinical support.

*Counties and ISDs with strong **First Offender Program** infrastructure, such as Southwest ISD in San Antonio, Socorro ISD in El Paso, and Hutto ISD in Williamson County, report greater success in resolving first-time offenses, such as the THC possession outside the justice system, while reinforcing accountability, substance use education, and caregiver involvement.*

[62] North Carolina Judicial Branch, Data Overview for North Carolina School Justice Partnerships, 2020. https://www.ncdps.gov/our-organization/juvenile-justice/research-and-reports/school-justice-partnership-dashboard

[63] See Section 4 for data on school-based arrests by region and offense type.

Recommendations

a. 💲TJJD should consider expanding law enforcement-led First Offender Programs through state-level grants or flexible juvenile justice funds, with incentives for school-police partnerships to address first-time felony THC vaping offenses outside of formal system referral.
b. 🛠 Develop a statewide model policy and implementation toolkit for law enforcement–school FOPs, including protocols for SROs, training on youth substance use, and agreements with juvenile probation on eligibility and referral pathways. See Hutto ISDs FOP Program Guide.
c. 📜 TJJD's legal team should consider educating police and juvenile departments on THC-related statutes that allow prosecutorial and law enforcement discretion to refer youth to FOPs or community diversion programs, even in cases technically classified as state jail felonies.

5. Informal Law Enforcement Responses (Warn and Release and Paper Referrals)

Law enforcement officers possess broad discretion at the initial point of contact with youth. For lower-level or first-time offenses, officers may resolve the matter informally, either by warning and releasing the youth to a caregiver or by issuing a non-custodial "paper referral" for follow-up by the juvenile probation department. These informal mechanisms have the potential to minimize unnecessary system involvement, connect youth to services early without the collateral impact of arrest or detention, and reduce the strain on limited detention beds across the state.

Warn-and-release involves law enforcement resolving a situation on the scene, typically by returning the youth to their caregiver with no formal charges. While this option is widely recognized in statute and policy (Texas Family Code 52.01), little data exists on how frequently or under what criteria it is used. Officers report uncertainty about when this option is appropriate, and few local protocols support consistent use of warn-and-release across departments.

In practice, opportunities for warn-and-release may be especially valuable when officers are responding to youth in mental health or behavioral crisis. However, many jurisdictions lack ready access to alternatives, such as diversion/assessment centers, emergency shelters, or crisis respite, which limits officers' confidence in releasing the youth without formal processing. In these cases, the absence of clear pathways to connect youth to services results in unnecessary arrests and detention.

A "paper referral" occurs when an officer completes a formal complaint for a juvenile offense, but instead of transporting the youth to detention, releases them to a guardian and sends the paperwork to juvenile probation for intake follow-up. These referrals avoid the physical and emotional strain of arrest and booking procedures, including handcuffing, fingerprinting, and strip searches.

In many jurisdictions, officers lack access to essential tools such as electronic fingerprinting machines, making it more labor-intensive to process paper referrals. Others are unaware that paper referrals are an option, or face departmental norms that prioritize custodial arrest. Additionally, there is no standardized consultation system to help officers determine whether a case qualifies for a paper referral or requires detention.

Yet research confirms that even brief detention stays can increase a youth's risk of school disengagement, mental health deterioration, and recidivism. States that have reduced detention through pre-arrest diversion efforts have seen no adverse impact on public safety, demonstrating that expanding the use of paper referrals for lower-level offenses is both safe and beneficial.[64]

Recommendations

a. TJJD and TCOLE should consider developing guidance documents for law enforcement outlining scenarios where warn-and-release is appropriate, with sample scripts and decision trees. Provide law enforcement with training on trauma-informed responses and the value of informal diversion. Partner with CRCGs and local providers to create a system for referring youth directly to prevention services following warn-and-release.

b. Create a sample protocol and rubric for determining eligibility for paper referrals, drawing from Harris County's consultation phone line model. Launch a campaign to educate law enforcement about the purpose, process, and benefits of paper referrals. Encourage the use of paper referrals for low-risk cases like non-violent past assaults, THC vaping, theft, and criminal mischief.

c. Juvenile departments can purchase and deploy electronic fingerprinting machines at police substations to reduce the need for full custody transport to detention for fingerprinting.

d. Juvenile departments should consider encouraging law enforcement agencies to coordinate with their local YCOT, where available, to develop clear response protocols for youth experiencing emotional or psychiatric crises. These protocols should prioritize deployment of YCOT as the primary responder when appropriate, reserving law enforcement involvement for situations that present an imminent safety risk. Formalized agreements, cross-training, and shared dispatch or referral pathways can help ensure that youth in crisis are connected to behavioral health supports rather than entering the juvenile justice system.

e. Law enforcement agencies should consider piloting agreements where officers can bring youth exhibiting disruptive behavior to headquarters for informal diversion without formal referral, based on compliance with agreed conditions. TJJD CoC Coordinators can equip law enforcement officers with referral materials for youth-focused prevention programs and local behavioral health providers.

f. TCOLE should consider encouraging police departments to collect and report standardized data on juvenile encounters, including whether the youth was diverted, cited, referred on paper, or released. Disaggregate data by youth demographics and offense type.

6. Patrol Officer Training and Decision Making

Patrol officers are often the first law enforcement professionals to engage with youth in crisis. Their actions in these moments can shape whether a young person is diverted to care or pulled deeper into the justice system. Yet across many Texas jurisdictions, patrol officers are not always prepared to make

[64] Development Services Group, Inc. (2017) *Diversion Programs Literature review*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention https://www.ojjdp.gov/mpg/litreviews/Diversion_Programs.pdf

informed, developmentally appropriate decisions in juvenile cases. Training on youth-specific behavioral health needs, trauma, de-escalation, and diversion programs is often minimal, outdated, or absent altogether.

Stakeholders emphasized that most officers receive little guidance on how the juvenile justice system works, the importance of diversion, the scope of their discretion, or how to access alternative response options. This knowledge gap can result in over-referral to juvenile probation, even for minor incidents that could have been handled informally or through community-based solutions. The lack of a standardized statewide risk mitigation protocol exacerbates this problem, leading to subjective, inconsistent decision-making across jurisdictions. Officers also face liability concerns and departmental cultures that may prioritize enforcement over diversion.

Many departments do not provide officers with clear, quick-reference guidance to navigate youth encounters. As a result, patrol officers are often left to rely on personal judgment, internal norms, or time-pressured decision-making. This variability not only increases justice system contact for youth, but it also frustrates officers who want to divert appropriate youth from detention but lack the structure or support to do so.

*Several promising solutions emerged through stakeholder discussions. The **FOCUS program in Fort Bend County** provides specialized juvenile justice training to regular patrol officers, including a 15-question "Quick Match Tool" that walks officers through key questions to assess a youth's crisis level and identify potential diversion options. Expanding or replicating this model statewide could build a more confident, better-prepared law enforcement workforce.*

Recommendations

a. Develop and disseminate low-tech decision-making tools, such as a "pocket card" with a clear decision tree for youth encounters. The card should include referral criteria, trauma-informed de-escalation strategies, and guidance on consent for accessing services.
b. TJJD should consider working with TCOLE to establish mandatory training modules on juvenile justice system processes, diversion options, and youth development. Consider creating a standalone juvenile module required for certification and recertification. Integrate emotional regulation and stress response training into police academy curricula and in-service programs to equip officers with better tools for responding to volatile situations involving youth.
c. TCOLE should consider connecting law enforcement agencies with Meadows Institute's to bystandership training that empowers officers or those with trauma-informed knowledge to intervene when peers escalate youth situations unnecessarily. This intervention can shift department norms toward supportive engagement.

7. Law Enforcement Data Challenges

Accurate and comprehensive data on law enforcement interactions with youth is essential for building effective diversion strategies and designing interventions that reduce unnecessary justice system involvement. Yet across Texas, most police departments do not consistently or comprehensively track

juvenile contacts, especially those that do not result in arrest. While formal arrests are reported to the Department of Public Safety (DPS), many lower-level interactions, such as warnings, informal diversions, or field contacts are often inconsistently documented. Even basic demographic data, such as gender, is often missing from use-of-force reports submitted to the Office of the Attorney General.

Highly fragmented records systems compound these challenges. Computer-Aided Dispatch (CAD) and Records Management Systems (RMS) differ across jurisdictions, requiring individual data requests to access local law enforcement information. Departments use different definitions, data fields, and reporting protocols if they collect data on juvenile interactions at all. This patchwork makes it nearly impossible to quantify statewide trends, disaggregate by youth demographics or offense type, or monitor agency-level performance in youth engagement and diversion.

School-based police encounters present an additional blind spot. Many districts do not track or report school-based arrests in a standardized way. The Juvenile Case Management System (JCMS) managed by TJJD includes fields for referral source and school location, but these fields are often left blank or inconsistently used across jurisdictions. As a result, the true volume of school-based referrals and arrests remains unknown.

Recommendations

a. TJJD, in collaboration with the Texas Police Chiefs Association, should consider promoting a statewide data modernization effort to standardize definitions and data fields for juvenile contacts across CAD, law enforcement RMS, and JCMS.
b. Require all law enforcement agencies to document juvenile contacts, including non-arrest encounters, in a consistent format, and submit to a centralized state repository managed by DPS or another appropriate agency. Offer training and support to local law enforcement on data collection best practices, including how to track youth diversion, cite and release, and crisis response outcomes.
c. TJJD should consider partnering with TEA and DPS to integrate school-based arrest data into discipline reporting frameworks, ensuring transparency about the use of law enforcement in school settings.
d. TJJD should consider issuing technical guidance to probation departments clarifying how to use the “referral source” and “location” fields in JCMS to accurately tag school-based incidents and referral pathways (e.g., school official, SRO, outside law enforcement). Develop and disseminate a standardized juvenile contact data analysis guide for juvenile departments to use to analyze youth-police encounters.

8. Youth Crisis Response Infrastructure

When youth experience behavioral health crises, whether due to suicidal ideation, substance use-related incidents, or severe emotional dysregulation, communities often lack a coordinated and developmentally appropriate response system. Law enforcement are frequently the first or only responder. Unfortunately, these interactions often lead to transporting youth to detention facilities or

extended stays in emergency departments that are often ill-equipped to meet their needs. In these situations youth can be passed between systems with little to no person-centered care coordination.

Many of these challenges stem from limited access to 24/7 mobile crisis teams that are trained and equipped to work with children and adolescents. In many counties, teams are adult-focused, unavailable after hours, or nonexistent altogether. Even when teams exist, coordination among law enforcement, juvenile probation, and LMHAs during crisis events is often inconsistent, with limited shared protocols or points of contact.

Many regions also lack community-based crisis stabilization facilities specifically for youth. This absence of drop-off options forces officers and families to choose between calling 911 or attempting to manage complex behavioral needs on their own. Officers often lack specialized training in adolescent mental health or de-escalation techniques, increasing the likelihood that youth in distress are misperceived as defiant or delinquent.

Families frequently report hesitation to seek help out of fear that doing so could trigger juvenile justice or child welfare involvement. Juvenile probation departments report taking on youth whose primary need is clinical care, not legal intervention, simply because no other systems are equipped to respond. These dynamics stretch the capacity of all involved agencies and highlight a fundamental misalignment: youth mental health crises are being met with justice system tools rather than timely, appropriate clinical responses.

Recommendations

a. HHSC should considering seeking state funding to expand investment in YCOT expansion, crisis stabilization units, and crisis respite centers, particularly in rural and underserved areas.
b. TJJD's CoC Coordinators should consider developing interagency crisis response protocols for law enforcement, LMHAs, schools, and juvenile departments to coordinate care, reduce reliance on detention or emergency departments, and clarify roles during youth crisis events.
c. HHSC should consider encouraging LMHAs to track and publicly report youth-specific mobile crisis response data (volume, response times, outcomes) and establish minimum youth crisis response capacity expectations by region.

9. Assault Family Violence Charges

Across Texas, approximately 10% of youth arrests stems from Assault Family Violence (AFV) charges, often related to conflict within the home.[65] These incidents typically involve arguments or altercations between a youth and a caregiver or sibling, arising during moments of emotional escalation, trauma response, or unaddressed mental health needs. While often not posing a broader public safety threat, these conflicts frequently result in arrests and referrals to juvenile probation, effectively criminalizing what are often symptoms of deeper familial or behavioral health issues.

[65] Texas Juvenile Justice Department. *Assault Family Violence Charges 2019-2024:* Received by Meadows Institute from TJJD email communication on July 31, 2025.

In many cases, law enforcement becomes involved because caregivers have nowhere else to turn in moments of crisis. Parents may call 911 seeking help during a behavioral escalation, only to find that officers lack appropriate tools or options beyond arrest. While YCOT teams and youth crisis respite facilities exist in some communities, their limited availability leaves families in distress with few alternatives in many regions. Officers, similarly, often lack protocols that help them distinguish between a youth acting in self-defense, exhibiting symptoms of trauma, or posing a real threat, especially during emotionally charged family conflict incidents.

Families sometimes feel pressure to press charges out of desperation, fearing that without legal involvement, they won't receive needed services or protections. However, once a youth is charged with AFV, even if the underlying cause is clinical or circumstantial, the youth may face significant legal consequences. These outcomes particularly affect youth with high needs and few supports, those who might otherwise benefit from therapeutic services, family counseling or mediation, or temporary separation during crisis moments.

The result is a cycle where youth with stressed family units or behavioral health challenges are drawn deeper into the juvenile justice system, not because they pose a danger to their communities, but because systems are not equipped to offer family-based alternatives at the moment they're most needed.

Recommendations

a. 🛠 TJJD should considering partnering with TCOLE to develop sample trauma-informed, youth-specific AFV response protocols for law enforcement, distinguishing between criminal intent and crisis behavior. Include guidance on when to divert, seek crisis intervention, or refer to community-based services instead of arrest.
b. $ TJJD and HHSC should consider seeking state funds to expand regional youth and family crisis response teams and co-responder models that can respond in lieu of, or alongside, law enforcement for family conflict calls.
c. $ Provide state funding for short-term family respite programs or in-home stabilization supports for families experiencing repeated conflict or violence.

10. Youth Drop-Off, Diversion, and Assessment Centers

Across Texas, law enforcement officers, schools, and even families often express a willingness to divert youth away from the juvenile justice system, particularly for non-violent offenses, family conflict, or behavioral health crises. However, a persistent barrier remains: there is often nowhere else for youth to go. In the absence of youth-specific assessment centers, crisis respite programs, or drop-off diversion hubs, officers and families are left with a binary choice: either involve the justice system or let a youth in crisis remain unsupported.

This gap is especially acute in smaller counties and rural areas, where community-based services may be limited or nonexistent. But even in larger jurisdictions, existing programs are often fragmented,

underfunded, or not available after hours. Youth who are struggling may be transported to emergency rooms, adult psychiatric facilities, or juvenile detention, none of which are developmentally appropriate or trauma-informed settings. Probation departments report receiving referrals for youth who clearly need services, not supervision, but who are brought in simply because law enforcement lacked an alternative destination.

*Other jurisdictions nationally have invested in **youth assessment centers, youth diversion hubs, and crisis stabilization units** specifically designed as safe, staffed, and service-oriented alternatives to detention. These centers typically offer immediate triage, clinical screening, brief intervention, family engagement, and linkage to longer-term care or mentoring without the stigma and legal consequences of justice system processing. Texas currently lacks a coordinated strategy or funding mechanism to build out this layer of the continuum statewide.*

Recommendations

a. 🛠️🤝 TJJD should consider encouraging regional planning efforts that bring together juvenile probation, law enforcement, LMHAs, and community organizations to co-design "living room" models for youth drop-off and stabilization. This group could explore creating a dedicated state funding stream for counties to develop and operate youth assessment, diversion, or crisis response centers as alternatives to detention and formal probation referral. Funds could be braided from HHSC, TJJD, or mental health block grants. Prioritize funding and technical assistance for high-need regions, particularly rural or under-resourced counties, to ensure fair access to alternatives regardless of geography.

b. 📜 Law enforcement agencies should consider revising internal policies to allow pre-referral transport of youth to assessment or diversion centers without triggering formal system involvement, ensuring centers can be accessed flexibly by officers.

11. Community Violence Intervention

*In Texas, **Community Violence Intervention (CVI)** strategies remain largely underutilized, despite growing national evidence that these models reduce youth violence and justice system involvement.[66] CVI programs such as credible messenger initiatives, violence interrupters, and hospital-based intervention teams are designed to identify and support youth at the highest risk of involvement in violence, often by leveraging community trust and personal experience in the justice system*

Despite robust outcomes in other jurisdictions, including reductions in shootings, retaliatory violence, and arrests, CVI models have yet to gain widespread acceptance in many Texas communities. Without targeted intervention, cycles of violence are allowed to continue, and high-risk youth remain unsupported until they are already involved in the justice system, often as both victims and offenders. Developing a CVI infrastructure that works in tandem with juvenile justice, schools, hospitals, and

[66] Office of Justice Programs. (2023) *Community-Based Violence Intervention and Prevention Initiative.* https://www.ojp.gov/topics/community-violence-intervention

behavioral health providers could provide opportunities to prevent retaliation, support healing, and intervene at early stages.

Recommendations

a. TJJD should explore opportunities to build partnerships between juvenile probation, community-based organizations, hospitals, and schools to establish violence interruption teams, including credible messengers and outreach workers embedded in neighborhoods. Pursue grant opportunities through the Governor's Criminal Justice Division or OJJDP to pilot youth-focused violence interruption strategies in high-need communities. Integrate CVI staff into existing school safety, crisis response, or reentry planning teams to proactively identify youth at risk of violence involvement and connect them to support services.

12. Addressing Youth Grief and Exposure to Violence

Youth exposure to violence, whether in the community, at home, or through the loss of a loved one, is a common but often unaddressed driver of behavioral challenges, academic disengagement, and justice system involvement.[67] Educators and school-based staff are frequently unaware that a student is coping with grief or trauma, especially when no formal system flags the event or initiates a coordinated response. In the absence of support, these experiences may manifest as conduct issues, withdrawal, or other behaviors that prompt school discipline or justice referrals, rather than clinical or social intervention.

*One promising model is the **Handle With Care** program, which enables law enforcement to confidentially notify schools when a student has witnessed violence, been present at the scene of a traumatic event, or experienced a significant loss. This early alert allows school personnel to monitor the student and offer support such as counseling, flexibility with assignments, or de-escalation without breaching the student's privacy or requiring law enforcement to share case details.*

Handle With Care is already being piloted in several North Texas school districts, supported by philanthropic investment. However, most regions do not yet have a trauma notification infrastructure in place.

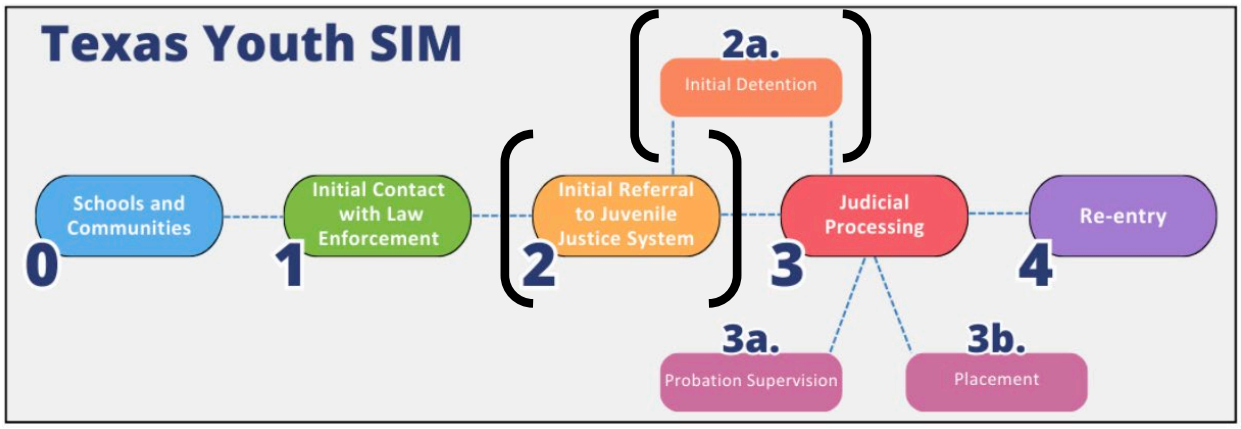
Recommendations

a. TJJD should consider working with the Meadows Institute's Trauma and Grief Center to develop interagency agreements between school districts and local law enforcement to implement trauma notification protocols, such as Handle With Care, allowing schools to discreetly monitor and support students and their families following traumatic events.

b. Pursue state grant and philanthropic funding opportunities to expand Handle With Care or similar models statewide, prioritizing districts with high rates of justice-involved youth, community violence, or limited access to school-based mental health services.

[67] Finkelhor, D. et al. (2009) *Children's Exposure to Violence: A Comprehensive National Survey*. Office of Juvenile Justice and Delinquency Prevention. https://www.ojp.gov/pdffiles1/ojjdp/227744.pdf

Intercept 2 & 2a: Initial Referral to Juvenile Justice System & Detention



Intercept 2 begins when a youth is formally referred to the juvenile justice system after an arrest, and includes intake at the juvenile department, diversion screening, and the decision to file a formal petition. **Intercept 2a** captures the decision to detain a youth in a pre-adjudication detention facility, whether for public safety reasons, supervision violations, or lack of alternative placements. This decision point determines whether youth are routed toward formal court processing or diverted to community-based alternatives. Findings in this section are organized around system entry decision-making, availability and use of diversion, detention drivers, and the role of screening tools.

Intercept 2 & 2a | Findings & Recommendations

Section At-A-Glance

1. Intake Screening and Assessment

The intake process plays a critical gatekeeping role in the juvenile justice system, serving as the first formal point of evaluation for whether a youth will be detained, diverted, or released. In most Texas counties, juvenile intake officers conduct initial screenings and use risk/needs tools such as the Positive Achievement Change Tool (PACT) to determine a youth's likelihood of reoffending.

While these tools have the potential to guide smart release decisions and match youth to appropriate services, screening processes vary across jurisdictions, with limited oversight in how results are interpreted and used. Further, in some counties, assessments are delayed until after adjudication, limiting their value in early decision-making. Intake officers may also lack sufficient training in behavioral health screening, trauma-informed practices, or family engagement strategies during the intake interview. Counties also reported delays in obtaining mental health screenings from LMHAs leading to missed opportunities to identify needs early and provide supports that could prevent deeper system involvement.

Recommendations

a. TJJD should consider issuing minimum intake assessment guidance to juvenile departments. Standardize earlier use of validated risk and needs assessment tools (such as the pre-PACT) in counties at the point of intake. Provide guidance to ensure results inform detention decisions, service referrals, and eligibility for diversion or alternative-to-detention programs.

b. TJJD CoC Coordinators should consider assessing which counties may benefit from booster trainings from TJJD's Juvenile Justice Training Academy for intake officers and juvenile probation staff on assessment tool administration, Motivational Interviewing, and interpreting behavioral health indicators from the PACT.

c. TJJD should consider developing a statewide decision matrix or intake guidance protocol that outlines how different levels of assessed risk and need should trigger corresponding responses (e.g., release, diversion, Alternative to Detention (ATD) referral, or formal processing). This can help reduce discretionary inconsistencies and support objective decision-making.

2. Matching Services to Needs

Across nearly every county, departments report that the profile of justice-involved youth has shifted. Youth now present with more complex behavioral health conditions, higher rates of family system instability, prior system involvement, and greater trauma exposure. Yet many jurisdictions lack access to robust services at the intake stage. Particularly in rural areas, limited provider capacity and geographic barriers further reduce service alignment, and behavioral health needs may go unaddressed until after formal adjudication. Counties also reported very limited options for youth with IDD, which makes early service matching harder.

Additionally, while screening and assessment tools like the pre-PACT are widely used to identify risk levels, the process for using these results to inform service referrals is often informal or underdeveloped. In some juvenile departments staff members responsible for intake decisions may not have access to an up-to-date, comprehensive resource inventory, or may lack training in how to

evaluate which programs are the best fit for a youth's specific profile. In some cases, youth may be placed in programs that do not reflect their true needs or risk level, limiting their effectiveness. More intentional and systematic matching of needs to services, guided by both assessment results and strong knowledge of available resources, may improve outcomes and reduce unnecessary justice involvement.

Recommendations

a. TJJD's training team should consider providing virtual training modules for staff responsible for intake, assessment, and service referral on interpreting risk/needs assessment tools, understanding local resource landscapes, and incorporating youth and family voice in service planning. Develop or enhance local decision-support tools (e.g., service matching matrices or decision trees) that help intake officers and case managers align risk and needs assessments with available services.

b. TJJD should consider partnering with HHSC to fund programming to fill gaps in the service array, especially in high-need domains like in-home family support, trauma-informed care, and bilingual services. Prioritize contracts with organizations located in the communities they serve.

c. TJJD should consider exploring the feasibility of an administrative rule that all counties conduct and maintain an annual inventory of community-based youth services used for diversion and probation support, disaggregated by population served and referral pathways. These tools can support real-time identification of appropriate diversion and treatment options.

3. Grief and Loss Screening

Youth in the juvenile justice system experience high rates of bereavement. More than 70% of detained youth experienced at least two or more significant losses, experiencing their first death of a loved one on average by age five. These deaths are commonly violent and traumatic, with homicide being the leading cause.[68] Many youth exhibit behaviors linked to unresolved grief such as aggression, withdrawal, or defiance. Evidence shows that addressing grief directly leads to improved behavior and reduced behavioral or violent incidents while in custody.[69]

Despite growing adoption of trauma-informed practices across Texas juvenile justice systems, the unique impact of grief, especially around traumatic loss, remains under-identified and under-addressed. Intake processes often focus on risk to reoffend or mental illness but overlook the role of unresolved grief in a youth's behavior and wellbeing. Integrating grief screening and referral pathways into early intake and assessment protocols could support more accurate service matching and reduce the likelihood of future justice involvement.

[68] Lansing, et al. Loss and Grief among Persistently Delinquent Youth: The Contribution of Adversity Indicators and Psychopathy-Spectrum Traits to Broadband Internalizing and Externalizing Psychopathology. *Journal Child Adol Trauma* 11, 375–389 (2018). https://doi.org/10.1007/s40653-018-0209-9

[69] Clow, S., Olafson, E., Ford, J., Moser, M., Slivinsky, M., & Kaplow, J. (2023). Addressing grief reactions among incarcerated adolescents and young adults using trauma and grief component therapy. *Psychological trauma: theory, research, practice, and policy,* 15(S1), S192. https://dx.doi.org/10.1037/tra0001364

Recommendations

a. Juvenile departments should consider incorporating a brief, validated grief screening tool, such as the Prolonged Grief Disorder Checklist Short Form (PGD-SF), into intake or pre-PACT assessment protocols to help identify youth experiencing unresolved grief or traumatic loss. The Lucine Center's DSA-funded grief screening and intervention program can be used as a model.

b. Juvenile departments should consider investing in grief-responsive interventions that can be offered during the intake and pre-adjudication period, such as peer-led support groups, trauma-informed grief counseling, partnerships with community organizations specializing in youth bereavement, or evidence-based interventions (e.g., as Trauma and Grief Component Therapy (TGCT) or Multidimensional Grief Therapy (MGT) provided by the Texas-based Trauma and Grief (TAG) Center).

c. TJJD's training team should consider incorporating the TAG Center's free online traumatic grief modules into TJJD's mandatory Trauma-Informed Care training for intake officers, juvenile probation officers, and clinicians to recognize signs of traumatic grief, differentiate it from other mental health conditions, and respond with appropriate supports.

d. Juvenile departments should consider partnering with local schools, faith-based organizations, and grief support centers to offer clinical support and wraparound services for youth and families navigating loss, especially for youth returning to school or community while awaiting court proceedings.

e. TJJD's data team should consider adding traumatic grief to the list of options in JCMS's "Youth Needs" data tab and encourage local juvenile probation departments to track the prevalence of grief-related experiences among youth at intake.

4. Supports at Juvenile Intake

Across Texas, many juvenile probation departments have built out robust service options for youth who are placed on formal probation or in residential settings. These "deep-end" services include counseling, intensive case management, family therapy, mentoring, and substance use treatment. Similar resources, however, are frequently lacking for youth at earlier stages of system involvement, particularly those diverted, released at intake, or placed on informal supervision.

Importantly, the challenge is not always the absence of services. In many communities, appropriate behavioral health, family support, mentoring, or other community-based resources already exist but remain difficult to access during the intake and diversion stage because of eligibility restrictions tied to

legal status, insurance limitations, referral requirements, provider capacity, long waitlists, geographic barriers, or limited awareness of available resources. In other communities, these services simply do not exist in sufficient quantity or intensity to meet local needs. As a result, counties may miss early opportunities to connect youth with supportive services that could stabilize families and prevent further justice involvement. Intake officers and diversion staff often report having few options to offer youth and families during the critical window between initial system contact and adjudication. Adding more services to the front end of the system and expanding eligibility for early supports (e.g., ensuring access regardless of legal status) better aligns with a prevention-first continuum of care.

Recommendations

a. TJJD should consider restructuring state and local juvenile justice funding streams (e.g., TJJD's DSA funds and State Aid) to allow and incentivize use of dollars for front-end service delivery, including for youth at the pre-adjudication stage, those diverted from court, and those released on supervisory caution.[70]
b. TJJD's Regional CoC Coordinators can assist counties in assessing the availability and utilization of pre-adjudication services and develop local plans to rebalance resources to the front end of the system. This could include redirecting funds from unspent post-adjudication services or adjusting provider contracts to allow for services to be provided prior to court involvement.
c. Juvenile departments should consider partnering with HHSC-funded programs, including Family Support Services (FSS), and existing providers of Multisystemic Therapy (MST) to ensure youth can access services regardless of adjudication status. Where regional assessments identify true service gaps or insufficient capacity, communities should consider expanding in-home, family-based, and community-centered services, including family mediation for Assault Family Violence cases.
d. TJJD, in partnership with HHSC, should consider developing a toolkit that helps counties identify and scale evidence-based, pre-adjudication services and build front-end service maps with cross-system partners, including LMHAs, schools, and community-based providers.

5. Pre-Intake Diversion to CRCGs

Community Resource Coordination Groups (CRCGs) *are interagency teams designed to collaboratively address complex needs. House Bill 1204 (88th Legislative Session) created a statutory requirement for justice system diversion of 10- and 11-year-olds, mandating that counties refer these children to CRCGs prior to any formal system processing.*

There is limited statewide oversight or monitoring of CRCG referrals, resulting in considerable variation in whether and how counties utilize CRCGs as intended. Even when referrals occur, stakeholders noted that CRCGs are underfunded and there are significant differences in how CRCGs operate, most without dedicated staff or formal referral protocols for probation departments. In some areas, justice staff reported that CRCG meetings were infrequent, and focused primarily on residential placement for high-

[70] Supervisory caution refers to a probation practice in which an intake or probation officer issues a formal warning or brief intervention without filing a petition or initiating supervision.

acuity cases. This gap is particularly problematic for youth with emerging mental health, substance use, or IDD needs who might otherwise be diverted successfully with coordinated supports.

Recommendations

a. In communities where CRCGs are active and functioning effectively, HHSC should consider providing sustained funding to support expanding CRCG staffing. In communities where CRCGs are limited or do not currently fulfill this role, funding should support coordination with YCOTs to ensure youth receive timely, coordinated assessment and services. Bexar County's System of Care-funded CRCG staffing model offers one example of how dedicated coordination infrastructure can improve cross-system collaboration and access to services.

b. TJJD should consider encouraging counties to extend the HB 1204 diversion approach beyond 10-11-year-olds, offering CRCG referrals as an option for a broader range of youth at intake who present with behavioral health, family instability, IDD needs, or school-based challenges.

c. TJJD should consider developing clear guidance for juvenile probation departments on when and how to refer youth to CRCGs as part of the pre-adjudication process. Establish an oversight mechanism to ensure compliance with HB 1204 for 10- and 11-year-olds and include referral decision trees, consent language, and confidentiality practices to streamline use.

d. In counties with robust CRCG infrastructure, juvenile departments should consider establishing protocols for law enforcement or schools to directly refer youth to CRCGs before a formal referral to juvenile probation is made, particularly for lower-level offenses or school-based behaviors that may stem from unmet needs.

e. TJJD's training team should consider supporting juvenile justice staff, particularly intake officers, with training on how CRCGs function, when to refer, and how to partner effectively with these community-based teams.

6. Detention Diversion Frameworks

Some departments rely on internal detention criteria that exceed statutory requirements, resulting in the routine detention of youth who could be safely diverted. Others lack clear decision-making tools or strong cross-system partnerships to support alternatives. These gaps sometimes contribute to the over-use of limited detention beds. As youth committed to TJJD await placement while in detention facilities, local detention resources are further depleted, both exacerbating system gridlock and delaying access to treatment, stabilization, and community-based supports.

*Annie E. Casey's **Juvenile Detention Alternatives Initiative** (JDAI), used nationally for over two decades, provides a replicable detention diversion framework and a technical assistance model which has been proven effective at reducing unnecessary detention while protecting public safety.*

Since implementing JDAI, sites across the initiative reported a 57% drop in admissions at juvenile detention facilities and a 63% decrease in commitments to state custody in 2019.[71] The JDAI model

[71] Annie E. Casey Foundation. *Latest JDAI Results: Significant Reductions in Juvenile Incarceration and Crime*. 2019. https://www.aecf.org/blog/latest-jdai-results-significant-reductions-in-juvenile-incarceration

offers a set of core strategies, including data-driven decision-making, use of validated screening tools, expanded ATD options, and collaborative system governance to support detention diversion. JDAI has been implemented successfully in Harris County to cut the county's detention population in half, to its lowest level in more than 30 years.[72] Other Texas counties would benefit from formal adoption of JDAI, or informal adoption of JDAI-aligned practices and statewide infrastructure to support implementation.

Recommendations

a. TJJD should consider encouraging counties to formally adopt core JDAI strategies, including:
    a. Requiring the use of a validated Detention Risk Assessment Instrument (a written checklist of criteria that are applied to rate each youth for specific detention-related risks) at every intake decision
    b. Conducting regular detention review team meetings involving multiple stakeholders, such as probation, prosecutors, defense counsel, detention staff, and behavioral health providers.
    c. Developing a range of non-secure, community-based ATDs (e.g., evening reporting centers, youth crisis respite, intensive home supervision, or shelter beds).

b. TJJD should consider issuing statewide guidance and technical standards on the use of detention screening tools and regular review of local detention criteria against statutory minimums and JDAI principles.

c. TJJD should consider encouraging county juvenile departments to review and publicly report on its detention policies, screening practices, and ATD utilization, disaggregated by youth demographics and geography. This transparency allows for local and state accountability and continuous quality improvement.

d. TJJD should consider developing a statewide JDAI learning collaborative or technical assistance (TA) network through a centralized center (e.g., CoC TA Center) to help counties implement and scale detention diversion strategies. TA should include access to model policies, sample detention screening tools, site visits, data dashboards, and implementation coaching.

7. Alternative to Detention (ATD) Programs

Across Texas, juvenile departments report that youth are sometimes held in detention not because they pose a public safety risk, but because there is no viable alternative. Sometimes youth remain in detention due to a caregiver's inability to assume custody, delays in psychological evaluations, or the absence of local non-secure residential treatment options, factors that reflect systemic gaps rather than risk. Counties without a robust continuum of post-booking ATDs, such as evening reporting centers, family mediation, intensive supervision programs, behavioral health hospitals, or crisis respite, face limited options for youth who might otherwise be released. Rural staff also cited transportation issues and lack of local programs as limitations to the use of alternatives.

[72] Annie E. Casey Foundation. *How Two JDAI Sites Are Accelerating Youth Justice Reforms During the Pandemic.* 2020. https://www.aecf.org/blog/how-two-jdai-sites-are-accelerating-youth-justice-reforms-during-the-pandem

Recommendations

a. TJJD should consider expanding access to post-booking ATD program options by increasing state funding for counties to contract with local nonprofit providers. Create a competitive grant or pilot funding stream to support Day or Evening Reporting Centers, family mediation programs, outreach and tracking programs, crisis respite, credible messenger mentorship, and other evidence-informed alternatives in counties with high detention rates and/or limited infrastructure.

b. TJJD should consider providing juvenile departments with guidance on how to review and revise internal detention policies to increase the use of structured assessment-driven referral to ATDs. Encourage development of written referral protocols and eligibility criteria for existing alternatives.

c. TJJD Regional CoC Coordinators should consider developing a model ATD referral matrix and decision-making flowchart to support counties in standardizing placement criteria, timeframes, and compliance protocols. Juvenile departments should consider using validated tools like the pre-PACT to match youth to alternatives that fit their risk and needs profile. Ensure program assignments are not one-size-fits-all and that decisions account for linguistic, geographic, and behavioral health considerations.

8. Automatic Detention Policies

In many Texas counties, youth are automatically detained based on departmental policy, without taking into account individual risk, contextual factors, or available alternatives. While the Texas Family Code sets statutory criteria for detention, many local departments go beyond these requirements, using "automatic hold" lists that mandate detention for certain offenses, youth on current supervision, or youth with any prior adjudication history. These policies can result in the unnecessary use of scarce county detention beds, further straining local resources while exposing youth to the disruption and trauma associated with unnecessary detention.

*One promising model is **Harris County's proactive, real-time consultation "hotline"** between law enforcement and juvenile intake. Before transporting a youth to detention, officers call intake to describe the incident, the youth's behavior, and any safety concerns. Intake staff then help determine whether the situation meets detention criteria or whether a paper referral, immediate diversion, or safety plan would be more appropriate. This process prevents unnecessary transports, ensures consistent adherence to detention criteria, and reduces the trauma and logistical burden of unnecessary booking.*

Creating space for discretion at the intake stage, grounded in assessment data and individualized review, would allow probation departments to safely reduce detention use while upholding public safety.

Recommendations

a. TJJD Regional CoC Coordinators should consider conducting a county-by-county review of automatic detention policies to identify which offense categories or conditions (e.g., prior adjudication, supervision status) are department-level decisions versus statutory requirements. Support departments in revising internal detention criteria to allow for individualized assessments

and administrative release when youth do not present a public safety threat. Provide intake officers and JPOs with clear protocols for when and how discretion can be exercised to divert youth from detention. Consider replicating Harris County's consultation process/hotline model in additional counties.

9. Lack of Local Detention Bed Capacity

Across Texas, counties report limited access to detention beds, and many rural and mid-size counties must transport youth to out-of-county or out-of-region facilities. As a result, law enforcement officers and probation staff spend hours transporting youth to secure beds, youth are placed far from their families and community supports, and detention decisions are often made based on space availability rather than individual risk. Limited bed space also affects intake decisions, because officers may release or detain based on space rather than youth needs.

Compounding this issue is the ongoing waitlist for youth committed to TJJD state secure facilities enacted during COVID-19 that remains in place today. This results in youth who are committed to TJJD often held for months in county detention awaiting placement and occupying beds that could have been otherwise used for newly referred youth.

Recommendations

a. TJJD should consider facilitating cross-county and regional planning to assess detention capacity needs, identify shared challenges, and explore pooled strategies for addressing gaps, including shared ATD programs or transportation coordination hubs.
b. TJJD should consider targeted capital or operating grants to expand ATD infrastructure, investing in the creation of short-term, community-based alternatives, such as respite care beds, intensive in-home services, evening reporting centers, assessment centers, and family-based shelter options, that can be accessed locally, reducing the reliance on distant secure facilities.
c. TJJD should consider establishing a mechanism for juvenile departments to track and report when youth are held, released, or detained outside of their region due to lack of available local bed space, and use that data to inform resource allocation and system design. Conduct a statewide assessment of juvenile detention and alternative placement capacity by region, including analysis of how bed scarcity impacts referral, release, and detention decisions. Use findings to inform TJJD's Residential Enhancement grant funding decisions.

10. Prosecutor Alternative Referral Agreements

In many Texas counties, youth referred to the juvenile justice system are automatically routed to the prosecutor's office for review, regardless of the level of offense. This approach can delay diversion opportunities and lead to unnecessary formal processing, particularly when prosecutors lack sufficient information to make an informed decision. In some counties with large backlogs or overstretched prosecutor offices, decisions can take weeks or months, leading to longer lengths of stay in detention.

*State law allows juvenile boards to adopt an **Alternative Referral Plan** (ARP) authorizing the probation department to divert certain cases without prosecutorial review under Texas Family Code 53.01.*

Adoption of ARPs is uneven across the state, with only 15 county plans officially registered with TJJD at the time of publication.[73] In jurisdictions where ARPs are in place, probation departments have flexibility to issue supervisory cautions, enroll youth in first offender programs, or recommend deferred prosecution based on intake screenings and local eligibility criteria. This approach can accelerate access to early intervention services, reduce system contact for youth with lower risk levels, and help alleviate growing prosecutorial and court caseloads. Expanding the use of these agreements statewide, grounded in clear guidance, consistent eligibility standards, and strong interagency partnerships, could improve diversion outcomes.

Recommendations

a. TJJD should explore the feasibility of amending the Texas Family Code to require that all juvenile boards review and consider adoption of an Alternative Referral Plan at least once every two years. Statute could also clarify minimum eligibility criteria and outline the required elements of the plan to ensure consistency across counties.
b. TJJD's legal team should consider developing a model Alternative Referral Plan template and issue statewide guidance encouraging its use, including examples of offenses eligible for diversion, screening procedures, and interagency coordination protocols. Raise awareness around the Texas Family Code 53.01(d)(e) requirement to report to TJJD whether an ARP is in place. TJJD Regional CoC Coordinators or a CoC TA Center could offer training and policy support to jurisdictions developing or updating ARPs.
c. TJJD should consider encouraging juvenile departments to initiate or expand ARPs for low-risk offenses such as criminal mischief, trespassing, marijuana or THC vape possession, and assault family violence with no ongoing safety concerns. ARPs should be supported by clear internal decision trees and staff training on intake screening and diversion decision-making.
d. TJJD should consider creating a competitive grant program or offer incentive-based state funding to counties that adopt or expand ARPs and demonstrate reductions in formal petitions.

11. Supervisory Caution and Pre-Referral Diversion Pathways

Probation departments may release youth on "supervisory caution" or offer pre-petition diversion options, paired with light-touch, family-centered services. Many departments underutilize supervisory caution and other non-petition informal responses at intake due to internal policy barriers, prosecutor requirements, or lack of confidence in diversion outcomes. In some jurisdictions, low-level offenses result in formal petitions because screening protocols are unclear or they are unaware of this option. Others lack formal decision trees or guidance on the department's ability or thresholds for exercising discretion. Some prosecutors expect petitions for all cases regardless of offense level, which makes staff less likely to use supervisory caution.

Recommendations

[73] Counties with Alternative Referral Plans on file with TJJD include: Austin, Bell, Bowie, Caldwell, Cherokee, Coryell, Eastland, Grayson, Johnson, Kendall, Tarrant, Terry, Tom Green, Van Zandt, and Williamson.

a. TJJD Regional CoC Coordinators or a CoC TA Center could provide model decision-tree templates for counties looking to increase the use of supervisory caution and informal responses at intake. Juvenile departments should consider training staff on when and how to use the supervisory caution disposition, including offense types, screening thresholds, and service referral protocols. Ensure that these tools are shared with prosecutors and judges to support utilization and alignment.
b. TJJD could consider establishing baseline guidance encouraging the use of supervisory caution or CRCG referrals for youth referred for low-level, non-violent offenses at first contact.

12. Class C Diversion and Municipal Court Coordination

Thousands of youth in Texas are charged each year with Class C misdemeanor offenses (such as disorderly conduct, truancy, or tobacco possession) and appear in municipal or justice of the peace courts.

*The passage of HB 3186 (88th Legislature), also known as the **Texas Youth Diversion and Early Intervention Act**, established a clear statutory framework for municipal and justice courts to divert youth accused of eligible fine-only (Class C) misdemeanor offenses before formal adjudication. Effective beginning in 2025 for eligible offenses, the law requires local courts to adopt youth diversion plans and emphasizes early intervention, accountability, and connection to services rather than formal court processing whenever appropriate.*

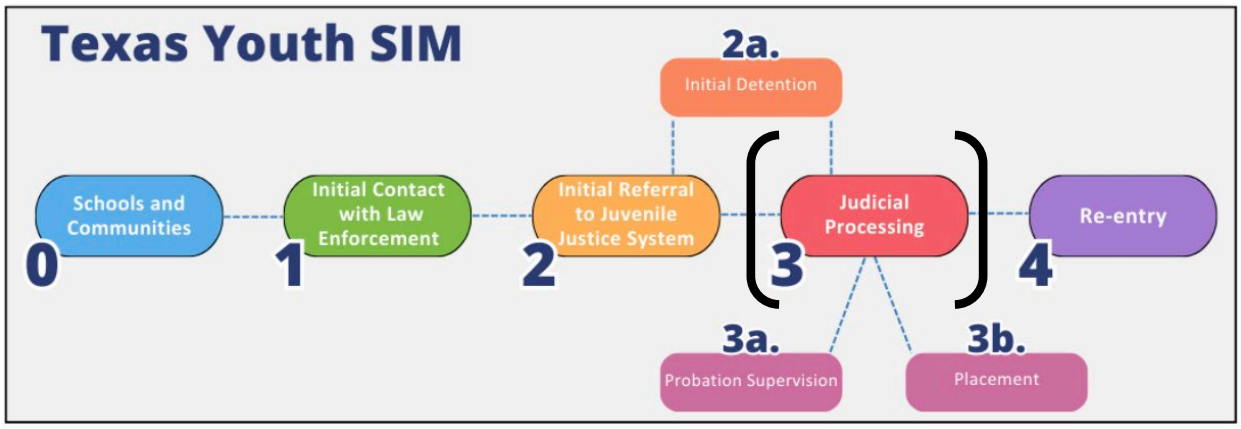
This mandate is unfunded, however, and municipal courts are unevenly equipped to take on this role that was previously managed by juvenile departments, as they often lack youth-specific training, juvenile case managers, or a mechanism for coordinating with juvenile departments. As a result, youth may miss early opportunities for deflection or face inconsistent access to services.

Recommendations

a. The Texas Municipal Courts Education Center and TJJD, with guidance from experienced juvenile department staff, should consider developing a municipal court diversion toolkit with model policies, flowcharts, and training for judges and court staff on implementing HB 3186 diversion pathways, drawing on the juvenile justice system's decades of experience managing Class C cases.
b. County juvenile departments should consider partnering with local municipal courts to provide consultation, shared staff (e.g., juvenile case managers), and/or access to their in-house Prevention & Intervention services.
c. TJJD should consider issuing guidance clarifying how juvenile boards can contract with municipal courts or share data for the purposes of HB 3186 implementation, and consider requiring municipal courts to report diversion outcomes to TJJD.
d. Texas municipal courts should consider applying for Texas Indigent Defense Commission grants or seek other funding opportunities to bolster local municipal court-based diversion infrastructure, including funding for juvenile case managers, teen court programs, and connection to community-based services.


FIVE PRIORITY ACTIONS TO STRENGTHEN INTERCEPT 2 & 2A
1
STANDARDIZE EARLY ASSESSMENT
Require earlier use of validated risk and needs tools at intake and use results to guide detention, diversion, and service referrals.
2
BUILD BEHAVIORAL HEALTH CAPACITY AT INTAKE
Ensure timely mental health screenings and LMHA engagement to identify needs early and connect youth to appropriate supports.
3
EXPAND VIABLE DIVERSION & ATD PATHWAYS
Increase availability of community-based alternatives that match youth risk level and support successful case resolution.
4
STRENGTHEN FAMILY ENGAGEMENT AT THE FRONT END
Engage families early with clear information, support options, and inclusion in decision-making whenever appropriate.
5
IMPROVE DATA & ACCOUNTABILITY
Track screening timing, detention patterns, diversion use, and outcomes to drive continuous improvement and accountability.

Intercept 3: Judicial Processing



Intercept 3 covers the **formal judicial processing** stage of the juvenile justice system, beginning when a petition is filed and continuing through adjudication, disposition, and court-ordered supervision. This intercept includes activities related to court hearings, youth legal representation, review of assessments, judicial decision-making, case flow, and coordination with prosecutors and defense counsel, and opportunities for specialty dockets or coordinated court-based supports.. At this stage, judges and prosecutors determine whether a case will proceed formally, be diverted, result in probation supervision, or include placement in a residential or community-based program. Intercept 3 is a pivotal decision point because it formalizes the path a youth will take, either toward deeper system involvement or toward community-based alternatives.

Intercept 3 | Findings & Recommendations

Section At-A-Glance

1. Prosecutorial and Judicial Discretion

Across all regions, stakeholders identified variation in how prosecutors screen and file juvenile cases. In some counties, probation and prosecutors collaborate closely, allowing for more flexibility in decision making, such as deferred prosecution and opportunities for diversion or dismissal, even after a petition is filed. In other counties, all referrals must receive formal prosecutor approval before any diversion occurs, creating sometimes months-long backlogs, tying youth up in the legal system without resolution or connection to services. Further compounding the issue, in rural areas, a single prosecutor often covers multiple jurisdictions, leaving entire counties without juvenile hearings for weeks. When cases wait this long, youth may lose motivation to engage or may reoffend before the case proceeds, particularly for youth with mental health and intellectual and developmental disabilities (IDD) contributing to poor self-regulation and impulse control mixed with a stressful and triggering environment.

There is also substantial variation in the information judges use to inform their decisions at this intercept. While some judges use behavioral-health screenings and pre-disposition risk assessments (e.g., Comal's Pre-PACT matrix) to understand context and needs prior to making decisions, others rely primarily on the youth's offense type or legal history. As one judge noted from his decades on the bench, few courts systematically integrate risk-and-needs assessments into plea negotiations or sentencing recommendations, which can lead to dispositions that are not evidence-based and, in some cases, unnecessarily restrictive.[74] In some jurisdictions, defense attorneys restrict the use of the PACT and other assessments or evaluations out of fear that youth will self-incriminate or score with elevated risk. This may lead to decisions that do not match the youth's needs because the information comes too late.

*Counties with a **unified juvenile bench** where the same judge (or a small, dedicated set of judges) presides over all juvenile cases, such as in Hidalgo County's 449th District Court, often benefit from greater consistency in judicial decision-making, more predictable scheduling, streamlined court processes, and fewer unnecessary filings.*

In contrast, counties that rely on rotating or visiting judges may experience greater variability in court practices, docket management, and case processing, contributing to delays and less consistent outcomes.

Recommendations

a. Juvenile departments should consider establishing written Alternative Referral Agreements (§ 53.01[d]) between probation and prosecutors to authorize diversion for low-risk offenses without case-by-case prosecutor approval (see the Intercept 2 section recommendation for details).

[74] Teske, S. "To Use Evidence-Based Programs for Kids, Get the Lawyers Out of Here (Part 3)." *Community Justice Solutions*, October 25, 2025. https://www.communityjusticesolutions.com/post/to-use-evidence-based-programs-for-kids-get-the-lawyers-out-of-here-by-judge-steven-teske-part-3

b. TJJD should consider providing guidance and training for prosecutors, judges, and defense counsel on how to use risk/needs assessments (e.g., Pre-PACT or equivalent) before any plea or adjudication recommendations so decisions align with developmental needs and best practices.
c. Prosecutors, juvenile departments, and LMHAs, with support from TJJD Regional CoC Coordinators, should consider implementing prosecutor-led early intervention dockets, modeled after Harris County's Behavioral Health Diversion Panels. Establish standing pre-file staffing meetings where prosecutors, probation, and LMHA clinicians jointly review eligible cases and route youth into services instead of filing a petition, if appropriate.
d. County juvenile boards, regional Council of State Governments (COGs), and TJJD should consider coordinating funding for shared or circuit-riding prosecutors in rural counties to provide consistent juvenile coverage in rural areas. Create multi-county cost-sharing agreements or regional grant pools to sustain these positions.
e. The Office of Court Administration (OCA) and the Judicial Commission on Mental Health (JCMH), with input from juvenile judges, should consider sharing statewide guidance on the benefits of consistent juvenile judicial assignment and share information on flexible models counties can adapt (e.g., unified bench, two-judge rotation, regional bench), modeled after Hidalgo's 449th District Court.

2. Diversion and Deferred Prosecution Frameworks

Deferred prosecution remains one of Texas' most effective diversion tools, with TJJD data showing increased use across all regions from 2019 to 2023.[75] In Bexar County, for example, nearly 80 percent of youth referred in 2023 were diverted through either dismissal, supervisory caution, or deferred prosecution agreements, and judges and prosecutors routinely use deferred arrangements even after a petition is filed.[76] Other counties, however, still rely heavily on formal petitions; probation officers in these jurisdictions report having limited discretion to divert cases administratively.[77]

Despite broad interest in expanding diversion, counties face significant barriers. Many departments, particularly in smaller counties, lack the staff and services in the community to sustain formal diversion programs. Data collection on diversion is minimal, making it difficult to measure effectiveness and understand impact. Statutory language governing diversion is scattered across multiple Family Code sections, leading to confusion over eligibility and reporting requirements.[78] Across counties, judges, attorneys, court coordinators, and probation officers also noted limited knowledge of what community-

[75] Texas Juvenile Justice Department. *Juvenile probation department county profiles - fiscal years 2019-2023: Disposition Tab.* Received by Meadows Institute from TJJD email communication on July 31, 2024.
[76] Bexar County Juvenile Justice Detention data, CY 2023. "SIM Detention Segment Report 2023.pdf" emailed to Meadows Institute staff on November 11, 2024.
[77] Espinosa, E. et. al. (2023). *Dallas County Juvenile Justice Case Disposition Process Evaluation: Examining the Facilitators and Barriers to Juvenile Case Processing in Dallas County, Texas.* Evident Change. https://evidentchange.org/wp-content/uploads/2023/03/Dallas-County-Juvenile-Justice-Case-Disposition-Process-Evaluation.pdf
[78] Lone Star Justice Alliance (2024). *Reimagining Reform: Improving Outcomes for Youth in the Texas Juvenile Justice System*. https://www.lonestarjusticealliance.org/wp-content/uploads/2024/09/Sept2024_LSJA_Reimagining_Reform.pdf

based services and opportunities exist or their eligibility requirements, referral processes, and capacity. Without a centralized, up-to-date resource inventory, court staff struggle to match youth to appropriate interventions.

Recommendations

a. Create regional shared contracts or MOUs with providers so neighboring small counties can jointly contract for services such as mentoring, family therapy, or mediation services. TJJD Regional CoC Coordinators, with LMHAs or COGs acting as fiscal agents, could facilitate regional procurement and shared provider arrangements.
b. TJJD CoC Coordinators can develop a regional "menu" of scalable diversion interventions, such as brief skill-building, telehealth counseling, mentoring, or Collaborative Problem Solving, from which each probation department selects core services. TJJD Regional CoC Coordinators and LMHAs could provide start-up support and implementation templates.
c. TJJD's data team should consider creating a mechanism within JCMS for counties to report on diversion efforts and outcomes data. TJJD should consider sharing quarterly data summaries with juvenile departments and courts to support continuous quality improvement.
d. Juvenile departments should consider integrating restorative justice options such as victim-offender mediation as pre-file or pre-plea alternatives. Juvenile courts, prosecutors, and probation should consider developing referral criteria and partner with the UT Institute for Restorative Justice and Restorative Dialogue or STEP UP Texas to train facilitators and ensure fidelity.
e. Consolidate and clarify diversion eligibility, procedures, and reporting by developing a new Diversion Subchapter in Title 3 of the Family Code. TJJD, OCA, and JCMH, with input from judges, prosecutors, and chiefs, could draft model statutory language and implementation guidance.
f. Partner with FindHelp.org or another statewide platform to build a centralized, county- or region-wide Community Provider and Service Inventory, jointly maintained by TJJD Regional CoC Coordinators, local nonprofits, and juvenile departments. This tool could provide real-time information on behavioral health services, mentoring programs, family supports, and eligibility criteria. Provide quarterly briefings to judges, prosecutors, defense counsel, probation officers, and court staff to ensure accurate, up-to-date knowledge of available programs and referral processes.

3. Specialty and Problem-Solving Courts

Specialty and problem-solving courts have emerged as effective tools for addressing the underlying causes of youth offending, such as trauma, mental illness, substance use, and family instability, while reducing recidivism and keeping young people connected to school and community.[79] These courts apply a collaborative, therapeutic model that combines judicial oversight, intensive case management, treatment engagement, and family involvement.

[79] United States Sentencing Commission. (2023) *Problem-Solving Courts Toolkit.* https://www.ussc.gov/education/problem-solving-courts-toolkit.

*Strong examples exist across Texas. Hidalgo County's 449th District Court operates the **LIFELINES Girls Court and the Juvenile Drug Court**, which have improved case flow efficiency and expanded trauma-informed and substance-use treatment. Bexar County operates the state's largest array of specialty courts, including Crossroads (girls mental health), MIND (Males in Need of Direction), GRIT (gang-involved youth), Restore (human-trafficking survivors), Family Enrichment (family violence), and Crossover (for dual child welfare-involved youth), each tailored to specific behavioral-health or criminogenic needs. Grayson County's RISE and PASSAGE courts provide restorative, gender-responsive programming supported by community mentors.*

However, outside metropolitan areas, specialty courts remain rare. Some judges in rural and mid-size counties report they would adopt specialty dockets if they had stable providers or multi-county staffing support. Most lack the provider base, funding, or personnel needed to sustain a standalone specialty court, even when local interest is high.

Recommendations

a. Develop an online *Juvenile Specialty Court Toolkit* in partnership with TJJD, the Texas Specialty Courts Resource Center, and JCMH. Include model eligibility criteria, staffing templates, fidelity measures, referral workflows, and sample MOUs for multi-county collaboration and virtual docket models.

b. Create funding mechanisms to launch juvenile specialty courts, prioritizing underserved regions. TJJD, the Specialty Courts Advisory Council, and philanthropic partners should consider jointly supporting pilots modeled on strong Texas examples (e.g., Grayson's RISE and PASSAGE, Hidalgo's LIFELINES). Establish "Innovation + Seed Grant" opportunities allowing small counties to apply jointly or designate a fiscal host county and design a streamlined process so low-capacity jurisdictions are not excluded.

c. Support creation of multi-county rural specialty courts using rotating judges or virtual dockets when counties cannot sustain their own programs. TJJD Regional CoC Coordinators, the Texas Specialty Courts Resource Center, and JCMH should consider providing technical assistance to formalize regional MOUs and help judicial districts host shared dockets.

d. Offer statewide judicial and prosecutorial training series to promote specialty-court principles and models. OCA, TJJD, and JCMH could coordinate the curriculum and optional site visits to exemplar courts (e.g., Bexar, Collin, Hidalgo).

4. Trauma-Informed and Developmentally Appropriate Court Culture

Research with formerly incarcerated youth shows that courtroom interactions grounded in fairness, respect, justice, and legitimacy are central to trauma-informed practice and shape a youth's willingness to engage.[80] In CoC listening sessions, youth and families reported sometimes feeling intimidated in court, confused by legal jargon, and leaving hearings uncertain about next steps. Some described the

[80] Enujioke, S. C., et al. (2025). Perception of procedural justice amongst previously incarcerated youth: Procedural justice in incarcerated youth. *International Journal of Offender Therapy and Comparative Criminology, 69*(6–7), 706–721. https://doi.org/10.1177/0306624X231159878

courtroom environment itself (crowded spaces, long waits, abrupt interactions) as stressful and disorienting. Although many judges and other court staff effectively model empathy and patience, few have received formal trauma-informed training.

*Counties that embed behavioral health expertise into court proceedings, such as **Hidalgo's youth-centered courtroom design**, demonstrate that even small changes and efforts toward creating a trauma-informed environment can improve outcomes. In Cameron County, the juvenile judge consults directly with an **on-call adolescent psychiatrist** to interpret behavior and adjust courtroom responses, which has helped ensure that sanctions and interventions match developmental capacity.*

Counties without behavioral health consultation in court said they struggle to understand and appropriately address youth behaviors without clinical guidance.

Recommendations

a. 🎓 TJJD Regional CoC Coordinators should consider partnering with JCMH and STEP UP Texas to create regional training cohorts for courts on adolescent development and trauma. Use short, recurring hybrid sessions with peer-learning opportunities so rural or general jurisdiction judges receive the same training as dedicated juvenile judges. Use existing tools such as the JCMH Juvenile Bench Book and Bench Cards for the Trauma-Informed Judge.
b. 💲 TJJD and the Office of the Governor's Criminal Justice Division should consider creating a mini-grant that supports trauma-informed court audits and implementation of improvements. Provide templates for low-cost modifications (e.g., softer lighting, calming signage, and separate waiting areas). Highlight promising models like Hidalgo County's 449th Court.
c. 🛠 TJJD should consider partnering with the Texas Network of Youth Services (TNOYS) or a "credible messenger" organization to provide guidance on establishing a *Youth Voice and Feedback Mechanism* that can include short exit surveys or a protocol for hosting listening sessions to allow youth and families to comment on courtroom experience and to identify pain points in communication and service coordination. Summaries can inform judicial and probation continuous quality improvement.
d. 💲Juvenile courts should consider leveraging the Texas Indigent Defense Commission's (TIDC) holistic defense grants to expand clinical expertise in courts by contracting with LMHAs or university partners to assign behavioral health liaisons to juvenile dockets for on-call teleconsultation during hearings or case reviews, mirroring Cameron County's psychiatric partnership. This will enable small or rural judicial teams to have immediate consultation access without requiring full-time staff.

5. Defense Attorney Capacity

Across Texas, defense attorneys often carry high caseloads, lack specialized juvenile training, and have limited access to behavioral health expertise or multidisciplinary support. Without training in adolescent development, trauma, mental health, and diversion advocacy, defenders may miss opportunities to negotiate early release, propose alternatives to detention, or craft individualized, treatment-oriented dispositions. Some counties reported that youth are often assigned rotating attorneys unfamiliar with their case.

*To address rural resource gaps, the Texas Indigent Defense Commission (TIDC) and the Gault Center have promoted **regional defender hubs and multidisciplinary defense teams**. While there is interest in the field for stronger defense capacity, local funding to support this is limited.*

Recommendations

a. Fund regional juvenile defender hubs through TIDC grants serving multiple counties to ensure early appointment and consistent, high-quality counsel. These shared rosters can deliver specialized juvenile expertise, particularly for counties that cannot maintain dedicated juvenile defenders.
b. Host regional continuing legal education (CLE) for attorneys representing youth through TIDC and the Texas Juvenile Law Section for the State Bar, focused on adolescent development, trauma, diversion advocacy, and family collaboration. Prioritize smaller counties with limited specialized counsel.
c. TJJD and TIDC should consider establishing an *Early Representation Protocol* to share with counties ensuring that youth are assigned defense counsel before the first detention hearing. Encourage counties to pilot automatic appointment at intake, similar to adult public defender models.

6. Family Engagement in Court

When caregivers understand the court process and are supported to participate, youth are more likely to attend hearings, comply with conditions, and more successfully connect to services.[81] Unfortunately, families in CoC listening sessions often reported feeling confused, intimidated, or sidelined in the juvenile process. Many were unsure what to expect, who to contact for updates, or how to advocate for their child's needs. It is common for families in Texas to not speak English as a first language, which can create barriers to family engagement. Probation officers described spending time translating court orders into plain language because families "don't always know what just happened in the courtroom," especially when English is not their first language.

*Examples of family integration exist across the state, such as in Bexar County's specialty courts, where **family engagement specialists** attend hearings, coordinate services, and reinforce youth accountability at home.*

Recommendations

a. TJJD and JCMH should consider developing plain language court communication tools for use in counties, including multilingual handouts, visual flowcharts of the juvenile process, and tips for establishing text reminder notifications that explain what to expect at hearings and how to comply with orders. Comal County's probation staff-developed checklists could be adapted statewide.

[81] Development Services Group, Inc. (2018) *Family Engagement in Juvenile Justice Literature Review.* Office of Juvenile Justice and Delinquency Prevention. https://www.ojjdp.gov/mpg/litreviews/FamilyEngagement-in-Juvenile-Justice.pdf

b. TJJD should consider partnering with the Children's Commission to launch a small-scale pilot Court Appointed Special Advocate (CASA) model for juvenile justice-involved youth, similar to the CASA model used in child welfare, where trained volunteers or paraprofessionals support families through hearings, help interpret expectations, and connect youth to services.
c. Leverage the TIDC holistic defense grants to hire a Family Navigator or Parent Partner serving multiple jurisdictions where one bilingual parent advocate could rotate across multiple counties under a shared LMHA contract. These positions can also facilitate referrals to parent education, family counseling, and resource supports, mirroring navigation models in Cameron and Bexar Counties.
d. JCMH or OCA should consider providing flex funds or mini-grants to support bilingual court staffing and translation services to improve accessibility for Spanish-speaking families, building on Cameron County's bilingual courtroom model.
e. JCMH or OCA should consider providing guidance and technical assistance to juvenile departments and courts on how to integrate caregivers into treatment and case planning by scheduling family-friendly hours, offering transportation supports, and co-developing behavioral goals with youth and parents. Williamson County's proactive parent engagement and mentorship program can be used as a model.

7. Court Data and Case Flow Management

The efficiency of court processes is central to a healthy juvenile justice system. While some courts have streamlined dockets and strong collaboration with probation, others are hampered by backlogs, limited data sharing, and unclear decision-making processes. Counties said case flow depends heavily on local workload, staffing, and whether there is a dedicated juvenile judge.

One case disposition evaluation found average times to disposition for an urban Texas county exceeding 130 days for detained youth and 300 days for those in the community, well beyond the 90-day benchmark recommended by national court standards.[82] In other regions, psychological evaluation delays or time spent searching for residential placement resulted in repeated resets. In many urban jurisdictions, defense and prosecution meet with probation ahead of court allowing for more efficiency, while others instead rely heavily on formal hearings, contributing to frequent resets.

*Strategies to improve efficiency exist and have shown success, yet they are underutilized across the state. In **Hidalgo County's dedicated 449th District Court**, for example, delays have been reduced by consolidating juvenile cases under one judge, standardizing dockets, and leveraging electronic communication with attorneys and probation.*

Additionally, few courts track performance metrics that could inform case flow management, such as diversion rates, time to adjudication, or completion outcomes. Instead, most counties rely on manual

[82] Espinosa, E., et al. (2023). *Dallas County Juvenile Justice Case Disposition Process Evaluation: Examining the Facilitators and Barriers to Juvenile Case Processing in Dallas County, Texas.* Evident Change. https://evidentchange.org/wp-content/uploads/2023/03/Dallas-County-Juvenile-Justice-Case-Disposition-Process-Evaluation.pdf

data tracking or siloed databases, and few share real-time updates across prosecution, defense, and probation, leaving limited capacity for analysis or quality improvement. To build consistency, courts need reliable data, shared dashboards, and accountability mechanisms that track decisions from referral to disposition.

Recommendations

a. TJJD should consider partnering with OCA to establish statewide performance standards for juvenile court timeliness, diversion, and data transparency. Benchmarks could include average time to petition decision, time to disposition, and diversion rates by risk level, including a six-month goal from referral to disposition.
b. TJJD should consider co-developing a centralized *Juvenile Court Dashboard* within OCA's reporting system or JCMS that tracks case-processing intervals (referral → petition → first pretrial → disposition), reset causes, and timeliness benchmarks.
c. TJJD and OCA data analysts should consider providing simple data tracking templates or Excel-based dashboards tailored for small departments with limited capacity. Templates could include automated formulas, user guides, and monthly upload instructions for counties without local IT support. Host quarterly virtual "Data Office Hours" for troubleshooting.
d. TJJD Regional CoC Coordinators, with support from TJJD and OCA data analysts, should consider reviewing quarterly dashboard data to identify counties with delays, large reset volumes, or long petition timelines. They can convene *Case Flow Improvement Teams* that bring together judges, prosecutors, defense counsel, LMHAs, and probation to diagnose bottlenecks and implement corrective action plans.

8. Competency and Restoration

Courts across Texas face persistent challenges managing youth found incompetent to proceed. In many counties, obtaining a forensic competency evaluation can take weeks or even months. Some jurisdictions reported only one evaluator covering an entire region and others rely on adult-focused evaluators who lack specialized training in adolescent development or IDD. These delays frequently result in resets on the court docket and prolonged detention stays for youth who are not yet legally able to participate in their own case. Stakeholders described situations where youth remain in detention not due to safety concerns, but simply because the case cannot advance until competency is clarified. This can increase the risk of youth reoffending while in detention, and is especially concerning for youth with significant mental-health conditions or IDD.

Further, confusion exists for court staff related to competency and restoration. Specifically, judges, prosecutors, and probation officers expressed confusion around when to order evaluations, what documentation is required, differences between mental illness and developmental disability affecting competency, what restoration options exist locally, or how to coordinate providers, LMHAs, and schools during restoration. Counties described using different local processes because they do not have clear statewide expectations.

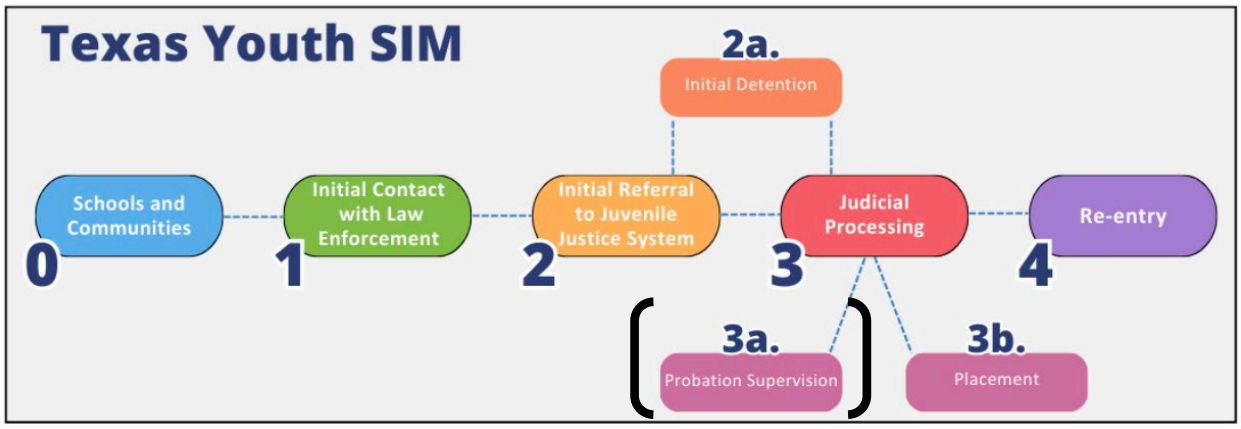
Recommendations

a. HHSC's Office of Forensic Services and Coordination and JCMH should consider issuing a juvenile competency guide clarifying when to order evaluations, documentation requirements, timelines, and communication expectations. Align guidance with Texas Family Code Chapter 55 and the JCMH Juvenile Bench Book.

b. Develop a statewide roster of qualified juvenile competency evaluators, including specialists trained in adolescent development, IDD, bilingual assessment, and trauma. TJJD and JCMH could maintain and publish the roster to ensure timely access and provide stipends or travel reimbursement to expand access in rural regions.

c. Develop a standardized, developmentally appropriate restoration curriculum for youth, including modules adapted for youth with IDD/autism or emerging psychosis. This can be co-created by HHSC's Office of Forensic Services and Coordination, LMHAs and LIDDAs, universities, and JCMH, with training provided to court staff.

Intercept 3a: Probation Supervision



Intercept 3a begins when a youth is formally **placed on probation following adjudication**. Unlike Intercept 3, which focuses on court decisions, Intercept 3a focuses on what happens after adjudication when the juvenile probation department develops and oversees a supervision plan that outlines required conditions, supports, services, and monitoring activities. Formal probation typically includes regular visits with probation officers, engagement in court-ordered programs, compliance with behavioral expectations, and connection to services aimed at addressing underlying needs. Decisions made during formal probation such as supervision intensity, service referrals, and adjustments to conditions shape whether a youth stabilizes successfully or returns to court for violations or deeper system involvement.

Intercept 3a | Findings & Recommendations

Section At-A-Glance

1. Formal Probation for Low-Risk Youth

Probation is the most frequently used post-adjudication disposition in the Texas juvenile justice system and the intercept at which the majority of system-involved youth are served. Approximately four out of five youth under juvenile justice supervision in Texas in 2023 were on probation in the community rather than in post-adjudication facilities or state custody.[83]

Regional data and stakeholder interviews indicate that formal probation is frequently used for youth whose behaviors could be more effectively addressed through diversion, school-based interventions, or community services, often because no diversion infrastructure exists. Chiefs and department staff noted that probation sometimes becomes the only way families can access behavioral health treatment or crisis supports. This dynamic contributes to "net-widening," where low-risk youth become unnecessarily involved in formal supervision, despite evidence showing that such involvement can increase the likelihood of recidivism.[84]

*Consistent with **risk-need-responsivity (RNR) principles,** formal probation caseloads should prioritize youth assessed as moderate or high risk to public safety. Diverting low-risk youth whenever possible reduces unnecessary system exposure and allows officers to focus on the youth most likely to benefit from structured supervision.*

Recommendations

a. 🛠 📄 TJJD should consider developing statewide expectations for pre-petition diversion and early intervention, in consultation with prosecutors, judges, and county juvenile departments. Guidance could define potential diversion pathways, decision points, and eligibility criteria. TJJD's Regional CoC Coordinators can support implementation with a Diversion Decision-Making Guide, including flowcharts, screening protocols, and sample staffing templates.

b. 🛠 County probation departments should consider incorporating pre-petition diversion steps into intake workflows, using standardized screening tools, family engagement protocols, and rapid service-connection practices that offer families alternatives to formal supervision. Given that pre-petition decisions often hinge on prosecutorial discretion, consistent diversion expectations must be co-developed with juvenile prosecutors.

c. 🛠:TJJD should consider updating JCMS modules to include fields for diversion attempts, reasons for non-diversion, and community service referrals. Regular performance reviews could identify county-level trends.

2. Probation Supervision Models and Expectations

Probation should be time-limited, with a set of individualized, targeted interventions that promote behavioral change and strengthen family functioning. Across Texas, however, supervision models vary widely. Some departments operate with structured case plans, smaller caseloads, and flexible home

[83] Texas Juvenile Justice Department. *The State of Juvenile Probation Activity in Texas, CY 2023*.
[84] Annie E. Casey Foundation. (2018*). Transforming Juvenile Probation: A Vision for Getting It Right.* https://files.eric.ed.gov/fulltext/ED585996.pdf

visits, while others rely on mostly office-based supervision approaches that meet basic minimum standards. This variation contributes to unequal experiences and outcomes for youth.

National research reinforces the need for consistent practice models rooted in Risk-Need-Responsivity (RNR) principles, which recommend focusing resources on youth at moderate or high risk and tailoring interventions to individual needs.[85] Transitioning to a behavior-change model with positive reinforcement and structured incentives requires a shift away from compliance monitoring alone, toward developmentally appropriate coaching and goal-setting. This includes establishing achievable expectations, providing reinforcement when youth make progress, and using clear, predictable responses when concerns arise.

Family engagement also remains central to effective probation. Stakeholders in Grayson, Cameron, Hidalgo, and departments in Central Texas, for example, reported improved outcomes when families were actively involved in case planning, supported by ***bilingual navigators****, and offered flexible options for evening or virtual meetings.*

Recommendations

a. 🛠 Probation departments should consider integrating incentive-based strategies into routine supervision and shift from sanction-heavy responses to balanced approaches that include activity-based rewards, family-involved celebrations of milestones, and opportunities for early release based on sustained progress. TJJD can support this transition by developing a model *Graduated Response Grid* with practical examples for counties.

b. 📄 TJJD should consider publishing a *Family Engagement and Case Planning Guide* to support family participation in case planning and goal-setting. It could include step-by-step engagement protocols, sample family meetings agendas and scripts, collaborative goal-setting templates, and guidance on addressing barriers such as transportation, language, and scheduling constraints.

c. 🤝 Juvenile departments should consider formalizing partnerships with community-based organizations and LMHAs that provide peer support. Use existing certified Family Partners and Youth Peer Specialists employed through LMHAs or community groups within probation departments to support engagement, reduce crises, and assist caregivers in navigating services.

d. 🛠 Juvenile departments should consider establishing protocols encouraging probation officers to schedule case planning meetings during evenings or weekends when needed and offer virtual meeting options to remove engagement barriers for caregivers.

3. Compliance and Technical Violations

Across counties, probation conditions can be extensive, sometimes exceeding 20-30 individual requirements such as curfews, school attendance mandates, drug testing, and in-person reporting. While some jurisdictions emphasize a limited number of individualized, achievable goals targeted toward criminogenic needs, others impose lengthy, unrelated, or outdated lists of conditions that can be

[85] Annie E. Casey Foundation. (2018*). Transforming Juvenile Probation: A Vision for Getting It Right.*

difficult for youth to follow consistently. This can overwhelm youth with school, work, or mental health needs and can lead to technical violations that are not new offenses.

When a condition is violated, youth may be returned to juvenile court for a hearing to modify or revoke probation. Technical violations of probation conditions, rather than new offenses, remain common in many counties. National research shows that punitive, compliance-oriented supervision increases the likelihood of deeper system involvement without improving long-term behavior.[86] Youth with untreated trauma, learning differences, mental health needs, or challenges with self-regulation are especially vulnerable to accumulating technical violations due to challenges in meeting inflexible supervision requirements.

*Reducing reliance on technical violations requires **narrowing probation conditions** to a manageable set of individualized and targeted goals, ensuring responses to noncompliance are developmentally appropriate, and exhausting all community-based interventions before any consideration of detention or placement.*

Recommendations

a. 🛠 Juvenile departments should consider reviewing probation revocation and modification policies periodically to clarify definitions of technical violations, encourage pre-placement staffing, document alternatives attempted, and seek supervisor approval before filing a request for court or placement for a technical violation.
b. 🛠 TJJD's data team should consider enhancing JCMS with fields capturing violation type, interventions attempted prior to revocation, and decision outcomes. Counties could receive periodic reports from TJJD summarizing technical violation trends to support continuous improvement.
c. 📝 Juvenile departments should consider partnering with LMHAs, DFPS, Family Preservation Services providers, HHSC's Family Support Services (FSS) grantees, and other community organizations to map, coordinate, and strengthen family stabilization and crisis response resources. Communities should first maximize access to existing services through shared referral pathways and coordinated protocols, then identify where gaps remain, such as youth crisis respite, after-hours crisis support, or mobile response, to determine where to contract for additional services.

4. Access to Behavioral Health and Family-Based Services for Youth on Probation

Across the regional site visits, department staff described probation as the "default" response when other systems, such as schools, mental health providers, child welfare, or crisis teams, are unable to intervene. For example, some counties said youth stayed in detention waiting for a treatment bed because no provider could take them yet. This expanded role has outpaced the workforce, funding, clinical staffing, and community partnerships needed to support it. Probation departments identified limited access to behavioral health, substance use disorder treatment, and IDD supports as one of the most significant obstacles to successful probation supervision.

[86] Urban Institute. (2021). *Transforming Juvenile Probation: Lessons from Research and Practice.* https://www.urban.org/sites/default/files/publication/104093/transforming-juvenile-probation_0.pdf

Youth with co-occurring mental-health or developmental conditions frequently cycle between probation, detention, emergency departments, and behavioral health hospitals or residential placement. Common statewide gaps noted include a shortage of intensive family therapy models (MST, FFT, DBT), long waitlists for evidence-based services, limited bilingual providers, and minimal integration of certified family partners or youth peer specialists in probation settings. While MST and FFT programs in several counties have demonstrated measurable success in reducing placement, most rural regions lack any providers trained in these models. Families in Blanco, Llano, and Cameron counties, for example, described traveling long distances or waiting months for appointments in the absence of regional service hubs and telehealth options.

*Local innovations exist, such as Grayson County's **Family Engagement Coordinator** who provides home visits, parenting workshops, and transportation support, and Cameron County's **LIFE Program** which offers gender-responsive counseling and vocational services for girls on probation.*

Across all seven TJJD regions, there has been a notable increase in juvenile probation department applications to operate these types of interventions. 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.[87] With expanded DSA funding, more counties could replicate and scale promising models to serve a wider range of youth across the continuum.

However, these services should not be available only after a youth enters the juvenile justice system. Whenever possible, family stabilization, intensive in-home services, and behavioral health supports should be accessible through the broader behavioral health and family support systems before justice involvement occurs and remain available if youth later become involved.

Recommendations

a. TJJD should consider expanding DSA funds to purchase MST, FFT, DBT, and other evidence-based family therapy slots serving multiple counties in a region. TJJD could develop a *Regional Evidence-Based Program Expansion Plan*, prioritizing investments in regions with limited behavioral health and family-based capacity. Funding sources may include targeted state aid, HHSC grants, county matches, and Medicaid reimbursement, where applicable.

b. Establish *Regional Family Therapy Hubs*, supported by TJJD CoC Coordinators, to pool provider contracts across counties and ensure access to intensive in-home models regardless of county size. Bandera County's "hub and spoke" regional provider contract can be used as a model.

c. Recruit new providers and authorize non-LMHA community-based organizations to deliver family therapy under TJJD grants, including providers and those with specialized expertise (e.g., IDD, autism, Problematic Sexual Behavior). This expands access beyond areas served by LMHAs alone.

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

d. TJJD should consider partnering with universities and national EBP organizations such as Evidence Based Associates, MST Services, or accredited DBT trainers to jointly train clinicians and probation officers in family-based interventions, trauma-responsive supervision, and cross-system navigation.
e. Juvenile departments, with support from TJJD, should consider developing a specialized probation response protocol for youth with IDD, autism, and neurodevelopmental differences by creating specialized caseloads, providing IDD/autism training for officers, developing coaching-based engagement strategies tailored to neuro-diverse youth, using visual supports, structured routines, and sensory-informed practices, and ensuring probation conditions are developmentally appropriate.
f. Juvenile departments should consider creating Special Needs Diversionary Program (SNDP)-like specialized supervision teams (e.g., mental health/IDD caseloads, girls' caseloads, younger adolescents) in partnership with TCOOMMI and LMHAs, with training and coaching for probation officers managing complex cases.
g. TJJD should consider establishing an *Evidence-Based Services Dashboard* tracking referrals, waitlists, program completion, and outcomes by county and demographic group.

5. Juvenile Probation Workforce

Each region described workforce fatigue as a looming crisis. Probation officers face heavy caseloads, secondary trauma, and compensation gaps that make recruitment and retention for bilingual or clinically trained staff difficult. Probation officers often act as de facto case managers for behavioral health needs. In every region, stakeholders described probation officers who "go above and beyond" to stabilize families and prevent placement. But the system depends on heroic effort rather than sustainable infrastructure, and there are limited opportunities for clinical consultation or promotion pathways.

Recommendations

a. Juvenile departments should consider offering incentives and supports for bilingual and specialty-trained officers using DSA funds, state aid, and local resources to address shortages in mental health/SUD/IDD expertise. Incentives may include bilingual staff stipends, specialty assignment pay, and retention bonuses tied to certification completion or tenure.
b. Juvenile departments should consider partnering with LMHAs or university counseling programs to offer ongoing clinical consultation hours for officers supervising high-complexity youth, similar to the Child Psychiatry Access Network. Create *Regional Clinical Supervision Networks* connecting officers to licensed clinicians for case consultation, coaching, and secondary trauma support.
c. TJJD and juvenile departments should consider building internship, practicum, and university pipeline programs through partnerships with higher education institutions such as Texas State, Lamar College, UT Austin, Texas Tech, Prairie View A&M, Sam Houston State, UTRGV, and local community colleges. Create semester-long internships and graduate practicum placements in juvenile probation departments to help recruit a bilingual workforce and strengthen community partnerships.

d. Juvenile departments and TJJD should consider partnering with Texas Workforce Boards to explore federal work-study eligibility and funding opportunities to support paid internships and recruitment of candidates interested in juvenile justice, behavioral health, and youth services.
e. TJJD's training and wellness teams, in partnership with the Correctional Management Institute of Texas (CMIT), can support counties to improve recruitment, retention, and wellbeing of their probation officers by develop a *Juvenile Workforce Retention and Wellbeing Toolkit* with sample policies, onboarding checklists, mentorship frameworks, and wellness resources. Departments can use TJJD's toolkit to develop plans, including flexible scheduling for fieldwork, wellness check-ins, access to counseling or Employee Assistance Program (EAP) services, regular debriefs after critical incidents, and offer annual training and support on burnout prevention and secondary trauma.

6. Data, Metrics, and Accountability Across the Probation Field

Probation departments reported that current data systems do not capture the full scope of probation activity, especially early intervention and diversion work that occurs before a referral or petition is filed. Counties described an "invisible workload" related to crisis response, school coordination, supportive contacts, and informal case management that is not recorded in JCMS or reported to TJJD. As a result, the system cannot fully measure its front-end and prevention efforts or diversion successes to make the case for increased pre-referral investments.

Data on supervision lengths, successful completions, revocations, technical violations, and reoffending are often tracked inconsistently across counties. Many departments lack the analytic capacity to use this information for decision-making. These gaps make it difficult to identify trends, compare outcomes across regions or evaluate the effectiveness of programs and supervision models. Counties also emphasized the need for stronger cross-system data-sharing with schools, LMHAs, LIDDAs, DFPS, courts, and community providers to support case planning, crisis response, and reentry. Without timely information from partner systems, probation officers spend additional time gathering data manually, delaying service connection and increasing youth and family frustration. Modernizing data infrastructure is essential for improving outcomes and supporting evidence-based probation practices across Texas.

Recommendations

Build Statewide Performance Dashboards and Standardized Metrics

a. TJJD should consider moving beyond distributing static reports and develop a real-time *Statewide Juvenile Probation Performance Dashboard* with county- and region-level indicators such

as diversion attempts and diversion rates, supervision lengths, technical violations, revocations and placements, behavioral health referrals, geography, youth demographics, program completion rates, and family engagement indicators.

b. TJJD should consider publishing a *Dashboard Metrics and Definitions Guide* to accompany the dashboard to ensure consistent tracking, definitions, and reporting across counties.

c. Counties can receive quarterly dashboard briefings from their regional support teams with comparisons to statewide averages, peer counties, and regional benchmarks to support continuous improvement.

Capture Pre-Referral Diversion and Preventive Work in JCMS

d. TJJD should consider updating JCMS to track key preventive and intervention activities, including pre-referral diversion attempts, referrals to community partners, crisis calls, and family engagement contacts.

e. Create a *Pre-Referral Diversion Module* in JCMS with dropdown menus, quick-entry options, and templates to reduce officer documentation burden.

Implement Continuous Quality Improvement (CQI) Systems

f. TJJD's data team should consider supporting local and regional CQI Teams that meet quarterly to review dashboard data, identify improvement areas, and update action plans. Teams may include chiefs and deputy chiefs, probation supervisors, data staff, LMHA or school partners (optional), and TJJD Regional CoC Coordinators.

g. Regional CQI collaboratives can be facilitated by TJJD's regional support teams to allow counties to share promising practices and troubleshoot challenges (e.g., technical violations, mental health/SUD referral delays).

h. TJJD should consider developing a *Texas Juvenile Probation Outcomes Framework* defining required measures, reporting timelines, and standardized calculation methods for outcomes such as: case closure type, early termination for progress, recidivism at 6, 12, and 24 months, access to services, and timeliness of assessments. Generate annual statewide reports to analyze cross-county variation, highlight promising models, and identify regions needing additional support or investment.

Strengthen Cross-System Data Sharing

i. Juvenile departments should consider developing data-sharing agreements with LMHAs (assessments, crisis episodes, service utilization), schools (attendance, credits, accommodations, discipline data), DFPS (crossover youth information), OSAR/SUD providers (treatment progress and completion), and courts (case timelines and decisions).

j. Probation chiefs should consider designating a Department Data Liaison responsible for data-sharing agreements, compliance, and coordination with partner agencies.

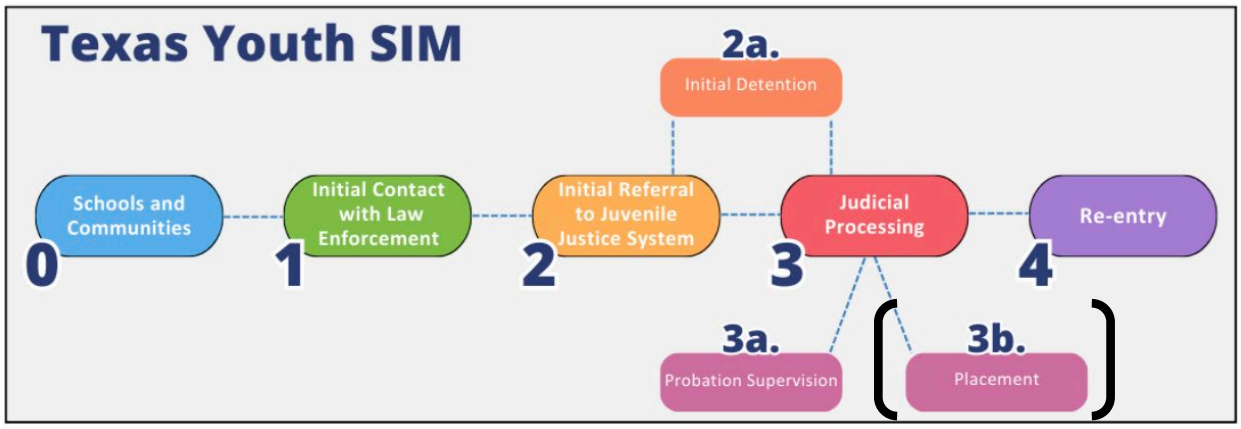
k. TJJD could share template MOUs with county departments aligned with FERPA, HIPAA, and state confidentiality laws to streamline cross-system coordination.

Build Local Data Capacity

l. TJJD's data team should consider offering training for probation staff in data literacy, interpreting reports, using dashboards for supervision and decision-making, and CQI methods.

m. TJJD should consider allowing counties to use DSA and Prevention and Intervention (P&I) state funds to hire data specialists, purchase analytic software, and integrate probation data with local information systems.

Intercept 3b: Placement



Intercept 3b focuses on court-ordered placement decisions that occur following adjudication or during probation supervision, including **commitments to secure and non-secure post- adjudication facilities, residential treatment centers, and other out-of-home settings**. This intercept represents one of the most consequential decision points in the juvenile justice system, as it determines whether a young person is removed from their home and community and has implications regarding rehabilitation versus prolonged system involvement.

Placement is intended to serve as an intervention of last resort, reserved for youth who cannot be safely served in their homes or communities. In ideal situations, placements can provide structure, treatment, education, and stabilization for youth with high levels of need, while preparing them for safe and successful reintegration. Placement decisions, however, are impacted by many factors, and are not always solely driven by need and appropriateness of the treatment. They are shaped by the availability and quality of community-based services, the capacity of the children's behavioral health system, facility design and treatment models, and the degree of coordination across juvenile justice, behavioral health, child welfare, and developmental disability systems.

This section examines placement through two interconnected lenses:

1. ***System capacity and access** – whether Texas has the right types of placement options available for youth with high-complexity needs in the moment they are needed; and*
2. ***Quality and treatment orientation** – whether existing placement options are structured and able to function as rehabilitative interventions.*

The findings and recommendations that follow highlight key gaps, risks, and opportunities to better align placement decisions with youth needs, public safety, and the goal of a strong, coordinated continuum of care.

Intercept 3b | Findings & Recommendations

Section At-A-Glance

1. Gaps in Specialized Placement Options for Youth with Complex Needs

Texas faces acute and persistent shortages in specialized placement options for youth with high-complexity needs, particularly those whose behaviors are driven by untreated mental health conditions, developmental disabilities, substance use disorders, problematic sexual behaviors, or severe family instability. For these youth, appropriate placement is often unavailable in the moment it is needed, leaving systems with few viable options beyond detention or post-adjudication juvenile justice facilities. These facilities, while they may offer some treatment services, are not primarily designed or structured to function as treatment settings.

Recent facility closures, including the loss of youth residential substance use treatment programs such as Phoenix House, have further eroded already limited capacity. Outreach, Screening, Assessment, and Referral (OSAR) assessments may determine that a youth requires residential treatment, yet there are few or no viable referral destinations, especially for youth with co-occurring aggression or justice involvement.

Similarly, for youth with problematic sexual behaviors (PSB), treatment options are extremely limited. Outside of juvenile justice post-adjudication facilities, only one known residential provider in Texas offers specialized PSB treatment (Pegasus), creating long delays and forcing youth to remain in detention or inappropriate placements while awaiting services.

These shortages are compounded by workforce limitations, including:

- *A lack of **Licensed Sex Offender Treatment Providers** and Provider Supervisors*
- *Limited providers trained to serve **youth with IDD** and co-occurring mental health needs*
- *A shortage of licensed clinicians who specialize in working with youth and families in a juvenile justice setting, including a shortage of providers available to provide in-home and **after hours/weekend services***

2. Detention as the Default "Holding" Placement

Across the state, juvenile detention centers are increasingly used as default holding placements for youth with complex needs, often not because of public safety risk, but because no other out-of-home treatment options exist or will accept them. Youth with acute mental health needs, aggression, and/or IDD may sit in detention for weeks or months while systems search for evaluations or appropriate placements. Even youth already committed to TJJD often face months-long waitlists for state hospital beds. During these prolonged stays, youth frequently experience symptom escalation and behavioral incidents, often resulting in additional charges and deepening system involvement rather than resolving underlying needs.

For youth experiencing severe family conflict, officers lack access to crisis respite or drop-off options that would allow for cooling-off periods, stabilization, and family support without arrest. Without these alternatives, youth may enter the juvenile justice system solely to access services. Some juvenile departments have shared stories about counselors encouraging parents of youth to call the police and report behavior that could result in their child being charged with an offense to access services.

Rather than functioning as a targeted intervention of last resort, placement for youth with complex needs in juvenile facilities often reflects system failure elsewhere in the continuum. Without deliberate investment in specialized, treatment-oriented options, and clear pathways that do not require adjudication, Texas will continue to rely on detention and correctional placements to fill gaps in the children's behavioral health system.

3. Shortages and Eligibility Barriers in Residential Treatment

TJJD has noted an imbalance between statewide juvenile justice residential capacity and public behavioral health residential treatment capacity. Whereas Texas has 5,365 juvenile justice beds across county-operated and contracted facilities, there are only approximately 165 publicly funded residential treatment options capable of serving youth with high acuity, aggression, or co-occurring conditions.[88,89]

Other gaps and barriers in state residential capacity available to justice-involved youth include:

- ***Waco Center for Youth** is one of the only publicly funded residential treatment centers available in the state, but it does not accept adjudicated youth*
- *There are very limited **youth state hospital beds**, and those beds are designed primarily for short-term stabilization rather than treatment.*
- *Private behavioral health hospitals sometimes deny youth who would otherwise meet criteria, citing that youth are "too acute" or indicating they've been put on a **"do not admit" status** due to behavior from prior admissions.*

[88] Texas Health and Human Services Commission. *Availability of Youth Beds.* Received by email communication to the Williamson County Juvenile Probation Department, April 15, 2024.
[89] Texas Juvenile Justice Department. *Registered Juvenile Facilities in Texas, 2024*.

As a result, youth who need secure, treatment-oriented residential care most, particularly those who have failed short-term inpatient psychiatric placements, are frequently "passed around" between systems or placed in settings that cannot meet their needs.

4. Quality of Existing Juvenile Post-Adjudication Facilities

While the most significant statewide placement challenges relate to access and capacity, stakeholders also identified opportunities to strengthen the quality and consistency of care provided within existing post-adjudication residential settings. Across Texas, many juvenile facilities have adopted trauma-informed approaches and evidence-based practices; however, implementation remains inconsistent across facilities. Stakeholders described variation in integration of interventions such as Dialectical Behavior Therapy (DBT), Trust-Based Relational Intervention (TBRI), meaningful family engagement, and structured transition planning.

Jurisdictions that have moved away from correctional-style placements toward smaller, treatment-oriented facilities have seen improved safety, reduced institutional violence, stronger educational engagement, and better post-release outcomes.[90] *Texas has promising examples of this approach, such as Randall County's* ***Youth Center for the High Plains****, Bexar County's* ***Krier Center****, and TJJD's own state facility* ***Texas Model*** *framework.*

Recommendations

Expand Crisis Stabilization and Step-Down Residential Options for Youth with Acute Aggression and Mental Health Needs

a. TJJD should consider partnering with HHSC to advocate for expanding the availability of short-term crisis stabilization (30-90 days) for youth with aggression and serious mental health needs who cannot be safely served at home but are not appropriate for juvenile justice facilities. Seek funding to pilot secure crisis residential "step-down" programs that accept youth directly from law enforcement, detention, or hospitals, similar to Bluebonnet Trails Youth Crisis Residential Step-Down Program. As placement models expand to serve higher-acuity youth, regulatory and operational standards may need to be modernized in parallel to ensure safety without creating unnecessary licensing barriers.

b. TJJD should consider partnering with HHSC to advocate for expanding the availability of longer-term secure residential treatment (6-9 months) to divert youth who score as low criminogenic risk but high mental health needs on the PACT from commitment to TJJD or placement in post-adjudication facilities. Establish state-funded secure residential treatment facilities that accept adjudicated youth with aggression and complex diagnoses. Ensure programs are distinct from state hospitals (stabilization) and fill the gap between inpatient psychiatry and long-term placement, outside of the juvenile justice system. Align admission criteria across systems to reduce placement denials for justice-involved youth.

[90] Annie E. Casey Foundation. *The Missouri Model: Reinventing the Practice of Rehabilitating Youthful Offenders,* 2010. https://www.aecf.org/resources/the-missouri-model

Expand Crisis Respite and Assessment Options for Youth in Family Crisis

c. TJJD should consider partnering with HHSC, LMHAs, and community-based providers to expand youth crisis respite centers (see recommendation in Intercept 1) that provide immediate alternatives to arrest and detention for youth experiencing family conflict or behavioral health crisis. Create law enforcement drop-off pathways that allow referral without arrest or juvenile intake. Establish Youth Assessment Centers as single-point-of-entry hubs for diversion, triage, and rapid connection to services, using the state's first pilot Assessment Center site in Potter County as a model.

Increase Access to Intensive In-Home and Family-Based Interventions

d. TJJD and HHSC should consider seeking funds to continue expanding evidence-based in-home and family-based services to prevent unnecessary placement and justice involvement. These interventions should be available earlier (see Intercept 0 recommendations), but are especially critical for youth at high risk of placement. Expand TJJD's DSA funding for these interventions to meet demonstrated county demand. Increase statewide access to Multisystemic Therapy (MST), Functional Family Therapy (FFT), Dialectical Behavior Therapy (DBT), and other evidence-based interventions, including allowing flexibility to contract with both LMHA and community-based nonprofit providers.

Improve Placement and Assessment Pathways for Youth with IDD

e. TJJD should consider partnering with HHSC and Local IDD Authorities (LIDDAs) to reduce inappropriate or lengthy detention of youth with IDD who are awaiting evaluations by appointing regional IDD/justice liaisons to coordinate with juvenile departments to expedite eligibility and placement. Raise awareness around the need for residential services for youth with IDD and co-occurring aggression. Accelerate Determination of Intellectual Disability (DID) evaluations by addressing LIDDA backlogs. Clarify referral roles between LMHAs and LIDDAs to prevent misclassification and service delays. See the CoC Companion Guide: ***Supporting Youth with Developmental Disabilities and Mental Health Concerns in the Juvenile Justice System***.

Expand Treatment Capacity for Youth with Problematic Sexual Behaviors (PSB)

f. Juvenile departments should consider leveraging TJJD's Licensed Sex Offender Treatment Provider (LSOTP) supervision program to reduce workforce barriers and enable additional licensed clinicians to serve youth on probation. Formalize referral pathways between juvenile probation departments, TJJD-supervised LSOTPs, and community-based providers.

g. TJJD should consider supporting Child Advocacy Centers (CACs) across the state to offer PSB treatment services in additional pilot counties, building on emerging models such as Williamson County JPD's CAC partnership. Provide training, technical assistance, and start-up guidance to CACs and community providers to ensure PSB services are evidence-informed, developmentally-appropriate, and coordinated with juvenile departments. Prioritize community-based PSB treatment as an alternative to detention or residential placement when clinically appropriate.

Rebuild and Realign Residential Substance Use Disorder (SUD) Treatment for Youth

h. TJJD should consider partnering with HHSC and OSAR providers to advocate for funding to restore and expand youth residential SUD treatment capacity, especially for youth with co-occurring aggression or justice involvement. Advocate the development of short-term (30-60 day) and longer-term (3-6 month) residential SUD programs following facility closures. Create non-adjudicated referral pathways that allow placement based on clinical need rather than court status, using the American Society of Addiction Medicine's adolescent criteria for determining the appropriate level of SUD treatment.

Strengthen Transition and Step-Down Supports Following Placement

i. TJJD should consider partnering with LMHAs, HHSC, and residential providers to ensure youth exiting detention, hospitals, and residential placement receive coordinated step-down care. Standardize transition planning protocols across detention, hospitals, RTCs, and state facilities. Expand access to Intensive Outpatient (IOP) and Partial Hospitalization Programs (PHP). Raise awareness among juvenile departments about the State Hospital Liaisons embedded in LMHAs who can provide warm handoffs between facilities and community providers. Offer cross-system technical assistance, standards development, and monitoring to ensure transition services are coordinated and consistent.

Establish a Statewide Placement Navigation Hub to Reduce Delays and Detention

j. TJJD's CoC Coordinators should consider expanding their existing efforts to support juvenile departments with coordination of referrals for youth with high-complexity needs by creating a centralized, statewide placement navigation hub that provides real-time visibility into available beds and services. Partner with other state agencies to establish a single statewide access point (phone and secure digital platform) for probation departments, courts, and authorized partners to request placement assistance for youth with complex behavioral health, IDD, SUD, or PSB needs. Maintain a real-time inventory of available placement options, including crisis stabilization beds, residential treatment centers, state hospital beds, IDD-specific placements, SUD programs, and specialized treatment settings, with clear admission criteria and exclusion factors. Provide clinical triage and consultation at the point of referral, staffed by TJJD's Continuum of Care Coordinators, to help match youth to the most appropriate level of care and reduce unnecessary placement denials. Coordinate directly with LMHAs, LIDDAs, HHSC state hospitals, and residential providers to facilitate warm referrals, troubleshoot barriers to acceptance, and prevent youth from being "passed around" between systems. Pilot the hub regionally or with a defined population (e.g., youth with high-acuity mental health needs or PSB cases) before scaling statewide.

Integrate Evidence-Based Therapeutic Approaches in Post-Adjudication Secure Facilities

k. TJJD should consider supporting interested county juvenile departments and contracted residential providers to integrate evidence-based therapeutic approaches designed to address aggression, emotional regulation, and trauma into secure facilities such as Dialectical Behavior Therapy (DBT) and Trust-Based Relational Intervention (TBRI). Provide training and TA on the use of DBT-informed milieus (skills coaching, emotion regulation, behavioral reinforcement) and TBRI

principles (connection, empowerment, correction) within these secure settings. Provide centralized training, coaching, and fidelity monitoring on these and other TJJD Texas Model core components.

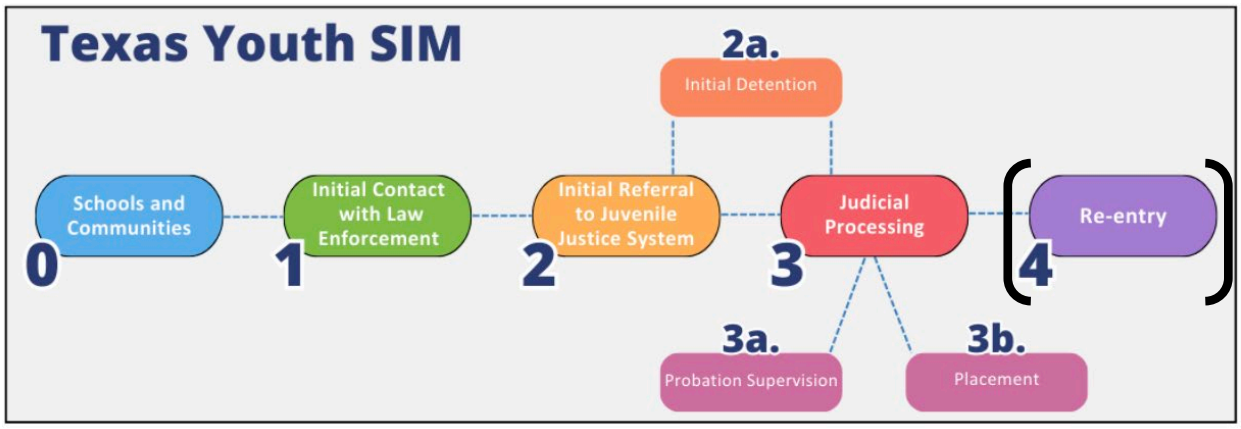
Strengthen Family Engagement and Community Connection Within Secure Placements

l. 🛠 TJJD should considering supporting juvenile departments and facility operators to shift post-adjudication facilities toward family-engaged treatment models, promoting family involvement as a core rehabilitative component rather than an optional service. Encourage structured family therapy, caregiver coaching, and visitation practices aligned with DBT, TBRI, or other research-based models. Expand use of virtual family engagement strategies where distance or transportation barriers exist. Incorporate family participation into treatment planning, progress reviews, and transition planning.

Identify and Scale High-Performing, Treatment-Oriented Facilities Across Texas

m. 🎓 TJJD should consider using Texas examples, such as the Youth Center for the High Plains in Amarillo, as treatment-oriented model sites to demonstrate that secure placement can be both safe and therapeutic. Host tours of exemplar facilities that are successfully implementing research-based models. Create a “model facility” designation or learning collaborative to support replication.

Intercept 4: Reentry



Intercept 4 focuses on the reentry stage of the juvenile justice continuum, beginning prior to a youth's release from out-of-home placement and extending through their **return to home, school, and community**. Reentry processes involve confirming housing arrangements, reestablishing education or employment, ensuring access to behavioral health and other services, clarifying supervision expectations, and supporting families as they prepare for a youth's return home. Intercept 4 is a critical transition point because it determines whether the gains made during placement are sustained or undermined upon return to the community. This section examines the policies, practices, and coordination structures that influence reentry experiences, including advance planning, cross-system communication, alignment of supervision conditions with available services, and mechanisms for monitoring early stability during reentry.

Intercept 4 | Findings & Recommendations

Section At-A-Glance

1. Reentry Planning and Cross-System Coordination

Across regions, transition planning from secure facilities often begins late in the release process, limiting counties' ability to coordinate school enrollment, behavioral health services, and family supports prior to a youth's return home. Many counties reported receiving notice of youths' discharges from placement only a day or two prior to release, leaving insufficient time to confirm housing plans, schedule service appointments, or prepare schools for reentry. Family engagement is also inconsistently included in transition planning, despite families being central to a youth's stability upon return. One probation officer noted that "parents aren't part of discharge unless we push for it," highlighting the degree to which coordination depends on individual initiative rather than standardized practice.

Youth with both Department of Family and Protective Services (DFPS) and juvenile justice involvement ("crossover youth") experience some of the most significant reentry coordination challenges. DFPS engagement during placement can be inconsistent, with counties describing situations in which caseworkers disengage while youth are out of home and reappear only at the point of release. Stakeholders reported confusion about which system holds primary responsibility for reentry planning, resulting in fragmented communication and delayed decision-making. In several counties, probation and DFPS staff described situations where neither system was clearly accountable for confirming housing, school enrollment, or scheduled behavioral health services.

These breakdowns are often driven by structural conditions such as high caseloads, staff turnover, unclear role delineation across agencies, and limited expectations for cross-system engagement during periods of placement. As a result, reentry planning is often reactive rather than proactive, occurring too late to stabilize youth and families before challenges escalate.

*Counties that have adopted more structured reentry approaches demonstrate how predictable, coordinated planning can improve outcomes. In jurisdictions such as McLennan County and Hays County**, transition planning begins prior to release** and includes defined timelines, designated responsible parties, and consistent cross-system coordination. Practices described by stakeholders in Bexar County and Williamson County include **reentry dockets**, early scheduling of school and behavioral health appointments, shared transition checklists, and clear communication of expectations to youth and families.*

Recommendations

a. TJJD should consider working with juvenile departments to develop a standardized statewide reentry protocol or guidance document that defines when transition planning begins, required documents, clearly defined agency roles for crossover youth, and minimum coordination expectations prior to release.

b. Juvenile departments should consider convening cross-system reentry meetings or virtual/email coordination process 30-60 days prior to release that include families, schools, behavioral health providers, and DFPS (when applicable) to confirm housing, education placement, service appointments, and supervision expectations. Consider using TJJD regional support staff to facilitate or provide support to small counties.

c. Local DFPS offices, Single Source Continuum Contractors (SSCCs), and juvenile departments should consider formalizing unified reentry protocols for crossover youth, clarifying which agency holds primary responsibility for transition planning, minimum expectations for DFPS engagement during placement, and information-sharing procedures for records, service authorizations, and placement decisions.

2. Loss of Therapeutic Gains Following Release from Placement

Youth exiting TJJD facilities and some post-adjudication facilities often return to their communities after receiving intensive, evidence-based treatment, such as DBT, without the necessary family-level supports to sustain those gains. While these services in placement can be robust, structured, and clinically sound, the transition home frequently occurs without parallel preparation or support for caregivers. As a result, youth return to environments where families have not been trained in DBT-informed skills, do not understand therapeutic expectations, and lack the tools to reinforce emotion regulation, communication, and behavior management strategies at home.

This disconnect can contribute to erosion of treatment progress during reentry. Youth may lose access to supports immediately upon release or return to family settings that unintentionally reinforce prior patterns of conflict or crisis. In the absence of continuity between facility-based treatment and community-based family interventions, the benefits of DBT and other modalities are often short-lived, increasing the risk of behavioral escalation, family strain, or re-offense during the early reentry period.

*Harris and Denton County both use a **coordinated step-down approach** where youth transitioning from TJJD placement receive structured daily programming, including behavioral health services, substance use treatment, GED instruction, and vocational training, without overnight placement. By bolstering services locally and aligning expectations across parole, probation, and providers, step-down models help bridge the gap between residential placement and community reentry.*

Recommendations

a. TJJD, HHSC, and LMHAs should consider formalizing transition pathways that link facility-based therapeutic services to community-based family interventions, such as Integrated Treatment Models (ITM) and Multisystemic Therapy - Family Integrated Transitions (MST-FIT) model, for youth returning home from placement. Consider partnering with MST Services to pilot MST-FIT teams in a few high-volume counties or regions.

b. TJJD should consider developing graduated step-down reentry pathways that provide structured, time-limited supports for youth transitioning from placement to the community. These pathways are not placements or halfway houses, but transitional stabilization supports designed to bridge the highest-risk post-release period. Step-down pathways could include one or more of the following, based on regional capacity and youth needs:
    a. Day Reporting or Reentry Support Hubs offering education support, skill-building, mentoring, and behavioral health check-ins
    b. Time-limited intensive case management (e.g., first 60-90 days post-release) with small caseloads and flexible service delivery

c. Mentoring or credible messenger models to provide consistency, pro-social connection, and accountability
d. Evening and weekend programming to align supports with the times youth are most vulnerable
e. Family stabilization supports, including caregiver coaching, navigation assistance, and crisis planning

3. Continuity of and Access to Behavioral Health, Peer, and Family Supports

Youth frequently return home from placement with mental health needs but without medication refills or timely access to services. Long wait times for psychiatric care and limited provider capacity can delay stabilization at a critical transition point. When continuity of care is disrupted, untreated symptoms can interfere with school reentry, family stability, and compliance with supervision conditions, increasing the likelihood of crisis responses or violations after release.

Medicaid reinstatement was also identified as a point of breakdown. Although youth are eligible for reinstatement upon release, counties described frequent delays that leave coverage inactive for weeks. Stakeholders attributed these delays to system complexity, misaligned timelines, and unclear responsibility for follow-up actions. As a result, families are often forced to postpone care or pay out of pocket during the highest-risk period following release.

Texas has a significant opportunity to strengthen reentry by leveraging the required Section 5121 pre-release screening process to connect eligible youth to Medicaid-funded behavioral health services before they transition back to the community.[91] *Beginning up to 30 days prior to release, Section 5121 requires screening, diagnostic, and targeted case management services for eligible justice-involved youth. Once youth are released to probation, diversion programs, or other community-based settings, the* ***Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit*** *can cover medically necessary services identified through those screenings, including outpatient therapy, substance use treatment, psychiatric care, intensive in-home services, and family-based interventions.*[92]

In addition to clinical services, peer and family supports play a critical role in stabilizing youth during reentry but are inconsistently available. Youth and caregivers in CoC listening sessions asked for peer mentors and family partners to help navigate supervision expectations and connect to services. One youth shared they were more willing to open up to someone “who has lived what I’ve lived.” Despite this, peer and family supports are rarely embedded into reentry processes.

[91] Section 5121 refers to Section 5121 of the Consolidated Appropriations Act of 2023, which created new Medicaid and CHIP requirements for justice-involved youth. See CMS Guidance on Section 5121 (Provision of Medicaid and CHIP Services to Incarcerated Youth) at https://www.medicaid.gov/medicaid/benefits/reentry-services-for-incarcerated-individuals/caa-2023-sections-5121-5122-juvenile-justice

[92] Read more about Texas Health Steps (Texas' EPSDT Program) at https://www.hhs.texas.gov/providers/health-services-providers/texas-health-steps-providers?utm=

Counties identified integrated and co-located behavioral health models as promising strategies to address these gaps. For example, ***Harris County's Youth Diversion Center*** *offers crisis stabilization, on-site nursing, and a structured aftercare period that prioritizes continuity rather than fragmentation.*

Recommendations

a. 🛠 LMHAs and juvenile departments should ensure that automated Medicaid status checks happen at least 72 hours prior to release, with designated staff responsible for confirming activation and resolving barriers before youth return home. Establish guidance for scheduling appointments within seven days or documenting an interim support plan (medication bridge, crisis plan, interim telehealth), as needed.
b. 🛠 TJJD should consider partnering with HHSC, managed care organizations, juvenile departments, and community behavioral health providers to develop guidance and technical assistance on leveraging Section 5121 screening requirements and EPSDT benefits to connect justice-involved youth to Medicaid-funded community behavioral health services before release from placement.
c. 📝 Juvenile departments should consider embedding peer support specialists, Certified Family Partners, or credible messengers into reentry planning and early supervision, particularly during the first 30 days post-release.
d. 🛠 Juvenile departments should consider assigning a single reentry point of contact for the initial post-release period to help families navigate behavioral health systems.

4. Education Reentry and School Reintegration

When youth transition home from placement, education reentry is frequently delayed or disrupted due to gaps in coordination between juvenile justice systems and schools. Youth often return with incomplete transcripts, missing credits, or outdated Individualized Education Plans (IEPs), making immediate enrollment difficult. In many cases, schools are not notified in advance of a youth's return, leaving districts unprepared to place the student or transfer records in a timely manner. One youth shared that after returning from placement, "I sat at home for weeks because the school didn't know what to do with me." These gaps interrupt learning and increase the likelihood that youth disengage from school during an already vulnerable transition period.

Educational disruption is especially harmful for older youth who are behind in credits and at risk of not graduating. Many youth are steered toward GED pathways because credit recovery options are limited, unclear, or unavailable. While GED pathways may be appropriate for some youth, stakeholders shared that they can often be used as a default rather than a deliberate choice. This practice can limit access to postsecondary education, financial aid, and long-term employment opportunities for youth who could otherwise remain on a diploma track.

Counties with stronger school-justice coordination demonstrate more stable education reentry. In Hays County, for example, schools participate in post-adjudication ***facility release planning meetings****, allowing youth to return with clearer academic placements and fewer enrollment delays.*

Recommendations

a. TEA and school districts should consider designating district-level juvenile justice reentry liaisons, modeled after the Homeless Liaisons (McKinney-Vento) and Foster Care Liaison programs that are statutorily mandated in schools. These liaisons can coordinate records transfer, enrollment, and supports for justice-involved youth returning from placement. A regional liaison housed through the regional Education Service Center could serve multiple school districts, rather than requiring each district to establish and fund its own position.
b. TEA and TJJD should consider issuing joint guidance requiring immediate school enrollment for youth returning from placement, including timely credit transfer, provisional placement when records are incomplete, and continuity of special education services.
c. Schools and juvenile departments should consider encouraging school-probation transition meetings prior to a youth's return, with designated staff responsible for confirming enrollment, instructional placement, and credit recovery options.
d. TJJD should consider working with TEA and school districts to establish a protocol for identifying a temporary instructional placement within five school days of a youth's return, even when enrollment documentation is incomplete, to keep students from being out of school for extended periods.

5. Housing, Employment, and Independent Living

Housing instability is a persistent barrier for youth returning from placement. Counties described youth whose release was delayed because no safe or appropriate living arrangement was available, resulting in extended stays in detention or residential settings. Even when youth return home, economic stress, overcrowding, or unresolved family conflict can undermine early stability. Housing-related delays may be the result of limited access to transitional housing options, lack of host-home alternatives, and insufficient coordination across probation, DFPS, and housing providers.

Employment and workforce readiness are especially important for older youth transitioning from placement or on parole. Without structured pathways to education, training, or employment, youth face increased financial instability and disengagement. When workforce pathways are embedded into reentry planning, education and employment can help stabilize youth coming home from placement.

Independent living and youth readiness supports, such as life skills, financial literacy, and transition planning, are also inconsistently available across regions. Older youth, particularly those without stable family supports, often return to the community without preparation for basic adult responsibilities.

Recommendations

a. Juvenile departments, TJJD, and housing authorities should consider developing transitional housing and host-home pilot programs to prevent unnecessary detention stays or delayed releases driven solely by housing instability.
b. Workforce Boards, school districts, Opportunity Youth Collaboratives, community colleges, and juvenile departments should consider partnering with local community-based organizations to

create reentry-aligned workforce pipelines that integrate education, training, and employment supports for justice-involved youth.

c. TJJD and DFPS should consider expanding independent living and youth readiness programming for older youth transitioning from placement or parole, with a focus on housing stability, employment readiness, and financial independence.

6. Data, Accountability, and System Learning

Most counties lack a consistent and streamlined process to track youth outcomes during reentry. Key metrics such as time to school enrollment, LMHA intake completion, and family engagement are inconsistently collected. As a result, counties and state partners often lack visibility into whether youth are stabilizing during the critical weeks following release.

Crossover youth are especially difficult to track across systems due to fragmented data structures between juvenile justice, child welfare, education, and behavioral health agencies. The absence of consistent outcome tracking limits counties' ability to identify where reentry processes are breaking down, which interventions are supporting stability, and where system improvements are most urgently needed. Without shared reentry metrics and a process for reviewing the data, agencies are unable to distinguish between youth-level noncompliance and system-driven failures such as delayed service access, enrollment gaps, or transportation barriers.

Recommendations

a. TJJD should consider establishing standard reentry metrics that defines a small set of early-stability indicators to be tracked consistently across counties, such as time to school enrollment, completion of behavioral health intake within seven days of release, housing stability at 30 days post-release, and/or service engagement during the first 30 days.

b. TJJD, DFPS, TEA, and HHSC should consider developing regional data-sharing agreements that allow reentry-related data to be reviewed across systems for system improvement and accountability purposes.

c. TJJD CoC Coordinators should consider convening quarterly reentry outcome review meetings with counties to examine trends, identify system-driven barriers, and support corrective action.

County-Level Spotlight: Harris Opportunity Center

The Harris County Opportunity Center illustrates how reentry, diversion, and early intervention can be restructured as a coordinated community-based approach. Located in a former juvenile detention facility, the Opportunity Center was intentionally designed to shift the county's approach away from confinement and toward stabilization, service access, and family-centered support.

The Opportunity Center serves as a centralized hub where youth can be diverted from detention and supported during critical transition periods. Youth referred to the center receive immediate access to behavioral health screening, crisis stabilization, and short-term support services designed to address the issues that led to system contact. This approach allows youth to return home safely while maintaining accountability and connection to needed services.

A key feature of the Opportunity Center model is its emphasis on continuity during reentry. Youth transitioning from placement or other forms of system involvement are supported through structured aftercare during the early post-release period, when instability and system failures are most likely to occur. By coordinating with probation, schools, behavioral health providers, and families, the Opportunity Center helps ensure that youth leave with clear plans for school re-enrollment, service engagement, and supervision expectations.

The Harris County Opportunity Center also demonstrates the value of non-residential, step-down supports for youth exiting more restrictive placements. Programs operating through the Center provide structured daily programming, including education, workforce preparation, and behavioral health services, while allowing youth to live at home rather than in institutional settings. This model helps bridge the gap between placement and full community reintegration by aligning supervision requirements with locally available supports.

Importantly, the Center functions as a platform for cross-system collaboration. Multiple agencies and community partners operate within or in coordination with the center, allowing for shared problem-solving, reduced duplication, and earlier identification of barriers such as transportation gaps, service delays, or school enrollment issues. This shared visibility enables faster course correction and reduces the likelihood that youth experience crisis-driven returns to detention.

While Harris County's extensive resources are not available in all regions, several core components of this model could be adapted through regional collaboration or smaller-scale implementation, including:

- Diversion from detention through crisis stabilization and short-term support
- Structured aftercare during the first weeks following release
- Non-residential step-down programming for youth exiting placement
- Co-location or close coordination of behavioral health, education, and workforce services

Recommendations

a. TJJD, in partnership with juvenile departments and LMHAs, should consider defining a core set of components for integrated diversion and reentry hubs modeled on transferable elements of the

Harris Opportunity Center such as crisis diversion, structured aftercare, non-residential step-down programming, and cross-agency coordination.

b. TJJD, counties, and philanthropic partners should consider braided or blended funding strategies to support staffing, aftercare, and cross-system coordination functions required for integrated reentry models.

c. TJJD should consider developing implementation guidance or a replication toolkit that outlines governance structures, referral pathways, staffing models, and minimum service expectations for counties seeking to adapt hub-based diversion and reentry approaches.

Section 7:
System-Level & Cross-Cutting Findings & Recommendations

Section 7: System-Level & Cross-Cutting Findings & Recommendations

While much of this report focuses on local challenges and recommendations tied to specific decision points in the juvenile justice system, many of the most pressing issues require **state-level leadership and investment**. The cross-cutting findings presented here reflect opportunities for TJJD, in collaboration with HHSC, DFPS, TEA, and other state partners, to address foundational gaps that impact how well the entire continuum of care functions statewide.

Stakeholders across regions emphasized that counties, particularly rural and smaller jurisdictions, cannot shoulder the burden of innovation and service development alone. To build a more effective system, TJJD and its partners must strengthen statewide infrastructure, provide targeted local technical assistance, and reorient state-level strategies to support community-based care.

This section outlines systemwide recommendations in areas such as supporting county implementation of CoC recommendations and new programs, enhancing data systems and training, modernizing grantmaking and procurement processes, addressing provider shortages, and elevating youth and caregiver voice in system design. TJJD can use these recommendations to enable, incentivize, and sustain county-level reform. In many cases, action will require strong partnerships with other state agencies, as well as philanthropic and local partners. In every case, TJJD's leadership will be key to driving the kind of systemic change needed to realize the full vision of a coordinated and community-rooted juvenile justice continuum in Texas.

Section At-A-Glance

1. Formalize Youth Leadership and Engagement Mechanisms

Across the state, stakeholders expressed a strong desire to see youth and caregivers who have been impacted by the justice system meaningfully included in shaping Texas reforms. TJJD has shown interest in lifting youth voice, such as through past alumni listening sessions and recent strategic planning efforts. However, there is currently no consistent, statewide mechanism to engage youth and families as partners in policy, practice, or system design. Youth who have navigated the system possess deep insights into what works, what doesn't, and what supports are most impactful, but their perspectives are rarely built into decision-making processes.

Counties and community-based organizations also struggle to engage youth in leadership roles due to lack of infrastructure, resources, and guidance. Without a formal structure for youth and caregiver input, Texas misses critical opportunities to improve services, build trust with impacted communities, and foster the leadership potential of system-involved youth themselves.

Recommendation 1: Establish a Statewide Youth and Caregiver Leadership Council
TJJD should consider formally establishing and funding a Youth and Caregiver Leadership Council to serve as an advisory body to the agency and its leadership. This Council should include youth and caregivers from across the state who have direct experience with the juvenile justice system. The Council can provide input on agency priorities, program design, and community engagement strategies. Participation should be compensated, developmentally appropriate, and supported by trauma-informed facilitation.

Recommendation 2: Integrate Youth Voice into Grantmaking and Program Design
TJJD should consider embedding youth and caregiver perspectives into the design, implementation, and evaluation of state-funded programs, including DSA grants and diversion initiatives. Youth leaders can help identify funding priorities, serve on review panels, co-create materials, or participate in feedback sessions tied to major initiatives.

Recommendation 3: Support Local Youth Advisory Structures through Technical Assistance and Incentives
To support counties in building their own youth engagement structures, TJJD should consider creating a youth voice technical assistance toolkit and offer modest funding incentives for departments that launch youth advisory councils or peer mentorship programs. TJJD can partner with youth-serving CBOs to provide training and infrastructure support.

Recommendation 4: Prioritize Youth Peer Roles in Reentry and Diversion
Justice-involved youth often express greater openness to peer mentors or young adult guides who have been through the system themselves. TJJD should consider supporting the development of youth peer support roles, especially in reentry and diversion, by clarifying reimbursement pathways, piloting models, and investing in peer leadership development.

2. Reimagine the Regionalization Team to Advance Local System Transformation

County juvenile departments have expressed a clear need for regionalized, ongoing support from TJJD that extends beyond commitment diversion and includes prevention, early intervention, and front-end system reform. In many regions, counties operate in silos without coordinated opportunities to align resources, share practices, or jointly solve for service gaps. TJJD's existing regionalization team has deep familiarity with local contexts and strong relationships with departments across their assigned areas, but they are not positioned or trained to provide the intensive support needed to implement complex systems change.

Texas' decentralized juvenile justice system depends on strong local leadership at the county level, but county juvenile departments vary widely in size, capacity, geography, and available community resources. Smaller and rural counties in particular face barriers to designing, funding, and sustaining community-based alternatives to justice system involvement.

While TJJD has made meaningful investments through its regionalization strategy to reduce commitments to state facilities, the current regionalization team's structure remains narrowly focused on diversion application processing and lacks the infrastructure to provide proactive, sustained technical assistance across the broader continuum of care.

Recommendation 1: Restructure and Expand the Regionalization Team to Support CoC Implementation and Local Innovation

TJJD should evolve its regionalization team into a broader Regional/County Field Support Division focused on helping counties implement these CoC recommendations and strengthen local systems across all intercepts, with a focus on community-based, front-end diversion. This would involve expanding their scope of work and ensuring that regional leads are trained in technical assistance, best practice implementation support, and cross-system collaboration. The regional team should provide county partners with hands-on guidance around program development, data use, local funding strategies, and stakeholder engagement.

Recommendation 2: Develop Region-Specific Action Plans and Resource Sharing Infrastructure

TJJD's regionalization team should consider supporting each region in co-developing an action plan grounded in the regional CoC reports. These plans can identify shared priorities, cross-county gaps, and opportunities for collaboration across juvenile probation, behavioral health, schools, and community-based organizations. TJJD can further support these plans by speaking at regional association meetings, establishing resource-sharing agreements, and promoting regional pilots that can serve as models for others.

Recommendation 3: Align Regional Team's Work with Other State Agencies

To truly support system transformation, TJJD's regionalization team must be equipped to collaborate with regional counterparts at HHSC, DFPS, and TEA/ESCs. TJJD should consider investing in cross-training and build formal coordination structures so regional leads can help counties navigate multiple systems. TJJD leadership must align with other system leaders to ensure the regionalization team coordinates regularly with existing liaisons in other agencies (e.g. DFPS liaisons to TJJD).

Recommendation 4: Standardize Expectations and Provide Tools for Regionalization Team Engagement

TJJD should consider clearly defining the roles and responsibilities of the regionalization team in supporting counties with planning, implementation, and sustainability of community-based services. This includes rewriting their job descriptions and developing a standardized toolkit and menu of supports that regional leads can use to track their engagement and impact across counties.

3. Establish a Statewide Technical Assistance Center to Accelerate Implementation

Counties across Texas have demonstrated commitment to improving outcomes for youth by participating in system mapping, contributing to gap analyses, and engaging in the development of regional Continuum of Care (CoC) plans. However, many counties have limited capacity to move from planning to implementation. County juvenile departments and their community partners often lack the staffing, tools, funding, or dedicated expertise to operationalize the recommendations identified through regional and statewide CoC work.

Counties would benefit from ongoing implementation support, including access to model policies, evidence-based program designs, funding and procurement guidance, cross-sector coordination strategies, data use support, and workforce development resources. While TJJD has initiated promising investments in program development and innovation, these efforts are not currently housed within a central, structured entity designed to scale support fairly across regions.

Recommendation 1: Establish a TJJD-Supported Technical Assistance Center Focused on Local Implementation of CoC Priorities

TJJD should consider establishing a statewide Continuum of Care Technical Assistance Center in partnership with an external intermediary or higher education institution, with a formal structure and staffing dedicated to helping counties implement high-impact strategies identified through CoC planning. The TA Center would offer a combination of universal supports (e.g., toolkits, templates, policy guides), targeted technical assistance (e.g., tailored coaching, implementation planning), and intensive support to pilot sites seeking to build out new prevention, diversion, or reentry models.

Recommendation 2: Embed the TA Center Within the Regionalization Structure for Maximum Reach

To ensure statewide reach and responsiveness to regional needs, TJJD could link the TA Center closely with its regionalization team. Regional leads could serve as liaisons to counties and help match local needs to TA Center resources. This structure would create a feedback loop between state priorities and local implementation, ensuring the TA Center stays grounded in the experience and challenges of counties across Texas.

Recommendation 3: Align TA Center Focus Areas with the Intercept Model and CoC Framework

The TA Center could organize its offerings around the Sequential Intercept Model (SIM) and the CoC framework developed by TJJD and its partners. Priority areas of support could include:

- Development of youth assessment and diversion centers

- Pre-adjudication case management and service matching
- School diversion protocols
- Law enforcement diversion protocols
- Community-based alternatives to detention
- Implementation of evidence-based programs (e.g., MST, Wraparound, YCOT)
- Procurement and contracting with community-based and grassroots providers
- Data system improvement and use of dashboards for decision-making

Recommendation 4: Secure Multi-Year Funding and Partner Agency Investment
To ensure sustainability, TJJD should explore blended funding models that include General Revenue, federal discretionary and formula funds, and philanthropic investment. Because many CoC priorities involve mental health, education, and child welfare systems, cross-agency investment from HHSC, TEA, DFPS, and the Governor's Office could expand the TA Center's reach and relevance beyond the juvenile justice system alone.

4. Modernize the Program Registry and Build a Youth Resource Inventory and Map

A core component of building a functional Continuum of Care is ensuring that stakeholders can identify, understand, and access available programs and services in their communities. However, Texas currently lacks a reliable, comprehensive, and user-friendly system for cataloging services for youth involved in or at risk of involvement in the justice system. The existing TJJD Program Registry, which is intended to track juvenile justice programs across the state, is housed in an outdated IT platform, inconsistently maintained, and not widely used for planning or referral. In practice, the Registry functions more as a reporting tool than a dynamic resource to support decision-making or connect youth to care.

At the same time, counties and regional collaboratives have noted that behavioral health, education, child welfare, and grassroots programs serving justice-impacted youth are often siloed and disconnected from juvenile probation systems. Without a cross-sector inventory of available services, local leaders struggle to design coordinated interventions or identify service gaps. This problem is especially acute in rural areas, where even the existence of a nearby service in an adjacent county may go unnoticed due to lack of centralized information.

Recommendation 1: Overhaul and Modernize the TJJD Program Registry
TJJD should consider redesigning the Program Registry to serve as a living, functional inventory of all juvenile probation-funded and contracted programs across the state. This updated platform could include:

- Clear program descriptions, eligibility criteria, and contact information
- Indicators of evidence base and target population
- Geographic coverage and whether services are available via telehealth
- Real-time update capabilities and automated prompts to counties for regular maintenance

A modernized Program Registry would allow TJJD to better monitor trends, support innovation, and conduct gap analyses across regions. Importantly, it would also help departments learn from one

another, replicate effective models, and identify funding or technical assistance needs tied to specific service areas.

Recommendation 2: Partner with HHSC, TEA, and DFPS to Develop a Cross-Sector Youth Resource Inventory and Map

In addition to updating the TJJD Program Registry, the state should consider pursuing development of a Statewide Youth Resource Inventory and Map in partnership with HHSC, TEA, DFPS, and community coalitions. This tool would map behavioral health, education, mentoring, housing, reentry, youth development, cross-system liaisons, and other services relevant to justice-involved and high-risk youth, beyond just those funded by juvenile probation. It could also map facilities such as hospitals, respite centers, juvenile detention, assessment/diversion centers, and residential treatment. This inventory could be structured as a searchable, public-facing website, data dashboard, or interactive map, with filters for age, geography, referral type, and youth needs (e.g., trauma care, family services, residential).

The Resource Inventory could build on SIM mapping data already collected across regions, and would help:

- counties coordinate cross-system interventions,
- families, schools, and service providers find appropriate programs, and
- policymakers identify resource deserts and target investments accordingly.

Recommendation 3: Leverage SIM and CoC Data to Populate and Sustain the Inventory

TJJD should consider building on the infrastructure of the Continuum of Care initiative and Sequential Intercept Model (SIM) mapping work to populate the Resource Inventory and Map with real, vetted data from local and regional partners. Using data already gathered through CoC projects, including county-level resource maps, stakeholder surveys, and qualitative findings, the state can jumpstart the inventory's creation without starting from scratch.

Long-term, sustaining this inventory will require interagency agreements, designated staff roles, and potentially shared ownership across agencies or a contracted intermediary. The result would be a robust resource that transforms how Texas connects young people to care before, during, and after system involvement.

5. Strengthen County/State Capacity to Use Data for Planning and Decision-Making

Data-driven decision-making is essential to effective juvenile justice practice, but many county juvenile probation departments lack the dedicated staff, tools, and training to consistently collect, analyze, and apply data to improve programs or track outcomes. While TJJD collects and publishes extensive system-wide data through its Research and Planning Division, most of that data reflects high-level metrics, not real-time tools or insights tailored to guide county-level decisions. In counties without internal analysts or data coordinators, leaders often lack the time or expertise to interpret trends, assess program performance, or analyze who is entering the system and why.

During site visits and focus groups, counties repeatedly expressed a desire for simple, practical tools that could help them answer foundational questions: Are diversion strategies working? What offenses are driving detention? Do programs match youth needs? Without access to disaggregated data or easy-to-use templates, many are left operating reactively, not proactively.

Recommendation 1: Develop and Disseminate a Data Toolkit for Local Probation Departments
TJJD should consider creating a Data Toolkit tailored for county probation departments, particularly those without internal data staff. This toolkit could include:

- Step-by-step guidance on pulling and analyzing referral, detention, program/services, disposition, supervision, and post-adjudication placement data
- Templates for tracking key outcomes
- Data dashboards or Excel-based trackers to visualize trends over time
- Common questions departments can ask of their own data, and what to do with the findings

This resource should be updated regularly, shared with chiefs and key staff, and supported by live webinars or office hours to walk through use cases and troubleshooting.

Recommendation 2: Provide Regional or On-Demand Data Coaching
In addition to self-service tools, TJJD should consider providing staff support from its Research and Data Division to provide data coaching office hours to help counties with deeper analysis or local reporting. This could be modeled after the TA supports offered through regional ESCs which provide flexible, just-in-time assistance to help ISDs interpret their numbers, prepare presentations, or respond to stakeholder questions.

Recommendation 3: Build a Statewide Juvenile Justice Data Dashboard
To support both counties and state policymakers, TJJD should consider investing in a public-facing statewide dashboard that shows:

- Referral trends by offense type, demographics, and source (school, law enforcement, etc.)
- Detention and commitment rates
- Access to diversion and behavioral health programming

The dashboard should be interactive, searchable by county and region, and updated regularly. TJJD could partner with external research institutions or universities to support design and sustainability. This tool would also reinforce transparency and community accountability.

By prioritizing practical data supports, TJJD can help all counties, not just those with internal analytics teams, become more proactive, responsive, and outcomes-focused in how they serve youth and invest their resources.

6. Establish Juvenile Justice Program Monitoring and Performance Benchmarking

Currently TJJD provides funding, technical assistance, and oversight to local probation departments, but does not conduct robust, systematic monitoring of county-level implementation practices or program

fidelity. There is no standardized method for evaluating how counties are aligning with research-based practices, adhering to diversion guidance, or improving local youth outcomes over time. While counties submit compliance and financial reports, there is limited capacity at the state level to monitor whether youth are receiving the right interventions at the right time, and whether those interventions are working.

In contrast, models from other states such as Florida demonstrate the value of a strategic program monitoring system that tracks local implementation of core policies, benchmarks progress against performance indicators, and supports continuous improvement at the local level. This type of infrastructure strengthens the partnership between state and county systems and ensures that resources are spent on effective interventions.

Recommendation 1: Create a Program Monitoring and Performance Dashboard Unit within TJJD
TJJD should consider establishing a unit focused on county program performance monitoring and outcomes tracking, with the goal of benchmarking local implementation of statewide priorities and promoting transparency and accountability. This unit could develop and publish annual county performance dashboards using a consistent set of indicators aligned with TJJD's mission and the goals of the CoC initiative.

Sample indicators may include:

- Diversion Utilization: Percentage of eligible youth diverted pre-adjudication, including use of First Offender Programs, supervisory caution, etc.
- School-Related Referrals: Number and rate of school-based arrests and referrals per county; trends over time
- Evidence-Based Practices (EBP) Adoption: Use of validated programs (e.g., MST, FFT, TFCBT); fidelity adherence where data is available
- Use of Dispositional Guidance Tools: Alignment with the structured decision-making matrix (e.g., low-risk youth placed in least restrictive settings)
- Use of Detention and Placement: Percent of low- and moderate-risk youth placed in secure settings or residential placements
- Youth Outcomes: Recidivism, school re-engagement, and behavioral health access data where feasible

Recommendation 2: Develop Interactive, Public-Facing Dashboards to Support Accountability and Collaboration
TJJD should consider working with its data and policy teams to create public-facing, interactive dashboards to highlight county progress toward key system transformation goals. This will allow local leadership to identify bright spots and areas for improvement, and enable stakeholders to better understand how the system is functioning across the state. Dashboards should be disaggregated by youth demographics, geography, and offense type where possible.

Recommendation 3: Provide Targeted Technical Assistance to Underperforming Counties Based on Dashboard Trends

Once a baseline is established, TJJD could use the dashboard as a diagnostic tool to identify counties that may benefit from additional support. For example, if a county consistently diverts few eligible youth, or places a high percentage of low-risk youth in secure settings, TJJD can prioritize technical assistance to review local decision-making processes, identify and troubleshoot gaps in service access, and support leadership and cultural change toward community-based alternatives.

This approach allows TJJD to move from a reactive oversight model of county support to a proactive, collaborative improvement strategy that elevates high-performing counties, identifies gaps, and supports statewide coherence in juvenile justice reform.

7. Refocus Discretionary State Aid to Promote Diversion and Community Innovation

The Discretionary State Aid (DSA) grant program is one of the most flexible funding streams administered by TJJD, designed to support innovative county-level efforts that align with state goals. However, DSA grants are consistently oversubscribed and the application, allocation, and strategic direction of DSA funding are not currently optimized to drive statewide goal of reducing deeper system involvement through early intervention and diversion.

Since 2020, a significant portion of DSA funds ($12.2 million or 63%) have gone toward detention-related infrastructure or program expansions, while fewer investments have been made in community-based or prevention and intervention initiatives ($7 million, 37%).[93] TJJD is currently evaluating how to improve the process for developing priorities for annual DSA grantmaking using evidence-informed models.

Recommendation 1: Prioritize Diversion, Prevention, and Community Programming in DSA Funding Criteria

TJJD should consider revising the DSA grant framework to explicitly prioritize projects that reduce reliance on detention and expand front-end services. Priority categories could include:

- Pre-arrest or pre-referral diversion models
- Community-based assessment and respite centers
- School-based crisis response and restorative practices
- Family support and early intervention models
- Programs tailored for youth with complex needs (e.g., co-occurring MH/SUD, trauma)

By signaling these priorities clearly in the Request for Applications (RFA), TJJD can guide counties toward investments that align with long-term system transformation goals.

Recommendation 2: Create a Scoring Framework to Promote Fair Access and Sustainability

DSA scoring could include points for:

- Serving rural or underserved areas
- Proposing regional or multi-county initiatives

[93] Texas Juvenile Justice Department. *Active DSA Grants, 2020-2025.* Received by Meadows Institute from TJJD email communication on July 31, 2025.

- Engaging youth and families in program design
- Partnering with grassroots and place-based organizations
- Including a sustainability plan beyond initial funding
- Collaborating with cross-system partners in the project (e.g., LMHA, DFPS, nonprofit, university)

Clear scoring criteria promotes fair access and transparency and help counties understand how to strengthen their applications.

Recommendation 3: Expand the DSA Funding Pool and Diversify Use Beyond Detention Infrastructure
TJJD should consider working with state leadership to increase the overall DSA appropriation in the next biennium and increase the DSA percentage dedicated to the Prevention and Intervention and Community-Based Program categories.

Recommendation 4: Provide Structured TA and Coaching to Support Counties in Applying for and Implementing DSA Projects
Many counties lack grant-writing or program development capacity. TJJD could:

- Offer a pre-application support track with optional coaching or webinars
- Create sample project templates, logic models, and budget guides
- Provide implementation coaching for selected counties, especially those piloting new models

These supports would help more counties access and effectively use DSA funding, especially those that haven't applied in the past.

Recommendation 5: Collect and Share Promising Practices from DSA Projects Statewide
TJJD should consider maintaining a DSA Innovation Database highlighting high-impact or replicable projects, including outcomes, lessons learned, and implementation tips. This portfolio could be housed within a future CoC Technical Assistance Center website and updated regularly. Peer learning and replication would accelerate system improvement across counties.

By aligning DSA more closely with Texas' goals for juvenile justice transformation, TJJD can use this powerful tool to foster innovation and ensure that every county, regardless of size or resources, has the opportunity to build alternatives that keep youth safely out of deeper system involvement.

8. Align State Funding Formulas with Diversion and Community-Based Outcomes

Texas' current state aid funding formulas to juvenile probation departments allocate baseline support based primarily on youth population and historical expenditures, with some supplemental funding tied to compliance monitoring and specialized programs. However, the funding system does not meaningfully reward counties for diverting youth from deeper system involvement, nor does it provide targeted investment in front-end strategies proven to reduce long-term system costs and youth recidivism.

Counties that successfully reduce referrals, lower commitments to TJJD, or expand informal diversion programs often face paradoxical funding challenges: their progress can result in fewer resources the following year, disincentivizing reform.

Recommendation 1: Adjust the TJJD State Aid Formula to Incentivize Diversion and Upstream Investment

TJJD should consider revising the core state aid funding formula to reward counties for outcomes aligned with state priorities. Key changes could include:

- Incentive-Based Funding Tiers: Offer bonus funds to counties that demonstrate reduced commitments to TJJD, increased use of local diversion, or improved outcomes.
- Diversion Readiness Grants: Allocate funding to counties that commit to piloting or expanding innovative practices such as regional services shared across counties, youth assessment centers, first-offender programs, restorative justice initiatives, and intensive family-based therapies.
- Front-End Investment Pools: Allow increased flexibility to use state funds for pre-adjudication services (e.g., case management, behavioral health supports) that prevent deeper system involvement.

Recommendation 2: Protect Counties from Funding Penalties Tied to Reducing Referrals or Commitments

TJJD should ensure that counties are not financially penalized for diverting youth from deeper system involvement. For example, counties that successfully reduce commitments to TJJD or overall system involvement should retain stable base funding for staffing, operations, and re-investment into upstream programs. This may require delinking portions of the funding formula from referral or placement volume, particularly for those who have shifted toward diversion or community-based alternatives.

Recommendation 3: Engage Stakeholders in a Funding Formula Redesign Workgroup

In 2025, TJJD's Advisory Council developed a workgroup to study the state aid funding formula design. Building on their progress and to ensure buy-in and practical implementation, TJJD should consider convening a statewide funding formula workgroup made up of county chief probation officers, budget and finance leaders, researchers, and advocates. This group could:

- Review best practices from other states that use incentive-based juvenile justice funding
- Model funding scenarios that test the impact of formula changes on counties of different sizes and profiles
- Propose a phased approach to roll out formula revisions, with evaluation benchmarks built in

9. Expand Texas' Juvenile Justice Nonprofit Provider Base

One of the most persistent barriers to building a strong continuum of care across Texas is the limited pool of nonprofit providers equipped and willing to serve justice-involved youth. While Texas has invested significantly in expanding provider capacity in the child welfare and behavioral health systems, the juvenile justice sector has not received the same level of attention or support. As a result, counties struggle to identify local partners to deliver evidence-based programming or high-acuity supports, particularly for diversion, reentry, and community supervision.

Even when funding is available, many juvenile probation departments report challenges procuring services due to a lack of vendors in their area or providers unwilling to serve youth with certain charges or behavioral profiles.

At the same time, many grassroots and neighborhood-based organizations are well-positioned to engage justice-involved youth but are not set up to contract with government entities due to capacity constraints, administrative burden, or lack of relationship with probation departments. As a result, these valuable providers remain underutilized and youth miss out on providing needed services.

Recommendation 1: Launch a Statewide Provider Development Initiative Focused on Juvenile Justice Capacity

TJJD should consider partnering with HHSC, DFPS, and philanthropic organizations to establish a juvenile justice provider development initiative that identifies service gaps by region and builds out provider capacity to deliver high-quality programming for youth involved in or at risk of system contact. This initiative could focus on:

- Expanding access to evidence-based practices (EBPs)
- Training providers on juvenile justice populations and trauma
- Developing a vendor onboarding process tailored for juvenile probation partnerships

Recommendation 2: Create a Contracting Support Hub for Community-Based and Grassroots Organizations

TJJD, in partnership with a nonprofit intermediary or TA Center, could establish a contracting support hub to help small and emerging providers become eligible to partner with juvenile probation departments. Supports could include:

- Fiscal agent or fiscal sponsor arrangements
- Templates and toolkits for contracting, compliance, and reporting
- Mini-grants to build administrative infrastructure or support insurance, audits, etc.
- Coaching on juvenile justice partnership expectations and relationship building

Recommendation 3: Incentivize Counties to Contract with Community-Rooted Providers

In future funding streams such as DSA or regional grants, TJJD should consider offering incentive points or set-asides for counties that partner with neighborhood-based organizations and grassroots service agencies. These partnerships improve access and engagement, particularly in communities that have been historically underserved.

Recommendation 4: Attract National Providers with Juvenile Justice Expertise to Texas

Texas should consider making a concerted effort to recruit national organizations with a strong record of juvenile justice programming (e.g., Wraparound, MST, FFT, credible messenger mentoring, reentry support) to open or expand offices in the state. This could involve:

- Hosting a provider summit to showcase opportunities in Texas
- Offering competitive start-up grants or rate guarantees

- Reducing procurement barriers or offering streamlined contracting through TJJD or regional leads

Recommendation 5: Improve Rate Setting and Reimbursement Practices for High-Need Youth Services
Low reimbursement rates for youth behavioral health, SUD treatment, and community supervision services often make justice-involved youth an unattractive or unsustainable population for providers. TJJD should consider working with HHSC and other agencies to evaluate and raise rates where needed, particularly for:

- Home- and community-based behavioral health supports
- In-home family treatment and case management
- SUD treatment for adolescents
- Services for youth with dual MH/IDD needs

By building a more robust provider base, TJJD can ensure that counties across the state have access to the right services, in the right place, at the right time.

Section 8:
Conclusion & Next Steps

Section 8: Conclusion and Next Steps

This report represents the first statewide, region-by-region assessment of Texas' Juvenile Justice Continuum of Care. It marks the completion of the planning and assessment phase of the CoC initiative and the beginning of the next chapter: ***translating shared understanding into coordinated action.***

Texas' juvenile justice system stands at a unique crossroads. Alignment across regions on the need to divert youth from deeper system involvement and toward community-based support "closer to home" has never been stronger. There is growing consensus around the value of early intervention, family-centered care, and cross-agency collaboration. Yet the findings in this report also make clear that too many youth are still being arrested for behaviors rooted in unmet behavioral health needs, family instability, or lack of alternatives. Gaps in rural service access, inconsistent application of diversion practices, insufficient crisis response infrastructure, and a fragmented provider landscape continue to limit what's possible. Throughout this assessment, one message emerged consistently across all seven regions: Texas does not simply need more programs. It needs stronger connections between existing systems so that youth receive the right service, at the right time, in the least restrictive setting.

The encouraging news is that many of the solutions already exist. Across Texas, communities are demonstrating innovative approaches to diversion, crisis response, family engagement, school partnerships, and cross-system collaboration. The opportunity now is to expand, connect, and sustain these promising practices so they become the norm rather than the exception.

Project Deliverables

This report is one of three deliverables produced through the Continuum of Care initiative's initial planning and assessment phase in 2024-2026:

1. **Texas Juvenile Justice Statewide CoC Report** (*this document*): a comprehensive synthesis of data, site visits, and stakeholder insights, findings, and recommendations specific to each intercept of the juvenile justice continuum.
2. **Seven Regional CoC Playbooks:** detailed summaries of needs, assets, recommendations, and priority action plans tailored to each of TJJD's seven regions (*download all playbooks at https://mmhpi.org/document-library/continuum-of-care-coc*)
3. **CoC Implementation & Sustainability Tools**: a roadmap operationalizing the recommendations from this report into TJJD's 10-year strategic plan, including:
    - Priority recommendations broken into clear action steps
    - A timeline of short-, medium-, and long-term phases
    - Funding pathways and sustainability strategies
    - Opportunities for local, regional, and state-level engagement

Regional CoC Playbook

The next phase of this work depends on shared leadership and commitment across stakeholder groups:

- **Policymakers** can help remove structural barriers by modernizing funding streams, codifying best practices, and supporting legislation that advances diversion.
- **State agencies** can align strategies, expand cross-system training, and invest in the infrastructure needed to implement new models, particularly for rural counties and under-resourced departments.
- **Funders** can catalyze innovation and sustainability by supporting implementation pilots and capacity building for community-based organizations.
- **Local leaders**, including juvenile probation chiefs, school administrators, behavioral health providers, judges, and advocates, can begin translating recommendations into local action.
- **Youth and families** can continue shaping local systems by sharing their experiences, participating in advisory groups, and helping communities design services that are responsive, accessible, and grounded in personal experience with the system.

Success will not be measured simply by fewer youth in state custody. It will be reflected in communities where:

- Families can access help before crises escalate.
- Schools have alternatives to justice system referrals.
- Law enforcement can divert youth to treatment rather than detention.
- Probation departments are supported by strong community partners.
- Youth return home with stable housing, education, treatment, and family support.
- Secure placement is reserved for the small number of youth who pose a significant public safety risk.

The future of juvenile justice in Texas will be defined not by the number of youth who enter the system, but by the number who never need to enter it at all.

Texas has already demonstrated that meaningful reform is possible. The next chapter is not about building an entirely new system, it is about strengthening the connections between the systems that already exist so every young person has access to the right support, at the right time, in the least restrictive setting. By continuing to invest in prevention, diversion, behavioral health, family engagement, and community-based care, Texas has the opportunity to build a juvenile justice system that is safer, more effective, and better equipped to help youth thrive.

Stay Connected!

All CoC reports, tools, updates, and opportunities to collaborate can be found on TJJD's Continuum of Care Chief's Toolkit website at https://www.tjjd.texas.gov/probation-services/probation-chiefs-toolkit/. The Toolkit also includes recorded webinars, training materials, funding opportunities, resource and contact directories, and instructions for accessing technical assistance to support local and regional efforts. For Meadows Institute CoC updates and resources, visit: https://mmhpi.org/project/texas-juvenile-justice-continuum-of-care/

Appendices

Appendix

Appendix A. Map of TJJD Regions and Facilities
A visual overview of Texas Juvenile Justice Department regions and the location of registered juvenile justice facilities statewide.

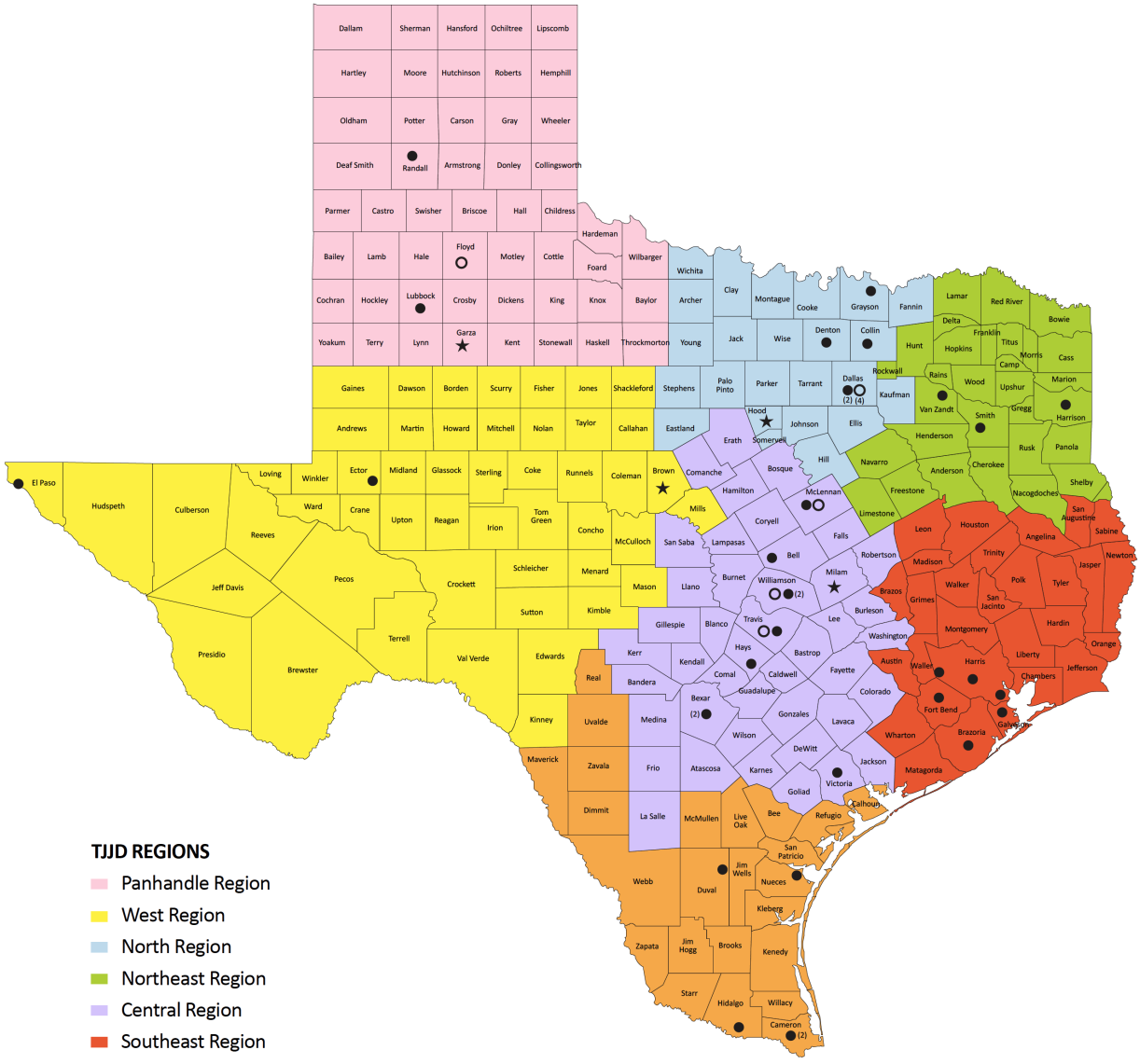
Appendix B. Program Descriptions and System Terminology
Brief descriptions of programs and resources referenced in the report and definitions of frequently used terminology, including:

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

Appendix C. Glossary of Acronyms
Comprehensive list of acronyms used throughout the report, including behavioral health licensure credentials.

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

Appendix A. Map of TJJD Regions and Facilities



Appendix B. Program Descriptions and System Terminology

This appendix defines programs, services, and system terminology referenced throughout the report. 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.

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

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

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

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

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

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

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

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

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

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

II. BEHAVIORAL HEALTH & CRISIS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III. CHILD WELFARE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

IV. EDUCATION

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

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

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

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

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

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

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

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

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

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

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

V. CROSS-SECTOR

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

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

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

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

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

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

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

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

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

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

Appendix C. Glossary of Acronyms

ACE – Adverse Childhood Experiences, a measure of exposure to trauma.
CAC – Children's Advocacy Center providing coordinated response to child abuse.
CBC – Community-Based Care; privatized regional foster care management model.
CPI – Child Protective Investigations; DFPS division investigating abuse/neglect.
CPS – Child Protective Services; DFPS division providing ongoing casework and permanency planning.
CYD – Community Youth Development; youth prevention programs in high risk ZIP codes.
CSC – Coordinated Specialty Care; early intervention for first episode psychosis.
COG – Council of Governments; regional planning and coordination body.
CPAN – Child Psychiatry Access Network; psychiatric consultation for pediatric providers.
DA – District Attorney; prosecutes juvenile cases.
DAEP – Disciplinary Alternative Education Program; alternative setting for students removed from class.
DBT – Dialectical Behavior Therapy; evidence-based modality for emotion regulation.
DFPS – Department of Family and Protective Services; state child welfare agency.
DSA – Discretionary State Aid; TJJD grant stream for diversion and treatment programs.
ESC – Education Service Center; regional support agency for school districts.
FAYS – Family and Youth Success Program; short-term counseling and crisis supports.
FBSS – Family Based Safety Services; DFPS in-home support program.
FFT – Functional Family Therapy; evidence-based family intervention.
FQHC – Federally Qualified Health Center; community clinics offering medical/behavioral health services.
HOPES – Healthy Outcomes Through Prevention and Early Support; DFPS early childhood program.
HHSC – Health and Human Services Commission; oversees Medicaid and state behavioral health services.
HRI – Health Related Institution; medical schools/centers participating in TCMHCC.
IDD – Intellectual and Developmental Disabilities.
JJAEP – Juvenile Justice Alternative Education Program; serves expelled youth.
JPD – Juvenile Probation Department; oversees juvenile probation services and supervision.
JPO – Juvenile Probation Officer; supervises system-involved youth.
LCSW – Licensed Clinical Social Worker; independent clinical mental health provider.
LIDDA – Local Intellectual and Developmental Disability Authority; coordinates IDD services.
LMHA – Local Mental Health Authority; provides crisis services and outpatient behavioral health supports.
LMFT / LMFT-A / LMFT-S – Marriage and Family Therapy licensure (independent, associate, supervisor).
LMSW – Licensed Master Social Worker; master's-level social worker working under supervision.
LPC / LPC-A / LPC-S – Licensed Professional Counselor credentials (independent, associate, supervisor).
LP / LPA – Licensed Psychologist / Licensed Psychological Associate.
LSOTP / LSOTP-S – Licensed Sex Offender Treatment Provider (and supervisor level).
MAYSI – Massachusetts Youth Screening Instrument; juvenile justice intake screener for MH/SUD risk.
MCOT – Mobile Crisis Outreach Team; mobile response for behavioral health crises.
MH – Mental Health.
MST – Multisystemic Therapy; intensive evidence-based in-home treatment.
OSAR – Outreach, Screening, Assessment & Referral; Texas' statewide SUD access point.
P&I – Prevention and Intervention; TJJD-funded early intervention programs.
PRC – Prevention Resource Center; regional youth substance use data and training hub.
QMHP – Qualified Mental Health Professional; credential to provide certain BH services.
RTC – Residential Treatment Center; live-in mental health or SUD treatment facility.

RDA – Regional Diversion Alternatives; regional post-adjudication programs preventing commitment.
SUD – Substance Use Disorder.
SOC – System of Care; coordinated network of behavioral health supports.
SNDP – Special Needs Diversionary Program.
SYSN – Statewide Youth Services Network; diversion and case management program.
TBRI – Trust-Based Relational Intervention; trauma-informed caregiving model.
TCHATT – Texas Child Health Access Through Telemedicine; school-linked behavioral telehealth.
TCOOMMI – Texas Correctional Office on Offenders with Medical or Mental Impairments.
TCMHCC – Texas Child Mental Health Care Consortium; statewide children's behavioral health initiatives.
TJJD – Texas Juvenile Justice Department; Texas' state juvenile justice agency.
YCOT – Youth Crisis Outreach Team; LMHA mobile crisis response for youth.
YES Waiver – Youth Empowerment Services Medicaid waiver providing intensive in-home supports.

Appendix D. Juvenile Justice System Needs and Opportunities Survey

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

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

Section 1: About You

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

Section 2: Youth Behavioral Health & Crisis Services

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

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

Substance use prevention				
Substance use outpatient counseling				
Substance use residential treatment				

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

2.3 Does your juvenile department have in-house mental health staff?

- ❑ Yes
- ❑ No
- ❑ Don't Know

2.4 How much does your department rely on your Local Mental Health Authority for behavioral health services?

- ❑ None – No reliance; we contract elsewhere
- ❑ Some – We use LMHA for certain services
- ❑ Most – We rely heavily on LMHA for behavioral health
- ❑ Don't Know

2.5 Please list a few external providers/programs your department relies on most and what service(s) they provide.

2.6 How reliable are your external behavioral health provider partnerships in meeting youth service needs?

- ❑ Very reliable – Providers are consistently available and responsive
- ❑ Somewhat reliable – Occasional issues with availability or responsiveness
- ❑ Unreliable – Frequent turnover, delays, or service disruptions
- ❑ Not sure

Section 3: Supports for Special Populations

3.1 Please select 3 special youth populations below that are most difficult to serve or have the greatest unmet needs in your county.

- ❑ Youth with Serious Violent Behavior
- ❑ Youth with Problematic Sexual Behavior
- ❑ Youth with Intellectual/Developmental Disabilities (IDD) and/or Autism
- ❑ Youth with Co-occurring Mental Health/Substance Use Disorder

- ❑ Reentry/Transitioning Youth
- ❑ Non-English Speakers
- ❑ Youth in Foster Care
- ❑ Youth Experiencing Housing Instability

3.2 What are the biggest challenges in serving these populations in your county? Please consider barriers, resource limitations, or systemic issues.

Section 4: Collaboration & Coordination

4.1 Rate how well the following systems coordinate to support youth in your county. (1 = Not at all coordinated; 3 = Somewhat coordinated; 5 = Excellent coordination)

System	1	2	3	4	5	N/A
Juvenile Justice						
Schools						
Child Welfare / DFPS						
Local Mental Health Authority						
Private Behavioral Health Providers						
Community-Based Organizations/Nonprofit Providers						
Law Enforcement						
Faith-Based Organizations						

4.2 What are the top barriers to effective coordination in your county? (Select up to 2)

- ❑ Workforce challenges
- ❑ Lack of shared tools/language/protocols
- ❑ Misaligned funding
- ❑ Poor referral pathways
- ❑ Communication breakdowns
- ❑ Lack of cross-agency training
- ❑ Cross-agency tension or unclear roles
- ❑ Lack of leadership support
- ❑ Other (please specify): _____

Section 5: Innovation & Recommendations

5.1 Which innovative strategies should Texas explore or expand to improve youth mental health and reduce justice involvement? (Select up to 4)

- ❑ Mobile crisis teams and crisis stabilization
- ❑ School-based mental health/diversion programs
- ❑ Evidence-based program expansion (MST, FFT, etc.)
- ❑ Peer-led services

- ❑ First offender programs/pre-arrest diversion programs
- ❑ Trauma-informed service expansion
- ❑ Workforce incentives
- ❑ Parent coaching and navigation programs
- ❑ Flexible/braided funding
- ❑ Data-sharing infrastructure/MOUs
- ❑ Youth assessment centers or family resource centers
- ❑ Transportation supports
- ❑ Youth-led advisory councils
- ❑ Restorative justice practices
- ❑ Other (please specify): _____

5.2 What is one bold or promising idea (local or national) that could benefit your county?

5.3 What is one thing your county does exceptionally well that could serve as a model for others?

5.4 What supports or resources would help your county implement innovative strategies?

You have completed the survey. Thank you for your time and insights!