

**From:** [Texas Sunset Advisory Commission](#)  
**To:** [Sunset Advisory Commission](#)  
**Subject:** Public Input Form for Agencies Under Review (Private/Before Publication)  
**Date:** Wednesday, November 13, 2024 9:45:31 PM

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Submitted on Wed, 11/13/2024 - 20:35

Submitted by: Visitor

Submitted values are:

**Choose the agency that you would like to provide input about**  
[Texas Department of Criminal Justice](#)

### Public Comments

1

#### First Name

Mary

#### Last Name

Gawron

#### Organization you are affiliated with

resident

#### Email

#### City

Austin

#### State

Texas

#### Your Comments or Concerns

TO: The Sunset Commission Public Hearing Testimony - Texas Department of Criminal Justice

FROM: Mary Gawron,

DATE: 11/14/2024

The Texas mental health system is in CRISIS with more people with mental illnesses in Texas jails and prisons than in state hospitals. The lived experience of myself and thousands of other family members plus required data being gathered by the State, all point to the issues below.

#### Lived Experience

We have written, called, emailed and texted Texas senators and representatives about an ongoing mental health issue on behalf of our son, on parole until January 25, 2025. Our son can't speak for himself. Konrad has a diagnosis and lacks awareness of his illness

(anosognosia). Konrad needs support and supervision in a community setting with qualified staff. We are disappointed that with all the resources available in Texas, no one can help our son get the care he needs.

CONCERN: Austin Transitional Center managed by CoreCivic

Our son was placed in the Austin Transitional Center (ATC), Del Valle, TX., run by CoreCivic and contracted by TDCJ. Because he has a serious mental illness (SRI), we tried and could not contact staff to ask about our son because no one answers phones and there is no voicemail to leave a message. When we have a cell number and text a message, no one responds, unless we get lucky. We are concerned for our son and could not determine if he was getting mental health services and the medication he needs. This facility is not accountable to their clients or to the client's family. It is a disaster.

When Konrad had appointments for potential housing or with health care providers, staff denied him leave to take care of these matters. How do we know? Because we were there to pick him up to take him to his appointments and found out staff was blocking him from leaving.

Konrad had multiple cell phones stolen as well as clothing and, although we complained, no one addressed the thefts. The counseling staff acknowledged the problems and advised us that ATC was not a good placement for Konrad. The alternative placement suggestions we were given were even worse than ATC. We were advised and saw facilities on the TDCJ approved housing list that were run down, poorly staffed, and inadequate for a person with a mental diagnosis.

We pay taxes to run ATC which is subcontracted by the Texas Department of Criminal Justice (TDCJ) to CoreCivic. We have complained to CoreCivic and never got a response. It's a national company with a poor reputation and a strong presence in Texas. CoreCivic needs serious scrutiny.

We will continue to contact and address our serious issues with the Governor, TDCJ, mental health professionals, senators, and our representatives. It is a disgrace and a waste of taxpayer money to warehouse people with no concern for their serious mental health needs. Core Civic is not accountable to Texans.

Solutions

Rigorous onsite review and examination of the CoreCivic run facilities, including services and staff at all Texas CoreCivic run facilities.

FROM: Mary Gawron,

DATE: 11/14/2024

Further Behavioral Health and Criminal Justice Testimony:

Texas Mental Health CRISIS

Provide a complete continuum of care, particularly in residential solutions for those with the most serious cases of mental illness.

Provide step-down/step-up facilities, Texas lacks the step-down/step-up facilities, originally planned for state hospital campuses, that would accommodate some who currently can't be discharged for lack of the level of care that they need, and at the same time, serve those currently unsuccessful in the community who need a higher level of care; these two groups are

costing this state the most.

Numbers - 50% or more of people with severe schizophrenia and a high percentage of those with bipolar cannot see or understand that they have a mental illness; this is termed anosognosia, which is part of the illness itself, often resulting in people going off their medications upon discharge and cycling once again through hospitalizations, incarcerations, and/or homelessness, at great cost to taxpayers, to the ill person's welfare and recovery possibilities, as well as increasing public safety concerns.

Mental Health Courts can identify and intervene on behalf of individuals with Serious Mental Illness and provide appropriate services and treatment instead of jail time.

Use existing facilities wisely - At the Austin State Hospital (ASH), there are approximately 100 long-term patients (those who have been there for 365 days or more, some for much longer); many of them, although stable and no longer in crisis, can't be discharged because Texas doesn't have an appropriate community placement for them.

### Solutions

Because mental illness can manifest very differently from person to person, there is an imperative to move beyond a one-size-fits-all approach.

A tailored, person-centered approach is needed to increase the effectiveness of treatment and improve outcomes.

A diverse array of evidence-based intervention approaches that can be adapted and implemented across a continuum of care—from crisis management to longer-term specialized treatment are needed.

Targeted and timely interventions ensure that each person receives the appropriate level of care when they need it most. The need for on-demand access to care is particularly important in crisis situations when the immediate availability of specialized care can save lives and divert individuals from unnecessary criminal justice involvement and into the treatment they need.

Promote Data-Driven Services and Supports for People with SMI and SED

Make It Easier to Get Good Care

Close the Gap Between What Works and What is Offered

Increase Opportunities for Diversion and Improve Care for People with SMI and SED

Involved in the Criminal and Juvenile Justice Systems

Develop Finance Strategies to Increase Availability and Affordability of Care

Why should people have to commit a crime before they can get mental health treatment?

We have criminalized mental illness rather than creating diversion centers.

We don't invest in the early detection and assessment of mental health conditions.

Fully funding every LMHA and LBHA for First Episode Psychosis treatment (FEP), also known as Coordinated Specialty Care (CSC) is a best practice and cost-effective.

### Step-Down/Step-Up Facilities

Elements include:

An intentional community, ideally on a campus setting such as ASH and the SSLCs have

A high level of care, oversight, and supports that are person-centered

Length of stay determined by individual need, and for some, possibly a lifetime

Involuntary placement when necessary enrichment and community-building activities leading to progress in recovery, with the possibility of moving to a lower level of care

Mandated medications\*

Secure setting for those at risk of leaving and not returning\*

\*Regulatory changes needed

“No Wrong Door”

One example of programs supporting individuals from all populations, including those with SMI and SED, is the No Wrong Door (NWD) System. This program is a network of state agencies and community-based organizations promoting access to long-term services and supports (LTSS) through coordinated points of entry.

NWD assists individuals navigating health and social care services through outreach, streamlined assessments, person-centered plans, information, and referral to state and community-based resources, and a governance structure that ensures these functions are available and coordinated across the state.

Until Texas addresses the CRISIS and closes the gaps in the continuum of care, particularly for those with the most severe and persistent cases of mental illness, with or without substance use disorder (SUD), and makes the necessary regulatory changes, the system will continue to be inefficient and ineffective for many, and the taxpayers and ill citizens will continue to pay the price, through no fault of their own. TEXAS CAN DO BETTER - but it takes the will of Texas legislators, regulatory changes, focused funding, use of accurate data, and the coordination of available resources to address the CRISIS and make the critical changes happen for our loved ones.

### **Your Proposed Solution**

CoreCivicSolutions

Rigorous onsite review and examination of the CoreCivic run facilities, including services and staff at all Texas CoreCivic run facilities.

Behavioral/Mental Health Solutions: Solutions:

Currently TDCJ is not capable of handling the level and complexities of serious mental illness (SMI). TDCJ is an unqualified (de facto) mental health provider for over 40% of the prison population.

Intervention is needed to divert individuals with SMIs from incarceration.

Mental illness can manifest very differently from person to person.

There is an imperative to move beyond a one-size-fits-all approach.

A tailored, person-centered approach is needed to increase the effectiveness of treatment and improve outcomes.

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Targeted and timely interventions ensure that each person receives the appropriate level of care when they need it most. The need for on-demand access to care is particularly important in crisis situations when the immediate availability of specialized care can save lives and divert individuals from unnecessary criminal justice involvement and into the treatment they need.

Promote Data-Driven Services and Supports for People with SMI and SED

Support diversion for individuals with SMI

Make It Easier to Get Good Care

Close the Gap Between What Works and What is Offered

Increase Opportunities for Diversion and Improve Care for People with SMI and SED  
Involved in the Criminal and Juvenile Justice Systems  
Develop Finance Strategies to Increase Availability and Affordability of Care

Why should people have to commit a crime before they can get mental health treatment?  
We have criminalized mental illness rather than creating diversion centers.  
We don't invest in the early detection and assessment of mental health conditions.  
Fully funding every LMHA and LBHA for First Episode Psychosis treatment (FEP), also known as Coordinated Specialty Care (CSC) is a best practice and cost-effective.

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An intentional community, ideally on a campus setting such as ASH and the SSLCs have  
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Length of stay determined by individual need, and for some, possibly a lifetime  
Involuntary placement when necessary enrichment and community-building activities leading to progress in recovery, with the possibility of moving to a lower level of care  
Mandated medications\*  
Secure setting for those at risk of leaving and not returning\*

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NWD assists individuals navigating health and social care services through outreach, streamlined assessments, person-centered plans, information, and referral to state and community-based resources, and a governance structure that ensures these functions are available and coordinated across the state.

**My Comments Will Be Made Public**

Yes

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Public Input Form for Agencies Under Review (Private/Before Publication)  
**Date:** Tuesday, November 12, 2024 8:04:55 AM

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**From:** Texas Sunset Advisory Commission <[sunset.website@brightleafgroup.com](mailto:sunset.website@brightleafgroup.com)>  
**Sent:** Monday, November 11, 2024 3:20 PM  
**To:** Sunset Advisory Commission <[sunset@sunset.texas.gov](mailto:sunset@sunset.texas.gov)>  
**Subject:** Public Input Form for Agencies Under Review (Private/Before Publication)

Submitted on Mon, 11/11/2024 - 14:12

Submitted by: Visitor

Submitted values are:

**Choose the agency that you would like to provide input about**

[Texas Department of Criminal Justice](#)

#### Public Comments

1

#### First Name

Mary

#### Last Name

Gawron

#### Title

Ms.

#### Organization you are affiliated with

My loved one - my family

#### Email

#### City

Austin

#### State

Texas

#### Your Comments or Concerns

Our son was incarcerated as a result of a psychotic episode. There has to be a better solution for individuals with serious mental illness who need psychiatric support not incarceration. The prison system includes thousands of persons (over 50 %) who need medical attention.

**Your Proposed Solution**

Invest in diversion centers and step up and step down models of care for individuals who are diagnosed with serious mental illness. Create a path with supervision and medication management combined with therapeutic treatment in a community setting with qualified staff.

**My Comments Will Be Made Public**

Yes