Hogg Foundation
for Mental Health

Forensic Behavioral Health Technical Assistance Center Report: Stakeholder Interview Results

Offered by:

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List of Frequently Used Acronyms

IDD – Intellectual/developmental disabilities

HHSC – Health and Human Services Commission

LMHA – Local mental health authority

MH – Mental health

SIM – Sequential intercept model

SU – Substance use

TBI – Traumatic brain injury

TTA – Training and technical assistance center

Acknowledgements:

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Introduction

Approximately 35 percent of individuals within Texas' county jails have a mental illness, and the number of individuals awaiting competency restoration services continues to increase, with over 1400 individuals on the forensic waitlist and 65 percent of state hospital beds in Texas currently utilized by the forensic population.[1] One challenge limiting best practices and strategies to reduce justice involvement for individuals with mental health diagnoses (MH), substance use conditions (SU) and intellectual development disability (IDD) is the lack of a centralized resource for information, consultation, and technical assistance on effective interventions and diversions to treatment for this population, or those at risk of encountering the Texas justice system.[2]

The Hogg Foundation for Mental Health (Hogg), in partnership with the Texas Health and Human Services Commission (HHSC) and the Texas Institute for Excellence in Mental Health (TIEMH), aims to address the complexities and challenges of diverting individuals with behavioral health needs from the criminal justice system. Beginning in Spring 2021, Hogg conducted one-on-one interviews with Texas MH, SUD, and IDD stakeholders to assess the various gaps and needs to help inform the design and development of a technical assistance center.[3] HHSC anticipates the launch of the web-based Texas Technical Assistance Center (TTA Center) later this year. This report has been produced to assist Hogg, HHSC, and TIEMH teams in phase I of this project.

Individuals participating in the interviews conducted by Hogg were strategically selected based on their experience working with forensic populations, geographical location, and specific stakeholder practice areas.[4] The Hogg Foundation and HHSC teams considered input from as broad and diverse a range of participants as possible to ensure responses to interviews would be reflective of Texas as a whole. From across the sequential intercept model (SIM), the following is a breakdown of stakeholders who confirmed their willingness to be interviewed on the design and development of the Texas Technical Assistance Center (TTA):

Table 1. Participant Practice Areas by Intercept

Intercept 0-Community Services	*Academics* *Local mental health authorities* *Intellectual/developmental disabilities Policy Advocates* *Data Analyst & Advocacy* *Public Education* *Consulting Firms*
Intercept 1-Law Enforcement & Emergency Services	*Police Departments* *Mental Health Deputies* *Crisis Intervention Trainers and Coordinators*

Table 1. Participant Practice Areas by Intercept

Intercept 2-Initial Detention & Initial Court Hearings	*Magistrates* *Justices of the Peace* *Mental Health Court Coordinators*
Intercept 3-Jails & Courts	*Mental Health Managed Counsel* *Texas Indigent Defense Commission* *District Attorney Bureau Chief of Mental Health* *Mental Health Defense Attorneys* *State Bar of Texas Mental Health Subcommittee* *Jail & Pretrial Advocacy*
Intercept 4-Reentry	*ViaHope* *Communities for Recovery* *Individuals with Lived Experience* *Family Members* *Mental health Family Advocates*
Intercept 5-Probation/Parole & Community Supports	**Adult & Juvenile Probation did not respond to request for interviews*

Interviews were conducted with urban and rural, well-resourced and resource-challenged stakeholders with varying levels of experience to obtain a comprehensive picture of the needs of all Texans. The results of these interviews will assist HHSC with the design and development of the TTA Center. Due to the vast geographic and population differences of Texas, the stakeholder responses provided are considered invaluable because methodologies, policies, and procedures have historically varied from jurisdiction to jurisdiction.[5] Thus, each perspective provided informs one of the primary goals of the TTA Center: fostering state and local cross-systems collaboration and finding solutions to improve diversion efforts for people with MH, SUD, and/or IDD needs.

Interview Objectives

In May 2021, Dr. Octavio Martinez, executive director of the Hogg Foundation, and Kevin Garrett, J.D. commenced the initial outreach to engage this broad and diverse group of stakeholders. Approximately 120 stakeholders were asked to participate in 15- to 20-minute one-on-one interviews to ascertain what each would like to see in the TTA Center.

Following the May and June joint team meeting with Hogg, HHSC, and TIEMH teams, it was determined that additional stakeholder engagement would be necessary.[6] To accurately assess the needs of stakeholders practicing across the sequential intercept model, attorneys who regularly work cases of MH/SUD/IDD, representatives of the public education system, and persons with lived experience and their family members were engaged for further consultation and information gathering.

Of the approximately 120 initial emails sent, 70 stakeholders confirmed their willingness to be interviewed. Those respondents were sent schedule requests, with 51 scheduling a one-on-one interview. Fifty interviews were conducted. Participants were asked a set of approximately eight questions recorded on Zoom, but the interviews were not limited to the prepared questions.

The objectives of the one-on-one sessions by the Hogg team were to:

- Gain each stakeholder's perspective on familiarity with technical assistance and determine if participants thought this model would be helpful to their respective needs;
- Ascertain the gaps in information sharing as identified by the respective stakeholders and how the TTA Center might be able to address the gaps;
- Determine the most critical points that need to be addressed in the service delivery for individuals with justice system involvement and behavioral health support needs;
- Determine the respective stakeholders' preferred format of technical assistance;
- Determine other supports stakeholders would like to have HHSC provide through the TTA Center;
- Identify any prospective impediments to the effective implementation of the TTA Center;
- Determine if there are specific demographics that may need targeted assistance, such as race, gender, sexual identity, ethnicity, or disability; and
- Identify other stakeholders, including those with lived experience, who may be needed for further engagement for resource development.

Technical Assistance Familiarity and Potential Efficacy

In recent years, Texas has recognized the futility of incarcerating individuals with behavioral health conditions as a means of "correcting" or "rehabilitating" criminal justice involvement.[7] Thus, there is a pressing need to divert them from the criminal justice system.[8] The need for community-based interventions and opportunities to divert these individuals from incarceration is driven by the pervasive understanding that criminal justice settings are not only socially and clinically inappropriate, they are costly and ineffective.[9]

Using the sequential intercept model as a tool to illuminate missed opportunities to divert, HHSC endeavors to utilize a systematic effort to address informational and

topical gaps by unifying statewide efforts of all stakeholders in one central location – the TTA Center.

The logical first step of HHSC's unification efforts is to ascertain the level of knowledge and experience Texas MH stakeholders have with technical assistance. During the interview process, participants were asked if they were familiar with technical assistance and if they thought it would be helpful to the field of forensic mental health.

Of the interviewed participants, 58 percent stated that they were familiar with technical assistance. While 40 percent were not familiar with this concept, they were inquisitive as to what the TTA Center would entail. All participants thought that this model would be helpful to the field. Below is a sample of the responses given:

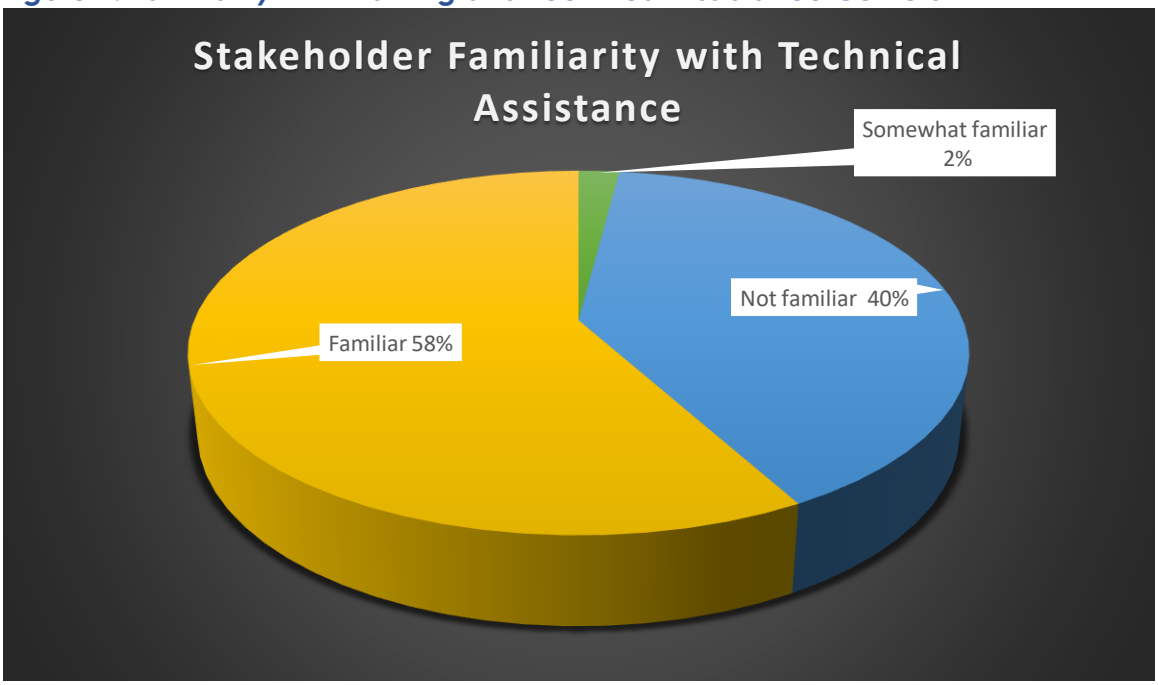
> Dr. Ashley Blackburn, who currently serves as Interim Associate Dean for the College of Public Service at the University of Houston, believes the TTA Center will be a useful resource for researchers in her field, students, and community partners (sheriffs, nonprofits, school districts, etc.).
>
> Holly Borel, CEO at Spindletop Center, who reported a vague familiarity with technical assistance centers, states *"I think it could be helpful, especially in the sense that all of the various agencies and partners that are involved in mental health and criminal justice would have access to the same information…I think that would be helpful."*
>
> Melissa Meadows, CEO at Gulf Coast Center, states "*Anytime you are looking to enrich service and systems excellence and supports industries through a collaborative effort is always beneficial. To have the right people in the right place to be able to support the initiative and be on the same page I think is helpful."*
>
> *"I think this model has potential to be helpful. In my experience of 25 years of doing this job in my five-county area, what I know is that the way that things happen here sometimes look like how they happen in other places, but not all the time. And there are definitely things that sometimes I hear about that I would like to be able to go somewhere and read about and learn about that. So, I think there's the likelihood that that would be an effective way of learning."* — Jenny Goode, CEO at Betty Hardwick Center

Notably, the stakeholders who provided the most comprehensive responses were LMHAs, law enforcement, courts, and attorneys.[10] All of these stakeholders are regular practitioners in the first four intercept points of the SIM. Stated another way, opportunities to divert have the support of those stakeholders closest to individuals in the initial encounters with the criminal justice system. Therefore, while levels of knowledge and experience with technical assistance are relevant, phase one project data is more indicative of stakeholder needs and the potential efficacy of the TTA

Center. **Responses to inquiries related to the potential helpfulness/benefits of the center overwhelmingly suggest that those stakeholders with the best opportunities to divert consider a centralized technical assistance center that offers information sharing, assistance with best practices and strategies, and collaboration to be long overdue.**

The figure below illustrates that a majority of the participants are familiar with technical assistance. Of the 42 percent who are unfamiliar or somewhat familiar with technical assistance, all believe the center will be helpful to their respective fields.

Figure 1. Familiarity with Training and Technical Assistance Centers



Informational/Topical Gaps and How the TTA Center Might Address Them

With the emergence of the overrepresentation of individuals with MH/SU/IDD needs in the Texas criminal justice system, policymakers, agencies, and nonprofit organizations are increasingly aware of systems and service gaps.[11] From law enforcement encounters with this population, to jail intake screening procedures,[12] to the lack of mental health courts, gaps are pervasive. While Texas has made progress by recently enacting mental health legislation, missed opportunities persist.[13] Multi-stakeholder accessibility to technical assistance could address some of these gaps.

Lack of information sharing, and other gaps were considered as each interviewed participant offered their unique perspective into what the gaps are and how the TTA Center could help. The table below illustrates how these gaps vary from stakeholder to stakeholder and from urban to rural areas of the state.

Table 2. Identified Gaps – Rural and Urban

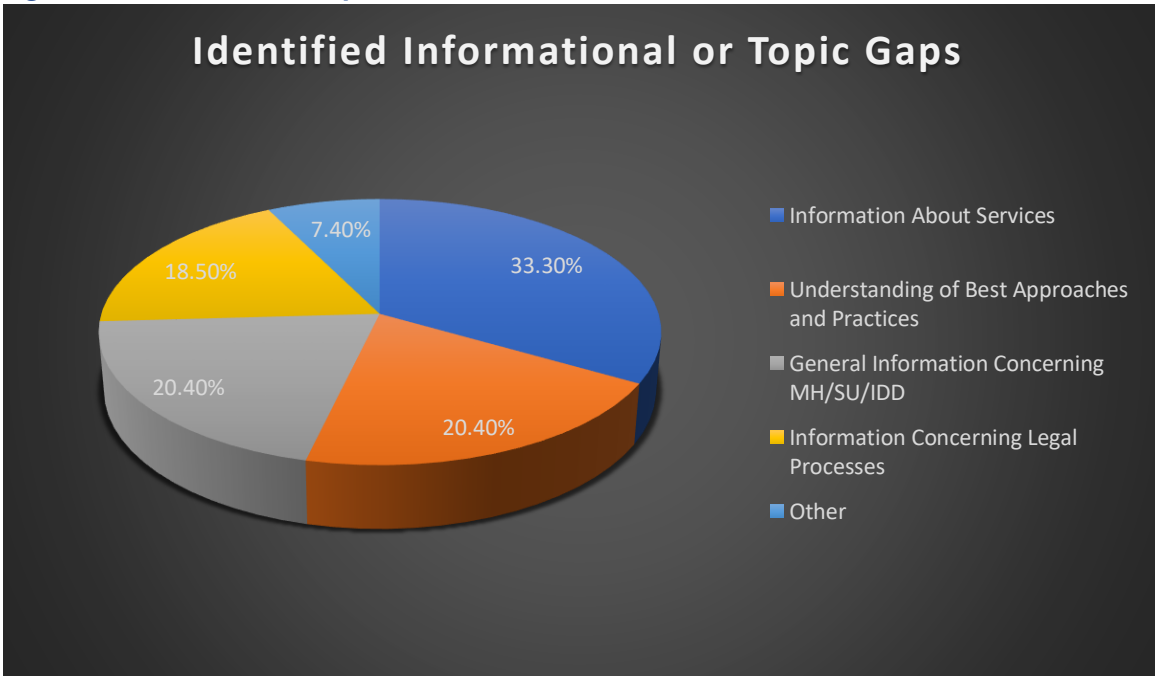
Rural Stakeholder	Identified Gap(s)
LMHA Servicing Rural & Urban Counties	Better community communication; better understanding of the interface of the justice and MH system; better understanding of how to divert individuals away from jails
Professor/Police Victim Services Crisis Team	Being able to find resources
LMHA	Information about how to acquire transportation, food, and shelter for people who need treatment. Information for LMHAs on how to secure funding or function without it.
MH Court Coordinator	Gaps in service delivery and continuity of care
Attorney Advocate for Disability Rights	Getting people connected to services
Urban Stakeholder	**Identified Gap(s)**
IDD Public Policy Advocate	How to communicate with individuals with IDD; how to identify someone with IDD
MH Managed Counsel	Understanding how resources work and what resources are available
Professor of Criminal Justice	Best ways to work with populations; law enforcement training, bridging gaps between what we know to be true and what happens in communities; better connecting with community partners
Lived Experience/Peer Coach (Substance use)	Options to prevent law enforcement engagement; housing
Police Commander	Ending mental health stigma; how to be a responsible family member to someone struggling with MH conditions; law enforcement training

* This table represents a 20% sample of participants interviewed.

By engaging a multitude of diverse stakeholders for interviews, the Hogg Foundation and HHSC have been better able to prioritize and narrowly focus on a set of statewide gaps that the TTA Center could address. Historically, stakeholders have been restricted to a particular set of practices and policies that, while serving forensic mental health populations in a particular area of Texas, have ultimately been ineffective on the state as a whole. The TTA Center's effective design is dependent upon the input provided by those needing the services and support available through a centralized hub.

The figure below summarizes how the participants viewed informational/topical gaps that the TTA Center could address.

Figure 2. Information Gaps



Most Important Barriers to Address for Better Serving Justice-Involved MH/SUD/IDD Populations

In addressing the most significant barriers to better service delivery to justice-involved MH/SU/IDD populations, interviewees were asked to provide their perspectives to better inform HHSC in the design of the TTA Center. However, some barriers cannot be adequately addressed without first gaining an understanding of the experience from on-the-ground participants. The following quotes are from stakeholders who regularly interact with this population as they encounter the justice system.

One interview participant with over 34 years as a district attorney, pointed out one barrier to better service delivery.

> *"The inability to find out where individuals from my jurisdiction are on the waitlist for a bed in the state hospital…I know how many are in jail-based and outpatient competency restoration, but I don't know how many from my jurisdiction are in state hospitals or how many we've had that have been there more than 5 years. I don't have any easy way to get that list of people. So, I think the communication between the state hospital and the local jurisdiction needs to be better."*

A participant from the Collin County Mental Health Managed Counsel, offered what is seen as a barrier to better serving justice-involved individuals living with MH/SU/IDD.

> *"On a good day, I don't know if I could navigate [the hurdles and obstacles for better service delivery] all of that, yet you're asking someone*

who has chronic bad days to do so. When I see the packets that people are required to fill out to get mental health treatment and all the documents… IT IS OVERWHELMING when you are not emotionally okay. I think we need to be assisting people by filling the gaps by getting [this population] into services. That means housing, getting their benefits, and assistance with their documents."

A participant from the Fort Worth Police Department's Central Division, added another perspective to address better service delivery.

"In Fort Worth, we're building a mental health diversion center [as an alternative to jail] because in jail they don't really get the help they need. I think that's the number one way we can get people help and treatment. Incarceration creates more problems for law enforcement because we arrest on these low-level offenses, they go into jail and are not always getting the medications they need, they come back out and are worse than they were when they went in. So, I would say more jail diversion programs, which means nontraditional enforcement and innovative policing. We have to change how we do police work."

A participant with experience working with this population in Smith County offered a perspective into the most significant points to address better service – medication management.

"We have here [in Smith County] what's called the behavioral health leadership team. There are two commissioners and myself that work closely with NAMI [National Alliance on Mental Illness] and those groups here locally [to address the main points for better service]."

The four participants who offered the above responses, although from very different jurisdictions, all have one thing in common: the sheer volume of justice-involved individuals with behavioral health needs that they work with and the significant challenges they pose.

Further, our rural partners (and participants in this project) identified a different type of gap. A 2020 HHS report demonstrates that many of the gaps in care that rural Texans experience are systemic.[14] In other words, they are service gaps caused by a system of not working together as effectively as possible.[15]

Lastly, while just 3.7 percent of responses mentioned ending mental health stigma, it is worth noting that one potential barrier to better serving individuals with behavioral health needs is addressing the stigma often attached to having one of these diagnoses.

"Even when appropriate treatment is provided in the course of incarceration, the individual's status upon release as both a former inmate and a person in need of mental health services results in a double

stigmatization that makes obtaining treatment in the community - even when that treatment is available, particularly difficult." [16]

Thus, to better serve forensic mental health populations in Texas, it is important to break down the walls of public misunderstanding and rebuild with a strong foundation of trust in the public health system.[17]

Stakeholder Preferred Forms of Technical Assistance

Upon the launch of the web-based TTA Center, the Health and Human Services Commission seeks to provide technical assistance to stakeholders through a myriad of resources, collaborations, and support. With the firm understanding that stakeholders can only be as effective as the programs and services available to them, the TTA Center's development includes a comprehensive array of formats of technical assistance.[18] HHSC has expressed interest in making assistance available through a variety of resources. Some currently under consideration include:

- Free consultation from:
  - Subject matter experts
  - Local expertise (such as a sheriff seeking practical advice from another sheriff)
  - HHSC staff (onsite and remote)
- Training
- Written information on the website
- Downloadable briefs and guidebooks
- Videos
- Learning collaboratives
- Podcasts
- State and regional webinars
- Sequential Intercept Model Mapping Workshops
- The development of local community leadership networks
- Other in-person and distance learning events

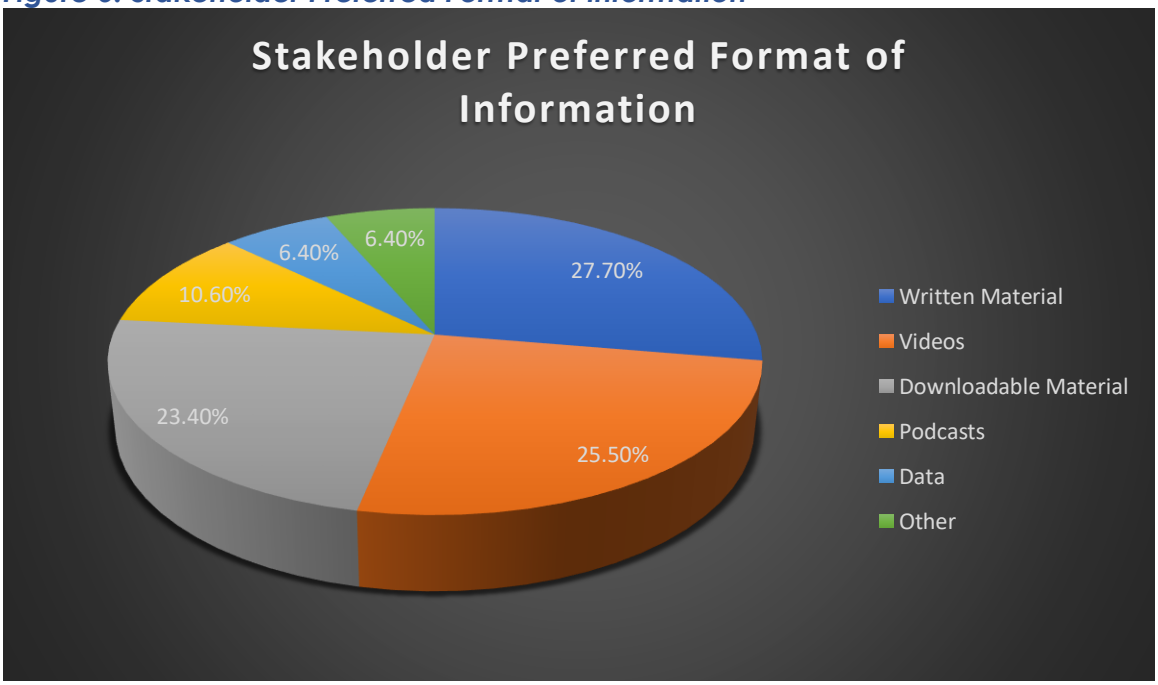
Given the fluid nature of the behavioral health needs of individuals, the center's anticipated assistance is not exhaustive. Because Texas is so vast geographically and varied in population distribution, the Hogg Foundation and HHSC teams determined that diverse stakeholder input into the design of the TTA Center would be invaluable. [19]

During the interview process, participants were given a brief overview of the center's anticipated types of assistance and each participant was asked their preference. Overwhelmingly, the reply was "*Because different people learn in different ways, I think all of those are great.*"

As a follow-up question, participants were then asked if they had received assistance in the past and what did each find to be most useful. This important follow-up question was posed to ensure that all stakeholders' needs and preferences were identified and

to ensure that the implementation could be effective for all stakeholders in Texas, regardless of which intercept point one practices in. The figure below represents the types of technical assistance participants would find useful.

Figure 3. Stakeholder Preferred Format of Information

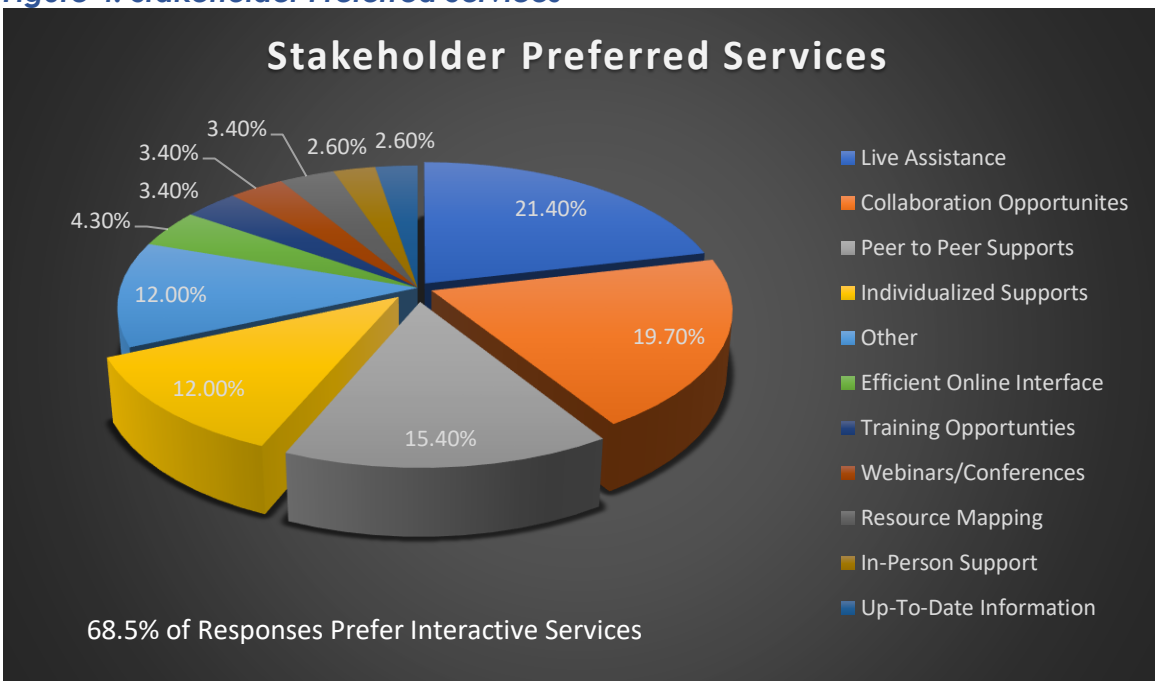


Some rural participants conditioned their responses on whether the types of assistance would be tailored to meet the unique needs of their localities. For example, the Harris Center in Houston, which covers one large urban county, would have very different capacity and learning capabilities than Pecan Valley Center, which covers five smaller rural counties. Due to the disparities in resources and capacity, rural stakeholder input in the types of assistance the TTA Center could provide is essential.

The phrase "one size does not fit all" and the recognition that services, program, and treatment plans must retain a focus on local needs, is universally understood among stakeholders.[20] The TTA center should be flexible enough to provide relevant and appropriate assistance to our rural communities.[21]

Figure 4 below represents the types of services stakeholders would prefer from the TTA Center.

Figure 4. Stakeholder Preferred Services



Among the stakeholders interviewed, responses varied from jurisdiction to jurisdiction. Nevertheless, the top four technical assistance services that stakeholders would prefer were live assistance, collaborative opportunities, individualized support, and community local expert network (peer-to-peer) support. Thus, more than two-thirds of responses of services preferred (68.5 percent) were those which give stakeholders interactive access to support for the challenges they face.

Demographics: Special Populations Requiring More Focused Attention

Racial and ethnic disparities in health care, including mental health, should be understood within the context of inequities in societal institutions.[22] There is no more glaring inequitable institution when it comes to race than the criminal justice system.

Additionally, in forensic mental health, gender disparities exist. Women have long experienced disparities in diagnosis and treatment of mental illness.[23] In the 1950s, now-debunked theories purported to confirm the validity of traditional gender roles with "scientific" evidence that the "masculine male and feminine female…typify mental health."[24] Wide public misunderstanding, evolving mental health clinical developments, and pervasive stereotypes about people with mental illnesses have contributed to gender disparities in mental health diagnoses and treatments.

Disparities in diagnosis, and hence treatment, for a particular population can often be traced to stereotyping. For example, until the 1970s, the American Psychiatric Association's *Diagnostic and Statistical Manual* described homosexuality as a mental illness.[25] While scientific improvements have changed clinically since the 1970s,

stereotypes have pervaded and continue to impact professional judgments.[26] Historically, individuals with physical disabilities have also experienced disparate treatment in access to appropriate care.

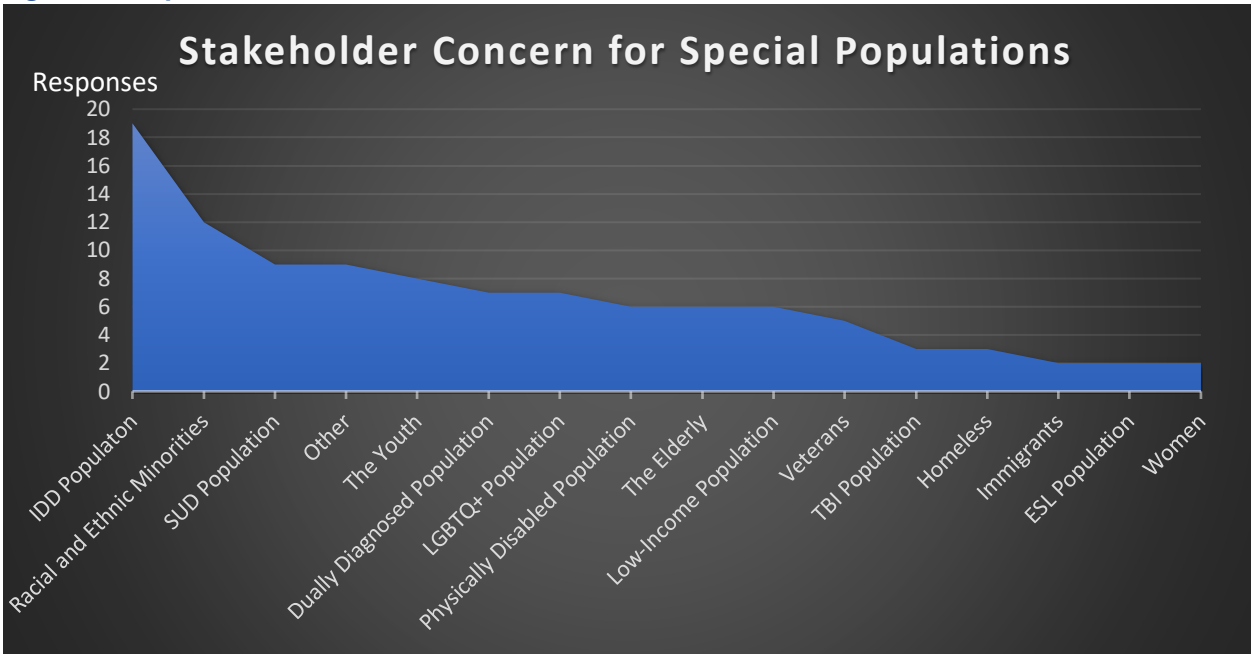
Participants were questioned regarding specific populations that each believed might require more focused attention. In addition to race, gender, ethnicity, sexual orientation, and physical disability, responses included:

- Individuals with intellectual or other development disabilities, including autism;
- Individuals with dementia/Alzheimer's;
- Veterans;
- Immigrants/Non-English-speaking populations;
- Individuals experiencing homelessness;
- Elderly or geriatric populations;
- Youth and juveniles, such as
    - Foster children
    - Special education students
- Professionals who work with MH/SU/IDD populations;
- Individuals with co-occurring conditions;
- Individuals with low socio-economic status; and
- Individuals experiencing obesity.

The above list illustrates the depth of how pervasively and equally behavioral health issues impact the entire state. What many consider as Texas's de facto mental health hospitals - local jails – have contended for decades with inequitable detention and justice. Given this, participants' responses here provide a significant contribution to the research phase of the TTA Center. The information collected can provide HHSC with distinct demographics and help to identify how behavioral health needs throughout the state depending on locality and available resources.

Figure 5 represents the number of replies for each distinct population that stakeholders say might require more focused attention.

Figure 5. Populations of Concern



TTA Center Design and Additional Stakeholder Consultation

According to Frank M. Webb, a retired Houston P.D. senior police officer, the deinstitutionalization of persons with a mental illness contributed to the criminalization of mental illness.[27] Traditional police training is sometimes contrary to the response needed by individuals experiencing a mental health crisis. Additionally, certain parts of the Texas Health and Safety Code written in the 1980s no longer adequately address the issues Texas peace officers face today in responding to justice-involved behavioral health needs.[28]

In his essay, "The Time is Right to Revise the Texas Insanity Defense," Prof. Brian Shannon accurately predicted, "…*[I]f we as a society continue to neglect, fail to prioritize, and underfund the needs of our at-risk citizens with serious mental illnesses, then the criminal justice system will remain overburdened*…"[29] That essay was published 15 years ago, yet Texas jails and prisons too often continue to be utilized as the state's de facto mental health facilities.

For this reason, the Hogg Foundation and HHSC teams wanted to engage individuals not commonly included in forensic mental health discussions. To help identify important non-traditional partners, the final interview question sought out any additional relevant stakeholders that may have been missed for interviews.

Are there additional individuals, organizations, or associations that you believe should be consulted in the development of the technical assistance center?

Attempting to ensure that all relevant stakeholders were consulted, regardless of current criminal justice involvement, participants were asked this important final

question. Though responses varied, two groups were identified that present unique perspectives to inform HHSC in the center's design -- the public education system and hospitals.

Public Education

Dr. Monique W. Morris, author, and lecturer for Saint Mary's College of California defines the school-to-prison pipeline as "the school-based policies, practices, conditions, and prevailing consciousness that facilitate criminalization within educational environments resulting in the incarceration of youth and young adults."[30] School-based referrals to the juvenile justice system can be for low-level offenses such as disorderly conduct, trespassing, or assault (which is usually nothing more than a schoolyard fight). According to a statistic by the U.S. Department of Education's Civil Rights Data Collection, during the 2015-2016 school year, schools referred over 290,600 students to law enforcement agencies or had them arrested.[31]

Within the public school system, how many of these disorderly conduct charges are undiagnosed/untreated mental health issues? How many are the infancy stages of a substance use condition? How does IDD factor in? Are behavioral issues in schools addressed punitively? These and other unanswered questions make public education stakeholders a group worth following up with for further consultation in the development of the TTA Center.

Hospitals

For an individual experiencing a mental health crisis, but voluntarily seeking professional help, the local emergency room may be his or her only viable option.[32] The Supreme Court of Texas described emergency rooms as follows:

> *"Emergency rooms are aptly named and vital to public policy. There exists no other place to find immediate medical care. The dynamics that drive…patients to a[n] emergency room are known well. Either a sudden injury occurs…or an existing medical condition worsens…demanding immediate medical attention at the nearest emergency room."*[33]

In the 2018 the Houston Police Department report, *Responding to the Mentally Ill: A Guide for Texas Peace Officers*, law enforcement officers address an important role hospitals and emergency rooms play:

> *"If staff determine a person has an emergency medical condition, (**including psychiatric and substance abuse emergencies**), the hospital is then responsible for the person until the emergency has been stabilized…"*[34]

Given the frequent use of hospital emergency departments for psychiatric emergencies, it is clear that hospitals and emergency rooms should also be consulted in the design of the TTA Center.

Typically, when we speak of stakeholders across the sequential intercept model, we refer to those who are likely to encounter this population as they go into and through the criminal justice system. However, responses to the final interview question strongly indicate that the public education system and hospitals should be included in future discussions. Both play an important role in diversion possibilities.

Additional Recommendations Obtained from Participant Responses

Significant insight was gained through the stakeholder interviews that will enhance the ability of the TTA Center to meet the needs of Texans. The following additional recommendations obtained during the interviews are offered for consideration by HHSC as development of the Center continues.

1. **CREATION OF A TTA CENTER ADVISORY COMMITTEE - CONTINUING DEVELOPMENT, DESIGN, AND MAINTENANCE OF RESOURCES**
   HHSC should create an advisory committee to continually evaluate the development and implementation of the TTA Center, and to make recommendations for its improvement. The needs of Texas in this arena are vast, diverse, and continually changing. An advisory committee representing the various stakeholder groups will help to ensure that resources are not wasted and that the TTA Center successfully supports the needs of communities.

2. **PUBLIC AWARENESS CAMPAIGN**
   - Prior to launching the technical assistance center, HHSC should release a public announcement that may be shared statewide by the many interested stakeholder organizations. The announcement should include:
     - General information as to what technical assistance is, and how the TTA Center will benefit Texans;
     - Information on the services and supports offered through the TTA Center;
     - Information on how the TTA Center can be accessed and used by local communities; and
     - Acknowledgment that the TTA Center will be evolving over time, adjusting to the needs of Texas communities.

3. **STAKEHOLDER ALIGNMENT**
   Historically, stakeholders have typically carried out their respective practices in silos. To encourage collective learning and collaboration, the TTA Center should provide opportunities for the development of learning communities focused on both geographic alignment, as well as alignment according to duties and responsibilities. This could provide valuable support and offer opportunities for replication of successful pilots and projects.

4. **DATA COLLECTION AND INFORMATION SHARING**
   The TTA Center will be a centralized hub for Texas behavioral health and justice stakeholders to request assistance, participate in collaborative learning, locate

resources, and much more. Data collection and information sharing is key to learning better ways of doing things and developing improved systems and services. The TTA Center should identify what data is needed, facilitate the collection of important data, and make aggregated data available to stakeholders for research, comparisons, analysis, planning, and policy decision-making.

Appendix A: Participants

The Hogg Foundation would like to thank each participant for their time and input in the design of the TTA Center. The value of those responses in informing HHSC in the implementation of the center cannot be overstated. A very special thank you to:

Connie Almeida — *Behavioral Health Services (Fort Bend County)*

Chris Barnhill — *Permia Care (Midland)*

Doug Beach — *NAMI San Antonio*

Coke Beatty — *Pecan Valley Centers (Granbury)*

Chelsea Biggerstaff — *Lived Experience/SU Recovery Coach Communities for Recovery (Austin)*

Ashley Blackburn — *University of Houston*

Holly Borel — *Spindletop Center (Beaumont)*

Sonja Burns — *Family Member Lived Experience Advocate (Austin)*

Judge Nelda Cacciotti — *Magistrate (Tarrant County)*

Alex Cogan — *The Arc of Texas IDD Policy & Advocacy (Austin)*

Faith Colson — *Education Peer Family Member (Ponder)*

Colleen Davis — *Assistant County Attorney (Burnet County)*

Judge Danny Dominguez — *Justice of the Peace (Webb County)*

Shawn Edwards — *Deputy / CIT Training Coordinator (Burleson County)*

Scott Ehlers — *Texas Indigent Defense Commission (Austin)*

Shubrha Endley — *Communities in Schools Houston*

Alyse Ferguson — *Mental Health Managed Counsel (Collin County)*

Lesli Fitzpatrick — *Defense Attorney (Georgetown)*

Jerry Freshour — *Gulf Coast Center Jail Liaison (League City)*

Lynda Frost — *Lynfro Consulting (Austin)*

Tammy Gendke — *Region 3 A.W.A.R.E. Community Project Manager (Victoria)*

Jenny Goode — *Betty Hardwick Center (Abilene)*

Krish Gundu — *Executive Director, Texas Jail Project (Cypress/Austin/Smith County)*

Greg Hansch — *NAMI Texas (Austin)*

Donna Henry — *Mental Health Court Coordinator (Smith County)*

Jenipher Janek — *Public Education Counseling Specialist Region 12 (Waco)*

CMDR Amy Ladd — *Fort Worth Police Department*

Beth Lawson — *StarCare (Lubbock)*

Mandana (Donna) Mahmoudi — *Mental Health Division Chief (Fort Bend County)*

Melissa Meadows — *Gulf Coast Center (League City)*

Michelle Moore — *Chief Public Defender (Burnet County)*
Judge Roxanne Nelson — *Justice of the Peace (Burnet County)*
Denise Oncken — *Harris County District Attorney Bureau Chief of Mental Health*
Andrea Richardson — *Bluebonnet Trails Community Services (Round Rock)*
Ross Robinson — *Hill County MHDD Centers (Kerrville)*
Eva Ruth — *Texas Justice Initiative Data Analyst & Policy (Austin)*
Prof. Brian Shannon — *Texas Tech University (Lubbock)*
Derick Smith — *Harris County Public Defender's Office*
Sandra Smith — *Lived Experience/ ViaHope (Austin)*
Shelley Smith — *West Texas Centers (Big Spring)*
Thomas Smith — *Spindletop Centers Mental Health Deputy (Beaumont)*
Ty Stimpson — *Assistant District Attorney (Tarrant County)*
Lisa Sullivan — *Texas Suicide Prevention Collaborative (Statewide)*
Nancy Trevino — *Texas Tech Mental Health Initiative Director (Lubbock)*
Denette Vaughn — *Disability Rights TX (Lubbock)/State Bar of Texas Mental Health Subcommittee*
Johnnie Wardell — *Central Counties Services (Temple)*
Julie Wayman — *Texas Education Association Mental Health (Austin)*
Andy Young — *Lubbock Christian University*

Appendix B: Preferred Support by Intercept Point

Appendix B, Table 3 represents the various supports the participants indicated they would like to see in the TTA Center. Responses are grouped according to intercept point.

Table 3. Desired Support Data

Intercept Point	Stakeholder Interviewed	Desired Supports
Intercept 0 – Community Services	LMHAs, Policy Advocates, Academics, Data Analyst	Videos, peer supports, motivational check-ins with staff, consultations, "boots on the ground" assistance, assistance from knowledgeable people, individual assistance and support, job training, functional life training, phone support, resource mapping, one-on-one support with experienced staff, training for jail staff, conferences, collaboration opportunities, dissemination of information, webinars, safe spaces to ask questions, assistance with individuals with intellectual/developmental disabilities, expert consultation
Intercept 1 – Initial Contact with Law Enforcement	Crisis intervention, EMS, police	Outline of all services available, group conversations (collaboration), consultation from groups, expert technical assistance
Intercept 2 – Initial Detention and Court Hearings	Sheriffs, magistrates, jail services	Data-driven assistance, webinars, peer support, platform to ask questions
Intercept 3 - Courts	Judges, prosecutors, defense attorneys, court coordinators	Peer-to-peer support (local expert network), live assistance, legislative updates, database on available beds, opportunities to network, peer support services (from certified peer specialists), individualized help for attorneys in small jurisdictions, remote access to services, easily accessible data, one sources for data, forms, assistance; practical information that is not generic
Intercept 4 – Re-entry from Jail or Prison	Persons with lived experience, family support, re-entry services	Data, up-to-date resources, access to experts, peer-to-peer support, live assistance, education/employment /recovery resources, listservs, collaboration, 24/7 access
Intercept 5 – Community Corrections	Probation or parole supervision	Did not participate in interviews.

Appendix C: Interview Raw Data to Select Questions

Table 4. Raw Data Color Key

Sequential Intercept Point	Stakeholder
(0) Community Services	LMHAs, Policy& Advocacy, Academics, Data Analyst
(1) Initial Contact Law Enforcement	Crisis Intervention, EMS, Police
(2) Initial Detention & Court Hearings	Sheriffs, Magistrates, Jail Services
(3) Courts	Judges, Prosecutors, Def. Attys., Court Coordinators
(4) Reentry from Jail/Prison	Lived Exp., Family Supports, Reentry Services
(5) Community Corrections	Probation or Parole Supervision

Table 4. Raw Data

Informational/Topical Gaps	*Main Points and Barriers to Address with MH/IDD/SUD*	*Special Populations Requiring More Focus*
How to communicate with individuals with IDD, how to identify someone with IDD	Need to interact with individuals in the IDD community	Individuals with physical disabilities
Better community communication, better understanding of the interface of the justice and MH system, better understanding of how to divert individuals away from jails	Need more options for individuals with MH issues	Individuals with IDD; Alzheimer's; dementia
Being able to find resources	n/a	Individuals experiencing addiction
Best ways to work with populations, law enforcement training, bridging gaps between what we know to be true and what happens in communities, better connecting with community partners	More programming, better awareness of existing services	People of color; women; LGBTQ+; individuals with IDD; veterans;
Information about how to acquire transportation food and shelter for people who need treatment, information for LMHAs on how to secure funding or function without it	Change Medicaid rules	Individuals with IDD, dual diagnoses; women
Evidence based practices, how to interact with law enforcement	Information on court processes	Individuals with substance use conditions
Information about juvenile justice, creating bridges between MH workers and probation officers, understanding the barriers in treatment and creating paths to success	n/a	Individuals with substance use conditions; elderly
Information sharing, removing barriers to service, data integration, family-focused practices	Better engagement of consumers, how to use technology to connect people to services and keep them connected	Individuals with substance use conditions, IDD, and those in poverty
Data on law enforcement interactions	state responsibility	n/a
Understanding role of LMHAs and IDD, Information on how to set up MH courts	Figuring out how to better partner with jails, Better case management and structure for those in CJ system	Individuals with IDD; people of color
How to understand/help families with children struggling with MH issues, better	Working in rehabilitation to 'discipline'	Minorities

Informational/Topical Gaps	*Main Points and Barriers to Address with MH/IDD/SUD*	*Special Populations Requiring More Focus*
relationships between families and educators		
Materials to educate public servants in rural areas	Better training for law enforcement on how to handle those with IDD, Better information to law enforcement on where to take individuals other than the jails	Individuals with IDD; obese; youth; individuals with substance use conditions
Information sharing, better resources overall	Jail training	Individuals with IDD
Resource maps	Information for schools on how to handle MH issues	n/a
Information sharing to everyone	Providing positive outlets to students outside of academics, wrap around services, educating about services available	LGBTQ; children with IDD
Information to jails about where to turn, help communities with sequential intercept mapping	Reducing reliance on seclusion and restraint in state hospitals and jails - more focus on de-escalation	Individuals with IDD; trauma affected individuals
Information about the implications of new laws	How to better collaborate with law enforcement, information on approaches	Veterans; individuals with mental illness in jails; individuals with dual diagnoses
Information for rural communities	Getting services to people, information on federal funding	Transgender population
Educate everyone	n/a	LGBTQ; children with IDD
Information on legal statutes	Redesign CJ system	Individuals with dual diagnoses
Support for rural communities	Funding, rural centered support	Individuals with IDD, dual diagnosis
Information for rural communities	Case workers in jails, MH diversion programs	Individuals dually diagnosed; people with complicated medical issues
Sharing trauma-informed approaches to educators	Best practices providing intervention/treatment plan	Immigrants, people who have been trafficked
Reintegration, job skills, housing	Dropout prevention	Special education students
Ending mental health stigma, how to be a responsible family member to someone struggling with MH, law enforcement training	Jail diversion, more focus on rehabilitation, innovative enforcement	People living with addiction
Main stream info, bringing MH professionals and law enforcement together	Education for law enforcement	Individuals with substance use conditions
Law enforcement training	Emphasis on IDD	Individuals with substance use conditions
n/a	Crisis and jail diversion system, better training, extended observation, MDRT teams	Individuals with low-income
Gaps in data, better information sharing, better collaboration	17032 could be better, better follow up with consumers	Individuals with IDD; juveniles

Informational/Topical Gaps	*Main Points and Barriers to Address with MH/IDD/SUD*	*Special Populations Requiring More Focus*
Information to help Texas Jail Project	Making definitions mainstream across the state/different orgs, better training for police	Individuals with disabilities; veterans; pregnant women
Understanding of how resources work and what resources are available	Better case management	n/a
Better relationship between service providers and law enforcement	Lack of services, more facilities	Young adults and youth with substance use conditions
Forms/templates for how to proceed in MH cases in court	Limited providers and resources	Individuals with physical disabilities
Getting people connected to services	Housing, transportation, general discrimination	Individuals with physical disabilities
Services for IDD	Dash board for data, better communication between state hospitals and local jurisdictions	Individuals with IDD; ESL
Information on how to help people with IDD, information on mobile crisis outreach team	Housing, transportation, general discrimination	People of color
Gaps in service	medication continuity and management	Younger population (under 30)
Information on how to get people out of jails and into treatment	n/a	Individuals with IDD
Better law enforcement diversion training	LMHAs stretched too thin, transportation issues	Individuals with autism, IDD
Accurate information about people's medical histories	Housing, information on services, proper appointment of attorneys	Individuals with IDD; young offenders; Individuals with dual diagnoses
Information for attorneys dealing with MH cases, information about programs/services, more diversion training for police	Training for judges on MH cases, substance abuse programs, training for probation officers, training for DAs	Individuals with IDD, substance use conditions; veterans; transgender population; individuals with low-income; people of color
Services for attorneys, resource maps	Housing	Elderly, youth, individuals experiencing homelessness, TBI
Court communication	More options for services	People experiencing homelessness
Options to prevent law enforcement engagement, Housing	Education	Black, Hispanic, Deaf/Hearing Impaired, ESL, Immigrants
Magistration, training people inside jails	Public education, education for the judiciary	n/a
Connection between trauma, mental health, and behavioral health, how to treat children with MH issues	Better educate MH professionals, Getting MH services in schools	Children and youth in foster care; youth experiencing homelessness and poverty
Information about peer and family supports in and around CJ system	Trauma informed care, content relating to TBI, evidence-based practices, peer supports	TBI, IDD, dual diagnoses, Black, Latinx, low-income population, uninsured population
Information about warning signs of MH / other issues	Stigma against MH, Proper supervision/facilities for suicidal people	Youth, veterans, rural populations, Native Americans, Black people, LGBTQ

Informational/Topical Gaps	*Main Points and Barriers to Address with MH/IDD/SUD*	*Special Populations Requiring More Focus*
Promoting those with lived experience, making healing from trauma a priority	Workforce development, overall education about felons	LGBTQ
Diversion centers	Need to involve people with lived experience	Individuals with TBI, IDD, Dementia

Appendix D: Selected Anecdote

The following is the 2017 probation revocation of Zachariah Tyre, as described by Corpus Christi attorney, Kara McHorse. Kara was a law student intern at the Tarrant County District Attorney's Office when she witnessed the events. This inspired her to write a 2020 legal comment based on what she experienced.

> *In 2015, Tyre pled guilty to the second-degree felony offense of burglary of a habitation, at which time he was granted deferred adjudication and sentenced to three years' probation. As part of his probation, he was referred to Pecan Valley Centers for Behavioral and Developmental Healthcare, where his Bipolar I disorder was confirmed. However, before the end of the probationary period, his close family began contacting the court to express concern over Tyre, saying he may be "spiraling out of control" and that "he had not been taking his medication as prescribed." In December 2017, he was arrested while leaving a bar, and in January 2018, he began sending harassing and threatening messages to his ex-wife, whose house he had initially broken into.*
>
> *While sitting in his probation revocation hearing, Kara witnessed the court acknowledge Tyre's mental health problems. Tyre's family, and even his ex-wife, testified that he desperately needed mental health help, pleading for an alternative to incarceration on his behalf.*

Unfortunately, Texas systems often offer few opportunities for offenders like Tyre to have a second chance…consequently, he was sentenced to the Texas Department of Corrections after the judge revoked his probation.

*McHorse, Kara. "Recognizing the Need for Mental Health Reform in the Texas Department of Criminal Justice". St. Mary's Law Journal, vol 51, 2020, pp. 517, 546., https://core.ac.uk/download/pdf/322512962.pdf. Accessed 10 July 2021.

Endnotes

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