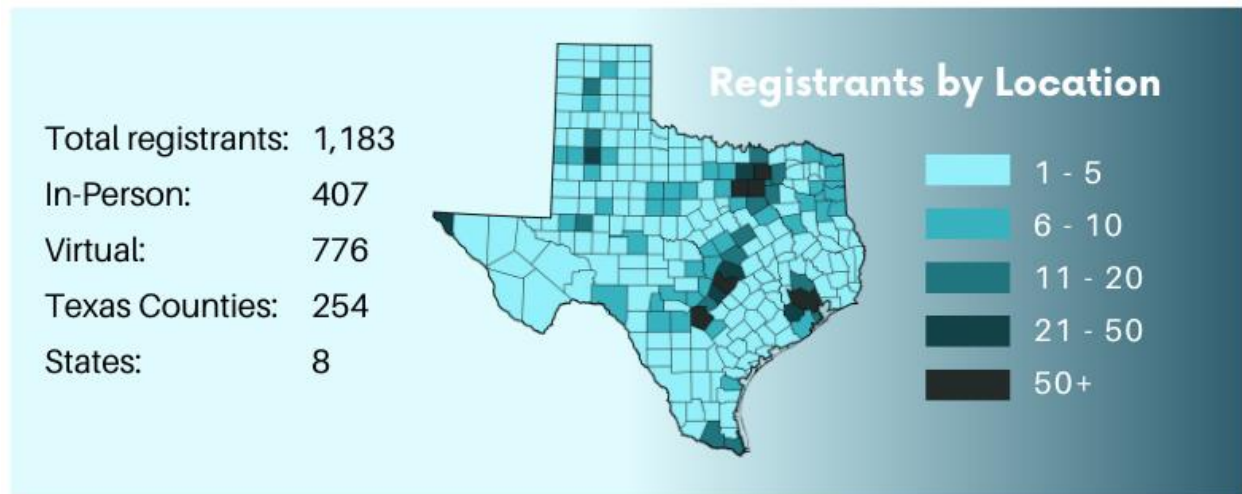




7TH ANNUAL  
**JUDICIAL SUMMIT  
ON MENTAL HEALTH**  
NOVEMBER 21-22, 2024

## 2024 SUMMIT STATISTICS



### PARTICIPANT FEEDBACK

*The following information is based on the Survey Responses of 154 Respondents*

#### Overall, how would you rate the event?

- 90.26% Excellent or Very Good
- 7.79% Good
- 1.95% Fair

#### Was the length of each session too long, too short, or just right?

- 88.96% Just Right
- 10.39% Too short
- 0.65% Too Long

#### How relevant was the Summit to your work?

- 83.66% Very Relevant
- 14.38% Kind of Relevant
- 1.86% Minimally Relevant

### POST-SUMMIT SURVEY RESPONSES

#### Attendees were asked to choose their top 3 sessions of the Summit, they chose:

- 53.90% Lessons from the Boys in the Bunkhouse: Promoting the Human Rights of Individuals with IDD
- 32.47% Diversion before Diversion
- 30.52% Dangerous Women: Confronting Stereotypes in the Criminal Legal and Mental Health Systems

#### If attendees chose a Breakout Session as a favorite, they preferred:

- 15.89% What Families Want You to Know to Improve Outcomes for Individuals with SMI
- 14.02% Behind the Curtain: Competency Restoration at Texas State Hospitals
- 14.02% Navigating MH & IDD in Juvenile Court

## ATTENDEE COMMENTS

### Top Takeaways:

- Collaboration is crucial to success
- There are others in similar positions throughout the state willing to help
- Mental health affects all aspects of the judicial system
- Involve families in cases of individuals with mental illness
- Resources are out there, we just have to know where to look

### Most Liked Parts of the Summit:

- Networking opportunities
- Variety of topics and speakers
- Lived experience/personal stories
- Availability of an online option
- Cost (free)

### Suggestions for Improvement:

- More breakout options for online attendees
- Longer sessions with time for Q&A/longer conference
- More in-depth topics or an “advanced” track
- More lived experience speakers/stories

### Topics or Speakers attendees want to see added to the Summit Program:

- Juvenile sessions (brain development, juvenile probation, youth diversion)
- Jail mental health, JBCR
- More lived experience
- Science and research-based topics as opposed to social factors
- NGRI

### Additional Feedback:

- “This collaborative effort between civil and criminal courts, providers, and other stakeholders is an important model. Bravo.”
- “The staff of JCMH is so warm and welcoming and always makes me feel like we are all part of a team in our endeavor to make the MH, IDD, and SUD issues better and gives us great resources and information that we can then implement in our own communities.”
- “Thank you for sponsoring this wonderful free event for so many years. It is a great resource!”
- “Another great conference/Summit; every year the topics/breakout sessions are improving.”

# Judicial Summit on Mental Health

## *Executive Summary & Top Learning Points*

The Judicial Commission on Mental Health brought together 1,183 people committed to improving the justice system for people with mental health concerns during the 7<sup>th</sup> Annual Judicial Summit on Mental Health in Allen, Texas, from November 21-22, 2024. Participants included stakeholders from diverse professions—from judges and attorneys to mental health clinicians and law enforcement officers. For the first time, the Summit boasted registrants who work in all 254 counties in Texas and representatives from each Local Mental and Behavioral Health Authority. The event featured a presentation by keynote speaker Robert Canino, a Regional Attorney with the Dallas District Office of the Equal Employment Opportunity Commission. Mr. Canino civilly prosecuted a case against Henry’s Turkey Service, a turkey processing plant in Iowa that brought intellectually and developmentally disabled men from Texas to work for illegally low wages, all while subjecting them to physical and emotional abuse. This story, along with those from other presenters who spoke about their lived mental health experiences, gave the audience a new perspective on their work, highlighting an opportunity to lead with empathy. The Summit also explored real-life examples of how to utilize risk assessment and de-escalation tactics, the present-day needs of services for youth, and how collaboration is key to improving the system for everyone involved. The expansion of breakout sessions at this year’s Summit provided participants with 21 different topics to explore. All resources from the Summit are available on the [JCMH website](#), with recordings of each session forthcoming. Below are fifteen of the key learning points from the Summit:

- 1. Collaboration is Still Key.** The theme of collaboration emerged throughout the 2024 Judicial Summit on Mental Health. Robert Canino, the civil rights attorney mentioned above, stated, “It takes a team of experts all pointed in the same direction to make it work. We have to share information and think of it as not my job, but our job. Collaborating within the community and with the client’s family is immensely important.” Jerri Clark gave a poignant account of her family’s experience in the mental health and criminal justice systems, stating “There is a knowledge gap that has blamed families instead of engaging with them to improve outcomes. ... Talking to and listening to families like mine is in everyone's best interest.” And finally, the JCMH County Mental Health Law Plan promotes collaboration by bringing together the civil and criminal sides of a county to help each other.
- 2. Mind the Gap—Jargon can be a Barrier Between Professions.** In *Clinical and Legal Collaboration in Mental Health Litigation: The Civil Commitment Process*, Daniela Chisolm and Dr. Roberto Kutcher-Diaz highlighted this concept. Dr. Kutcher-Diaz remarked: “To more effectively collaborate, we need to break things down in a way that everyone can understand.” Chisolm gave examples of how “the differences between medical language and legal language can be a barrier” and how to work together to eliminate those barriers.

- 3. Include and Amplify the Voices of People with Lived Experience.** This theme was represented by many speakers throughout the summit, including Lesli Fitzpatrick who publicly shared her story for the first time. Marci Simmons stated: “A solution is found in age-appropriate, person-centered care that treat individuals as experts in their experiences, valuing their voices in guiding care.” Robert Canino reminded us that “when victims are quiet, find an expert who can amplify their voice.” Jerri Clark added: “the biggest things families wanted providers to know are that we are allies, and we want to problem solve with the system to make lives better for our loved ones.” Jennifer Toon shared that “finding a therapist with lived experience was fundamental to my healing.”
- 4. Eliminate Stigma and Meet People Where They Are.** Dr. Courtney Harvey noted that during the development of the Children’s Mental Health Strategic Plan that “focus groups revealed there is still a lot of stigma for youth around receiving care.” Marci Simmons reminded the audience that “None of us in this room are the worst decisions we've made,” and that “when you use those [stigmatizing] labels you reduce those people to those labels. Say it enough and people will feel that way.” Anna Grey recommended from the audience: “Don’t interact with the diagnosis, interact with the individual.” Dr. Blake Harris pointed out that it is “very important when we’re working with adolescents and veterans, [to] incorporate things that are culturally competent and relative to the population you are working with but also the individual.”
- 5. Embody and Systemize Self-Care Throughout an Organization.** Jessica Chevrier stated in her presentation: “Burnout isn't an individual phenomenon. We can't address burnout just with self-care but have to do it systematically.” She noted that “we are struggling to maintain workforce in the areas of mental health and the justice system, but we continue to lose hundreds of years of experience by failing to address burnout institutionally.” Her advice to employers is to lead by example: If you want people to take care of themselves you have to do it, too.
- 6. Provide a Holistic Approach and Wraparound Services that Address Underlying Trauma and Promote Appropriate Diversion.** Judge Rocky Jones and Vicki Rice discussed diversion techniques and considerations for the beginning of a case before formal diversion programs are considered. They encouraged participants to review Pretrial Guidelines, use assessments to determine requirements for success, determine the ultimate goal for the defendant, and develop your court’s non-negotiables. They also advised courts to be relatable to build trust. Rice warned audience members to “make no mistake, the system is traumatic; the system itself is causing trauma. You have to be open, you have to be trusting; our clients don't trust us, ... I call it an armor they put on.” To that end, Judge Jones encouraged participants by saying, “each and every individual here can divert an individual and get them off the path ...The Pre-Trial Officer and Judge are the ones that may have to show the defendant a clear path.”

- 7. Lead with Empathy. Walk a Mile in Someone Else's Shoes.** JCMH Commissioners and Collaborative Council members participated in a re-entry simulation. They reflected on how profoundly the experience changed their perspective on their own work, with Judge Karen Diaz stating: "I felt the prejudice, I felt helpless, and it felt like there was nowhere I could turn. I had to go destress afterward because of how this simulation made me feel." Judge Selena Solis noted: "after the experience, I'm going to have a better understanding of the struggles and encourage them to persevere." Judge Diaz added: "I am going to try to make sure that those people who have to walk that mile have the resources and people who can help walk them through these programs and the individuals have the information they need to be successful when they come out."
- 8. Beyond being Trauma-Informed, We Must be Grief-Informed.** Dr. Julie Kaplow and Yolanda Lewis presented a session on the importance of nurturing resilience and adaptability to address symptoms of grief and trauma before negative behaviors lead children to become involved in the criminal justice system. Lewis challenged the audience to "think about child brain health and how it affects childhood prosperity." Dr. Kaplow informed us that "bereavement is the strongest predictor of poor school outcomes above and beyond any other form of trauma." Lewis added that "in 2023, 68% of youth admitted to TJD noted having an incarcerated household member," which is a type of ambiguous loss.
- 9. Follow the Science and Adjust Accordingly. For example, Learn about Adulthood and Medicated Assisted Treatment.** Angell Carroll, Marci Simmons and Jennifer Toon presented information on Adulthood, which is a type of bias which skews the perception of certain children, leading to others, including professionals, viewing them as more adult. Carroll cited studies showing that prosecutors drop 7/10 cases against white girls but only 3/10 cases against black girls, and that black girls are viewed as less innocent and nurturing as early as age five. Another summit session, *Evidence-Based Treatment for Substance Use Disorders* by Erin Rodriguez highlighted that "universal screening policies help improve equitable access to treatment." Erin also stated that, "there is no research that indicates that it is helpful for a client to have to stop the use of medication [for addiction treatment] before they leave your program. We cannot change those brain synapses simply by having them in court."
- 10. If We Don't Track the Data, We Erase People and Their Experiences.** Angel Carroll emphasized that "When you are not counting, you erase girls. You erase their experiences. That's why data is so important."
- 11. Self-Assess with the County Mental Health Law Plan.** For example, many counties have found jail-based competency restoration is resolving some of their long waitlists for competency restoration services. Anything we can do to strengthen JBCR will knock the waiting list numbers down tremendously. Use the CMHLP Checklist to see if your county is ready for JBCR.

- 12. Focus on the Youth.** Dr. Courtney Harvey told the audience that “the acuity of the needs of the children is higher than ten years ago. There is a need for more crisis services, outpatient services, residential care, and inpatient care for children in Texas. Parents want more access to counseling services for their children, but workforce is an issue.” This message to focus on prevention aligns with a statement from Judge Rocky Jones in her presentation: “If we do this right in the beginning, then maybe, just maybe, we won't have as many people in the criminal justice system.”
- 13. Families are Allies and Want to Help Problem Solve with the System.** Jerri Clark shared her family’s heartbreaking and frustrating lived experience and what she wished professionals knew: “Talking to and listening to families like mine is in everyone's best interest. There is a knowledge gap that has blamed families instead of engaging with them to improve outcomes. We have to pay attention to how are systems are rigged against those who need them the most.”
- 14. Use Risk Assessments to Direct your Resources and Most Intensive Services to High-Risk Individuals and Minimize Services to Lower Risk Individuals.** Dr. Blake Harris stated: “the risk principle says you need to direct your resources and your most intensive services to high-risk individuals, and you want to minimize services to lower risk individuals.” Erin Rodriguez made a similar point: “Over 50% of providers in the US are not equipped to treat high-risk, high-need individuals. So that means we can do hours and hours of treatment but if the treatment provider is not utilizing these services and aren’t equipped to handle it, we are not going to see the outcomes are hoping for.” Dr. Harris recommended that “when you are providing support to someone, you need to engage in ongoing sustainable support in a person's natural community. Look at their natural environment, not the one they should live in, but the one they actually live in.”
- 15. There are Steps You can Take to De-escalate a Stressful Situation.** Law enforcement officers walked the audience through de-escalation techniques, with Eric Fox highlighting: “We can all exhibit tactical transparency—tell the individual what is going to happen, so they have an idea of what to expect. Shawn Edwards offered: “Do what you can to keep a calming environment--say good morning; try to take away some stress; offer solutions and reasonable options.” Melvin Bowser noted that “the mistake I see the most when people are trying to de-escalate someone is going straight to problem solving when that person isn’t in the right frame of mind due to their heightened state of emotion. It's like trying to logic with your drunk friend, they have to sober up first.”

## Conclusion

Judge John Specia, Jr. wrapped up the summit by thanking the participants: "By being here, you are a leader." Judge Specia adjourned the gathering with congratulations to the JCMH: “It was monumental that the Supreme Court and the Court of Criminal Appeals came together to create the JCMH; It’s been a unique experiment that has worked out extraordinarily well.”