

Key Takeaways from the Continuum of Care Initiative

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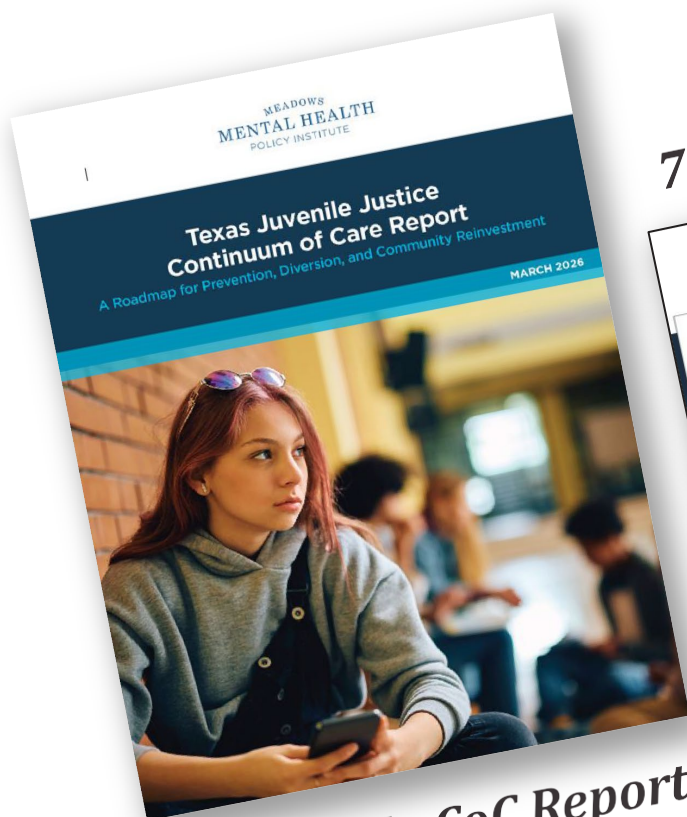
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Texas Juvenile Justice Continuum of Care (CoC) Initiative

OJJDP Planning & Assessment Grant: 2024-2026



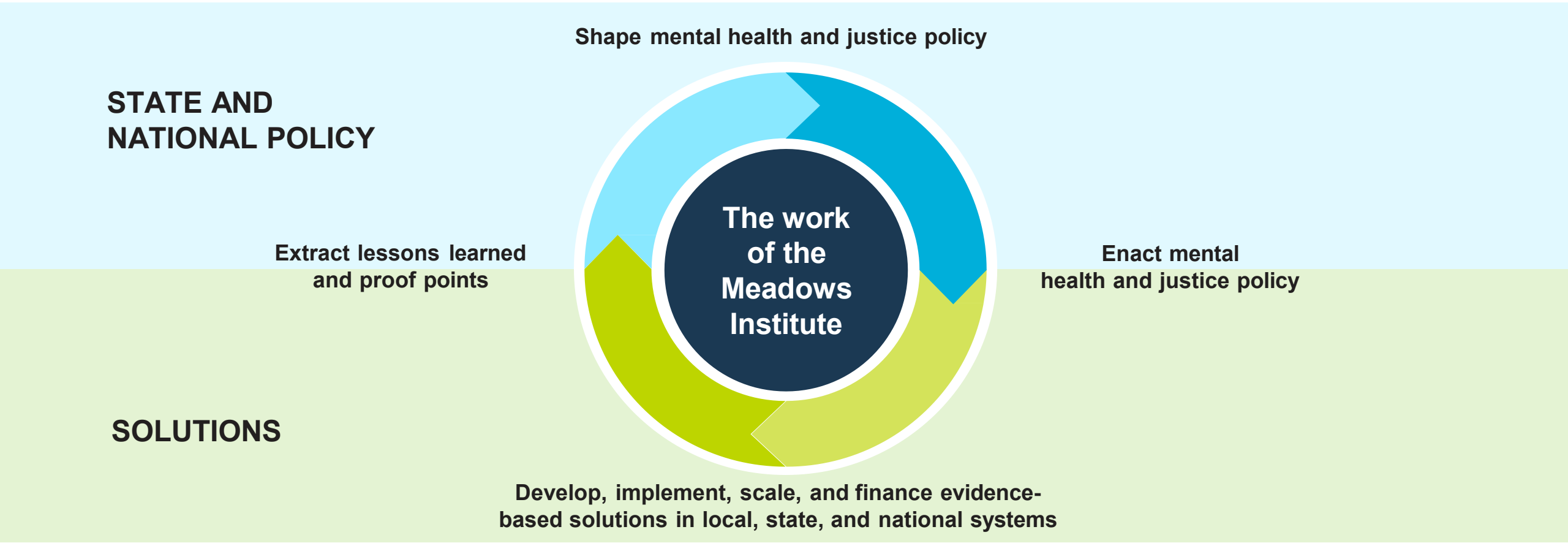
Statewide CoC Report



7 Regional Playbooks



Meadows Mental Health Policy Institute



**OUR
VALUES**

- Collaboration and partnership
- Data-driven and evidence-based
- Innovation
- Nonpartisanship
- Stewardship

Meadows Mental Health Policy Institute

THREE AREAS OF FOCUS



**Children and
Families**



Health Systems



**Justice and
Health**

CROSS CUTTING PRIORITIES

**TRAUMA AND
GRIEF**

**WORKFORCE
DEVELOPMENT**

**HEALTH
EQUITY**

INNOVATION

REGIONAL CENTERS

- Hackett Center Houston (Southeast Region)
- Paso del Norte Center (West Region)
- South Texas Center (Central/South Regions)
- Meadows Institute Panhandle (Panhandle Region)
- Meadows Institute Dallas (North/Northeast Regions)

How This Work is Different – And Why it Matters

Every region

Every system touchpoint

Every youth-serving sector

Chiefs as co-authors

Texas now has a
comprehensive, shared
diagnostic.

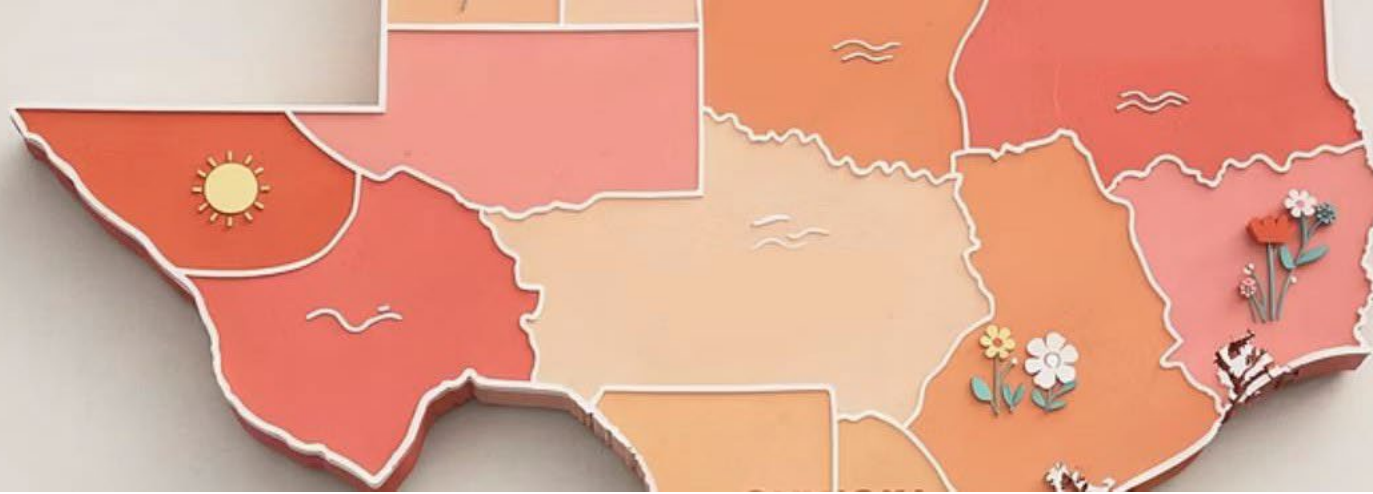
*These are not reports to admire.
They are reports to use.*

CoC SIM Mapping in TJJD's 7 Regions

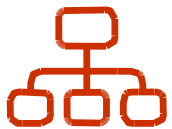


TJJD REGIONS

- Panhandle Region
- West Region
- North Region
- Northeast Region
- Central Region
- Southeast Region
- South Region



Built With the Field



Statewide CoC Council



14 In-Person Site Visits



SIM Mapping & Surveys



Cross-Sector Interviews



Youth & Family Voices



Data Analysis

What We Heard Everywhere:

Statewide Themes

The most powerful thing about this work is that it put evidence behind the field's lived experience.



Different Geography. Same Bottlenecks.

The widening gap between:

1

WHAT YOUTH **NEED**

2

WHAT COUNTIES ARE
EXPECTED TO **MANAGE**

3

WHAT OPTIONS
ACTUALLY **EXIST**

- Youth waiting in detention for services that don't exist
- Schools driving referrals without diversion infrastructure
- Juvenile courts absorbing unmet mental health and family needs
- Probation as the default service system
- Similar local struggles → opens door to shared solutions

Quotes From the Field

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

"Our LMHA focuses on adults. Kids get the leftovers."

"There's the hot potato issue when other systems are involved. As soon as the kid comes to us, all of a sudden everybody's hands off."

"Even if we have services, we don't have a way to get them there. It's an hour and a half each way for therapy."

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

"We're dealing with 13 different dialects in one community. Even finding interpreters for court can be hard."



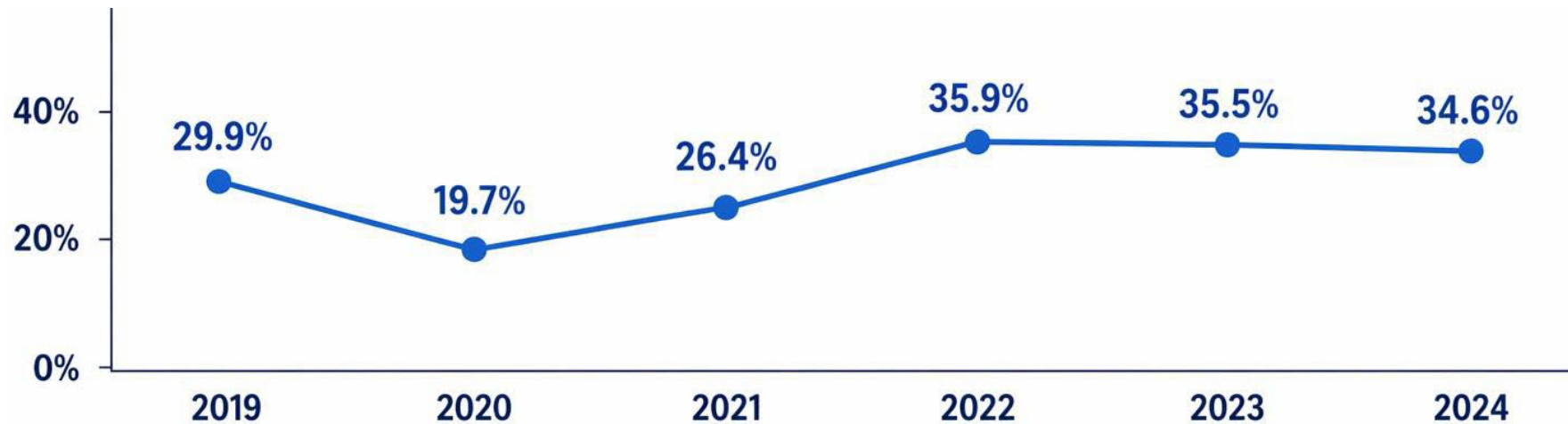
More Programs $\neq$ More Flow

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

Schools are the **Front Door**

- ~ 35% of statewide juvenile referrals were connected to school-based incidents
- Most for school fights, drug/vaping cases, not serious violence
- Texas cannot substantially strengthen juvenile diversion without addressing the school-to-justice pathway

Share of Juvenile Referrals Occurring on Campus or School-Related Activity



*Source: TJJD. ECI Extract: CY 19-24 Offenses at School.



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

Courts absorbing:

- Mental health crises
- School discipline failures
- Family crisis
- Substance use residential treatment

*Common pathway
to treatment
→ Courts or CPS*

What's driving placement:

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

Public Mental Health vs. Juvenile Justice

Residential Capacity

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

Source: HHSC. *Availability of Youth Beds*. Received by email communication to the Williamson County Juvenile Probation Department, April 15, 2024

Source: TJJD. *Registered Juvenile Facilities in Texas, 2024*.
<https://www2.tjtd.texas.gov/publications/other/searchfacilityregistry.aspx>

Complexity is the Rule, Not the Exception

Courts are absorbing unmet needs and statewide provider shortages for:

Youth w/Developmental Disabilities

Youth w/Substance Use Disorder (SUD)

Commercial Sexual Exploitation

Mental Health with Aggression

Younger Youth (ages 10-13)

Firearms/Serious Violent Offenders

Courts Can't Fix This Alone

The juvenile justice system is absorbing other systems' struggles.

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

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

What do ALL Texas kids need?

Project Spotlight: Youth with High Complexity

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

TJJD | DFPS | HHSC | Meadows

TJJD Wishlist

1

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

2

**Residential Treatment for
Mental Health + Aggression**

3

**Intensive Family Treatment Models
(ex. MST: Multisystemic Therapy)**

4

**Substance Use Residential
Treatment (30-90 Days)**

5

**Youth Assessment Centers and
Diversion Centers**

What We Learned From Courts

Judicial leadership sets the tone of the local continuum.

- Judges play a pivotal role in setting the culture and direction of local juvenile justice systems.
- Counties with the strongest outcomes were often characterized by collaborative judicial leadership, not just more resources.

Court's influence extends beyond the courtroom.

- Successful judges served as conveners, bringing together probation, prosecutors, defense, schools, behavioral health, and community partners to solve local challenges.

Juvenile courts are becoming the default service coordinator for youth with unmet behavioral health needs.

- Challenges involving behavioral health, education, child welfare, family stability, and access to community services.
- Juvenile courts often find themselves at the intersection of all of those systems.



What We Learned From Courts

Delays matter.

- Caseflow delays caused by filing backlogs, frequent hearing resets, and assessment, lab, or placement waitlists impact outcomes.
- Data is often an underutilized judicial tool: courts cannot improve what they do not measure or monitor.

The biggest court efficiency strategy may be diversion.

- Many counties reduced detention populations and time to disposition by resolving cases upstream.

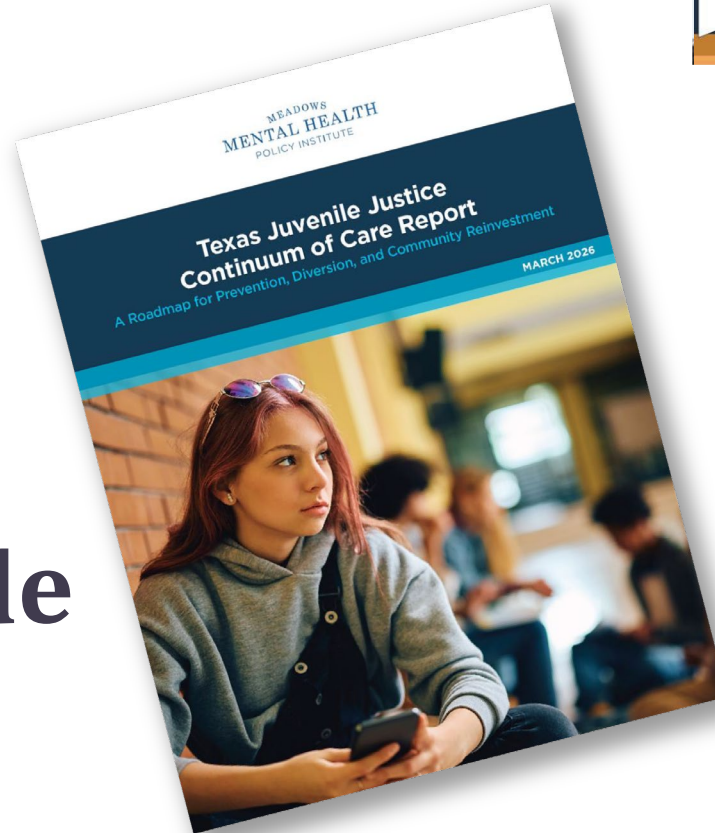
Families often reported confusion, intimidation, and lack of understanding of court expectations.



7 Regional Playbooks

- 1 *Geographic Context*
- 2 *Resource Inventory & Gap Analysis*
- 3 *Data Profile*
- 4 *Key Findings*
- 5 *Recommendations & Action Plans*

...and 1 Statewide Roadmap



From Findings to Implementation

Where the Real Work Starts



Ready-to-Use Tools **for Local Courts**

- [Federally Qualified Health Centers](#) (FQHCs) for Low/No-Cost Behavioral Health Services
- [Multisystemic Therapy](#) (MST) using TJJD [Regional Diversion Funds](#)
- [School-Justice Partnership Model](#) and School Diversion Agreements
- [First Offender Programs](#) for School-Based Offenses and THC Felony Vaping
- [Court-Based Behavioral Health Liaisons](#) & Resource Navigators
- Juvenile Judges as Community Conveners: [Resource Summits](#) & [SIM Mapping](#)
- [Youth Crisis Outreach Teams](#) (YCOTs)
- Prosecutor [Alternative Referral Plans](#)
- Fast-Track Referral Pathways to LMHA Services with MOUs
- Embedded [Certified Family Partners](#) and [Peer Support](#) in Courts through LMHAs
- Youth [Assessment Centers](#), Crisis Respite Centers, & Diversion Centers



***Download CoC
Reports for Links to
Tools & Resources***

Resource Inventory Section Example: FQHCs

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

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

Data Profile Section Example: Suspensions & Expulsions

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

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

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

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

Support for Courts

TJJD Regional CoC Coordinators

Providing:

- Consult on complex cases
- Map and navigate resources
- Help judges organize cross-sector convenings
- Connect courts to providers
- Analyze local data and identify bottlenecks
- Train courts, JPD, law enforcement
- Support program development and start-up



***Scan for
Contact
Directory***

Statewide
Manager



Ally Matteson, LCSW-S,
TBRI-Practitioner

Southeast



Gabriel Grady, LMSW

Central



Kim White, MA

Northeast



Nathan Longoria

North



Marisol Febles-
Sanchez, LMSW, LCPAA

South



Patty Garza, LMSW

Panhandle



Shelby Hatch, Ph.D., LCDC

West



Charlene Quinones, MA

Next Steps: How Judges Can Engage



Champion diversion and community-based alternatives by encouraging consistent use of deferred prosecution, specialty dockets, and Alternative Referral Agreements.



Convene cross-system partners (probation, prosecutors, defense, schools, LMHAs, DFPS, providers) to address local barriers and strengthen collaboration.



Use local data to drive improvement, including reviewing caseload, resets, detention length of stay, diversion, and treatment access.



Support regional solutions by partnering with neighboring counties to expand access to specialty courts, behavioral health resources, evaluators, and family supports.



Help identify policy and practice improvements that can inform statewide judicial education, Children's Commission initiatives, and future TJJD implementation efforts.





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2026 JCJJ

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SUPREME COURT OF TEXAS PERMANENT JUDICIAL
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Thank you!