DENTON COUNTY
BEHAVIORAL HEALTH
LEADERSHIP TEAM
Comprehensive behavioral health for every person in Denton County

Thursday, July 15, 2021 | 8:00 a.m. – 9:30 a.m.
Virtual Meeting
https://zoom.us/j/93852469789?pwd=Ui96NVpVSldxRDNKYll6OVppWGRyQT09

Agenda

I.	Welcome	L. Elliott	2 min.
II.	Vote to Approve Minutes	L. Elliott	2 min.
III.	New Participant Introductions	L. Elliott	5 min.
IV.	Report from Dr. Nuby	M. Nuby	10 min.
V.	Report from MHMR	B. Waymack	10 min.
VI.	Workgroup Committee Reports		10 min.
	a. Child and Family Systems	L. Elliott	
	b. Veterans Workgroup	S. Spencer	
	c. Jail Diversion	S. Spencer	
	d. Substance Use	H. Galloway	
VII.	Denton County Veteran Stability Program	E. Baxter	5 min.
VIII.	Backbone Support Update		15 min.
	a. COVID-19 Relief & Recovery Fund Outcomes - G. Henderson		
	b. Denton County Homelessness Leadership Team Update - E. Lusk		
	c. Denton County Workforce Success Leadership Team - O. Williams		
IX.	New Business	L. Elliott/S. Spencer	15 min
	a. Renewal of appointments		
	b. Election of Officers		
	c. Future meetings (virtual, hybrid, in-person)		
X.	Public Comment		
XI.	Adjourn	L. Elliott	

Next Meeting:

Thursday, September 16, 2021 | 8:00 a.m. to 9:30 a.m. | United Way Denton County

United Way
Denton County

DENTON COUNTY
BEHAVIORAL HEALTH
LEADERSHIP TEAM
Comprehensive behavioral health for every person in Denton County

Thursday, May 20, 2021 | 8:00 a.m. – 9:30 a.m.
Virtual Meeting

Meeting Minutes

I. Welcome

Terry Widmer, as chair, welcomed the group to the Behavioral Health Leadership Team meeting.

II. Vote to Approve Minutes

Terry called for any corrections or additions to the minutes from the March meeting. There were none. TJ Gilmore made a motion and Bobbie Mitchell seconded to approve the minutes as submitted. The vote was unanimous to approve the minutes as written.

III. New Participant Introductions

There were no new participants in the meeting.

IV. Report on Mental Health Awareness Month

Terry asked Shanan Spencer and Alisa Quimby to report on Mental Health Awareness Month activities. Alisa reported on the Denton County Goes Green campaign as well as the WATCH virtual art gallery for the "My Feelings are a Work of Art" contest. WATCH is donating children's mental health books to local libraries. Ok to Say bookmarks will be distributed with them. The OK to Say messaging is going out through social media and OK to Say banners are being displayed throughout the community. There are also several (17) Mental Health Proclamations being made in municipal meetings throughout the county. Alisa also worked with other community partners to publish a calendar of events for Mental Health Awareness Month. Shanan added that UWDC is doing a social media campaign with information being posted daily to address differing mental health topics. She also thanked Alisa for her tireless efforts in addressing the mental health needs of Denton County children. Shanan indicated that OK to Say banners were displayed at the UWDC Gala event, which provided foot traffic of over 500 people to see the banners. Pam Gutierrez invited the group to attend MHMR's candlelight vigil to remember those lost to suicide.

Gary Henderson raised the question of the impact of COVID-19 on mental health. Pam Gutierrez reported an increased demand for services, but that people are fearful to return to the offices for treatment. MHMR will continue to require masks in their buildings to calm fears. She also reported that their critical treatment numbers are at an all time high. Lisa Elliott reported that suicide has become the number one trauma death treated at Cook Children's. There have been more suicide ER admits since COVID than in previous years and the numbers are continuing to climb. More people have converted to Medicaid products due to job losses, so wait lists for Medicaid providers are "insurmountable." Children are reporting that isolation and lack of structure due to not being in school are adding to increased mental health difficulties. Gary asked if National Institutes of Health (NIH) have changed their 1 in 5 numbers. Lisa indicated that number has been updated to 1 in 4 adults and is quickly approaching 1 in 3. Gary emphasized the importance of having solid numbers to report when

asking for assistance from Councils. Scott Domingue added that the hospitals are seeing a 25% increase in mental health numbers. Hope Galloway added that there is a 30% increase in pediatric acuity in Denton. Shanan asked that data be sent to Shanan in an effort to create a data dashboard for mental health. Julie Wright reported that resiliency programs are showing some early success in children.

V. Workgroup Committee Reports

a. Child and Family Systems: Lisa Elliott and Laura Prillwitz reported on the Child and Family Systems Workgroup. Shanan reported that Lake Cities Focus is continuing their work to survey schools in an effort to create some intervention programs. Laura reported that there is an opportunity to apply for a grant through Lewisville to fund mental health navigators. Lisa reported on HB 3489 that was passed by the legislature to develop best practices for technology use in schools.
b. Veterans Workgroup: Chris Martin reported on the Veterans Workgroup. He said the group is looking to revise data to determine other gaps in services. He indicated that the groups also intends to work on increasing awareness of services in the community.
c. Jail Diversion: Douglas Lee reported that the Jail Diversion Workgroup has met its initial goal of protocol development for jail diversion. The group will begin meeting quarterly in an observation and advisory capacity as it also works to revise the strategic plan.
d. Substance Use: Hope Galloway reported that the Substance Use workgroup met for the first time in April. There were 13 members in attendance. The group wants to collect accurate data, develop resources for people with SU issues, and educate people in Denton County about SU issues. The group will be meeting on a monthly basis.

VI. Denton County Veteran Stability Program

Elishia reported that UWDC was approved for the 2021-2022 TVC grant for $300,000. She also indicated that the number of veterans they are working with is increasing.

VII. Backbone Support Update 15 min.

a. COVID-19 Relief & Recovery Fund Outcomes: In Gary's absence, Shanan reported the following:
    i. 12,076 months of rent/utilities assistance since April 2020 for 5,910 households
    ii. Prevented a 785% increase in homelessness during the pandemic
    iii. Averaging $475,000 to $500,000 per WEEK in assistance, 70% of the households are below 30% of the Area Median Income
    iv. Federal unemployment benefits ($300 per week) will end in June.
    v. Over 50% of the households helped in April and May are unemployed and looking for work.
b. Denton County Homelessness Leadership Team Update: Elena Lusk reported on the housing initiatives of UWDC. They are currently working on Point in Time (PIT) data from 2021. The Barriers Fund has helped over 300 household since its inception three years ago. The Rapid Rehousing Program is hiring additional case managers to meet the demands of the grant dollars. June 7-14 there will be a fund raiser for the Barriers Fund. The 100 day challenge to end veteran homelessness is underway.
c. Denton County Workforce Success Leadership Team: Olivia Williams reported that the WSLT is getting up and running. They are looking at barriers to employment. They are helping to develop a workforce

navigator program. They are also having a presenter from Ed Farm at their next meeting to discuss possible funding in collaboration with other United Ways in the area.

VIII. New Business

a. Research by Kelly Partin from UNT: Kelly reported on the research that she will be doing for her masters thesis. She will be researching substance use in Denton County, focusing on collaborative efforts among providers. The information she collects will be shared in a report to UWDC at the end of her work.

IX. Public Comment

Terry opened the floor for public comment. Chief Kevin Deaver from Lewisville reported on Lewisville's effort to implement a CoCare team to address mental health emergencies in the community. The police officers will be trained as mental health officers and will work closely with MHMR. They are hoping to eventually bring on a clinician for the team. The team will begin work in June.

Chris McGinn reported that applications for CDGB3 grant funds will close on May 26.

Alisa Quimby offered the use of OK to Say banners for Mental Health Awareness month.

Sergeant Elisa Howell reported that there will be a NAMI walk in Denton on Saturday. She also gave an update on Denton's crisis response team, which is now functional. They do initial intervention as well as follow up with people who are frequently in need of intervention.

X. Adjourn

Terry asked for a motion to adjourn the meeting. TJ Gilmore moved and Linda Holloway seconded. The meeting was adjourned until Thursday, July 15 at 8:00 a.m.

Next Meeting:

Thursday, July 15, 2021 | 8:00 a.m. to 9:30 a.m. | United Way Denton County

United Way of Denton County, Inc.

DCBHLT Workgroup Reports

July 2021

WORKGROUP NAME: CHILD AND FAMILY SYSTEMS WORKGROUP

CHAIR NAME: LISA ELLIOTT AND LAURA PRILLWITZ
CHAIR CONTACT INFORMATION (EMAIL AND PHONE): LISA.ELLIOTT@COOKCHILDRENS.ORG (940) 484-4311 AND LAURA.PRILLWITZ@DENTONCOUNTY.COM (940) 349-2455

Meeting Summary (provide meeting date and items discussed during meeting)

The CFS workgroup did not meet in June due to multiple people being unavailable.

Short Term Action Items

- The Lewisville grant application for Mental Health Navigators is still under consideration. The applicant presentation date is July 31.

Accomplishments

- Progress towards applying for Lewisville grant opportunity.
- Progress towards Strategic Goals for 2021-2022.

Concerns

- Inability to carry out certain strategies and metrics identified on current strategic plan due to COVID-19 limitations and restrictions, in particular: Conducting focus groups with ISDs and administering a community needs and barriers to behavioral health care assessment in partnership with ISDs, due to increased demands on ISDs, parents and youth in a virtual learning setting.
- Funding for Mental Health Navigators – need at least 2 dedicated to Child and Family work

Next Meeting Dates

July 16: WATCH Coalition Meeting

August 20: CFS Workgroup Meeting

DCBHLT Workgroup Reports

July 2021

WORKGROUP NAME: JAIL DIVERSION WORKGROUP

CHAIR NAME: CHIEF DOUGLAS LEE
CHAIR CONTACT INFORMATION (EMAIL AND PHONE): DOUGLAS.LEE@DENTONCOUNTY.COM

Meeting Summary (provide meeting date and items discussed during meeting)

The group has net met since May 2021 due to changing to quarterly meetings.

Short Term Action Items

- Develop a standard protocol for Denton County police officers encountering people in mental health crisis.
- Foster relationships between law enforcement and local mental health service providers

Accomplishments

- A standard protocol for Denton County police officers has been established. Information has been distributed to all law enforcement agencies on how to respond. If officers need assistance, they can call the Sheriff's Office and the Mental Health Team will respond to help.
- The relationship between law enforcement, MHMR, and the hospitals is strong.

Concerns

- There is a need for continued training in some agencies re: mental health protocols.

Next Meeting Dates

July 20

DCBHLT Workgroup Reports

July 2021

WORKGROUP NAME: VETERANS WORKGROUP

CHAIR NAME: CHRIS MARTIN AND RAYMOND HOLDER
CHAIR CONTACT INFORMATION (EMAIL AND PHONE): C2W2MARTIN@AOL.COM AND HOLDERRAYMOND2@GMAIL.COM

Meeting Summary (provide meeting date and items discussed during meeting)

The Veterans Workgroup did not meet in June due to multiple people being unavailable.

Short Term Action Items

- Coordinate workgroup guest speakers as identified by workgroup members
- Distribute donation of cell phones and minutes to Veterans experiencing barriers to communication
- Coordinate with DCHLT Veteran Case Conferencing Workgroup as needed to ensure prioritization of HUD VASH Vouchers
- Identify best practices for volunteers that could conduct social support outreach to isolated Veterans

Accomplishments

- Ongoing progress of Veteran Community Navigators and Veteran Stability Program
- Renewal of TVC grant for 2021-2022

Concerns

- The group believes the current need is to determine any further gaps in services and to address those needs vs. addressing areas of the current strategic plan.

Next Meeting Dates

August 12 (Virtual via Zoom)

DCBHLT Workgroup Reports

July 2021

WORKGROUP NAME: **SUBSTANCE USE**

CHAIR/CO-CHAIR NAMES: **HOPE GALLOWAY, LINDA HOLLOWAY**
CHAIR CONTACT INFORMATION (EMAIL AND PHONE): HOPEGALLOWAY@TEXASHEALTH.ORG, LINDA.HOLLOWAY@UNT.EDU

Meeting Summary (provide meeting date and items discussed during meeting)

The group met on June 9 and July 14.

Workgroup members: Hope Galloway, Paula Heller-Garland, Scott Wisenbaker, Awstin Gregg, Courtney Cross, Lauren Titsworth, Marjorie Fitzgerald, Linda Holloway, Sonia Redwine, Emily Redondo, Monya Crow, Amy Lawrence, Rebekah de Peo-Christner, Eric Niedermayer, Kaothar Hashim, Courtney Jaimes, Shanan Spencer

Short Term Action Items

- Gather statistics re: substance use in Denton County and available resources.
- Develop a strategic plan.

Accomplishments

- The group has broken into two smaller sub-groups: data and education/resources. Both subgroups and the full group have been meeting monthly.
- The group has already been gathering data from multiple sources in Denton County.

Concerns

- Stigma surrounding substance use.
- Lack of resources.

Next Meeting Dates

June 9th and monthly thereafter, (Virtual via Zoom)

DENTON COUNTY MHMR CENTER

JULY 15, 2021

RISK OF HARM ASSESSMENT DATA

JUNE 2021 - 237 ASSESSMENTS

MAY 2021 – 233 ASSESSMENTS

APRIL 2021 – 261 ASSESSMENTS

MARCH 2021 – 240 ASSESSMENTS

FEBRUARY 2021 –198 ASSESSMENTS

JANUARY 2021 – 205 ASSESSMENTS

DECEMBER 2020 – 227 ASSESSMENTS

NOVEMBER 2020 – 176 ASSESSMENTS

OCTOBER 2020 – 231 ASSESSMENTS

SEPTEMBER 2020 – 217 ASSESSMENTS

AUGUST 2020 – 247 ASSESSMENTS

JULY 2020 - 259 - ASSESSMENTS

In FY 2019 total assessments = 2,659
avg per month = 221.58

In FY 2020 total assessments = 2,651
avg per month = 220.91

FY 2021 total (10 months) = 1,988
avg per month = 222.55

**Fiscal Year Sept 1st –Aug 31st*

PSYCH TRIAGE –RISK OF HARM ASSESSMENTS

June 2021 30 Assessments	May 2021 38 Assessments	April 2021 45 Assessments	March 2021 46 Assessments	February 2021 36 Assessments
January 2021 30 Assessments	December 2020 37 Assessments	November 2020 22 Assessments	October 2020 26 Assessments	September 2020 28 Assessments
	August 2020 18 Assessments	July 2020 17 Assessments		

MONTHLY AVERAGE = 31.08
TOTAL = 373

SUICIDE DEATH DATA

- As of 7/5/21 there have **51** been suicides in Denton County for 2021
- In 2020 there were **81** suicides in Denton County
- In 2019 there were **92** suicides in Denton County
- In 2018 there were **89** suicides in Denton County

SUICIDE DATA FOR 2020

Month - 2020	Number of Suicides
January	6
February	11
March	9
April	6
May	4
June	9
July	6
August	5
September	5
October	5
November	10
December	5
Total	81

Age	Number
# of youth 18 and younger	1
15-24	13
25-34	15
35-44	18
45-54	11
55-64	15
65-74	5
75-84	1
85+	2
Total	81

Males	Females
63	18

Race	
White	58
Hispanic	14
Black	5
Asian	4

Between a Rock and a Very Hard Place: Mental Health in Minoritized Communities

Rachita Sharma, PhD, CRC, LPC-S
Clinical Assistant Professor
Department of Rehabilitation & Health Services
Clinical Director UNTWELL
University of North Texas

Chandra Donnell Carey, PhD, CRC, FNAMRC
Academic Associate Dean
College of Health & Public Service
Co-Founder, Center for Racial and Ethnic Equity in Health and Society
University of North Texas

The year 1999 brought widespread fear and anxiety about the world going "offline" due to an alleged internet clock glitch. Y2K never happened, but in that same year the Office of the Surgeon General Report on Mental Health included a historically notable supplement, *Mental Health: Culture, Race and Ethnicity* (USDHHS, 1999b). While this report didn't incite widespread fear, it did heighten awareness and instigated nationwide discussion about mental health in communities of color. This seminal report provided one of the first comprehensive overviews of mental health and mental illnesses from a cultural perspective. It ushered our nation into a dialogue examining disparities within relevant historical and cultural contexts. This report exposed the reality of disparities for racial/ethnic minorities and amplified the issues seen by *some* practitioners and experienced within communities of color for decades.

While we know that mental illnesses can affect persons of any age, race, religion, or income and that they are not the result of personal weakness, lack of character, or poor upbringing, there was still little discussion in the community or in the literature about the disparate impact a diagnosis could have. In 2000, we knew and understood less about the disparities in treatment, availability of services and utilization of services within minoritized and marginalized communities. Twenty-one years later, we know more, yet the disparities persist.

Let us pick depression as an example to highlight these disparities. While rates of depression in the African American and Latino(a) population are typically lower than what we see in the White, non-Hispanic populations, we also know that the rate of seeking treatment is *less* amongst these populations. While that prevents us from having accurate data from these populations that could lead to targeted treatment interventions in their home communities, the gaps in these numbers could also indicate that individuals from these groups are lacking the necessary treatment that can promote a healthy recovery process. The Agency of Healthcare Research and Quality (AHRQ) reports that in the U.S., racial and ethnic groups are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments as a first point of mental healthcare service, and are more likely to receive a lower quality of care. What you might find is that despite the existence of effective treatments, disparities in the availability, accessibility and quality of mental health services for racial and ethnic minorities further exacerbate the negative effects of mental illnesses. Added to these are

culture-specific attitudinal barriers that impact the view of mental illness and keep individuals from seeking help. We will present an overview of these attitudinal barriers later in this blog.

First, in a discussion about disparities in mental health care, we have to acknowledge that inequities in education, insurance coverage, and English-language proficiency are linked to difficulties in accessing mental health services and receiving quality care. These disparities are particularly impactful for racial-ethnic and linguistic minorities. The dearth of cultural and linguistic diversity in the behavioral health workforce creates a critical shortage of providers who possess culturally relevant knowledge, training, and skills to serve people who speak languages other than English or of racial/ethnic minority populations (Hogg Foundation for Mental Health, 2011). Understanding these factors, being culturally responsive, and demonstrating cultural humility in practice from intake through treatment and especially at closure or termination of services, can make a substantial difference in those who choose to seek treatment, those who stay in treatment and those who might return at some point later.

The emergence of the COVID-19 pandemic further impacted healthcare disparities due to its convergence with existing systemic structural racism thereby bringing renewed and heightened attention to disparities and inequities in health outcomes that exist for US residents who are most commonly oppressed and marginalized in US society. Racist incident-based trauma, intergenerational trauma, and race-based stress have been discussed in the counseling and mental health literature with increasing intention over the past 15 years (Bryant-Davis, 2007), but the events surrounding the murders of George Floyd, Breonna Taylor and Ahmad Aubrey, boiled these issues right back to the surface and left most of us scarred and raw. Clinicians and researchers of color recognized the effects of race-based traumatic stress in ourselves. Knowing that race-based traumatic stress can potentially impact anyone who has experienced sudden, emotionally upsetting and uncontrollable racist incidents. So, in addition to COVID-19, systemic racism and systems of white supremacy in the United States made experiences of racism, discrimination, microaggressions and other race related traumatic events even more debilitating for people of color (Williams et al., 2018).

As the U.S. population has become increasingly ethnically, linguistically, and culturally diverse, its mental health professionals must be knowledgeable of the needs of client populations. An individual's attitudes, values, ideals, and beliefs are greatly influenced by the culture (or cultures) in which he or she operates. Thus, an individual’s multicultural experiences and backgrounds become salient aspects of his/her self-identity. In 1973, anthropologist and cross-cultural researcher Dr. Edward T. Hall, stumbled upon one of the greatest secrets of culture which he later shared in his famous book The Silent Language. Dr. Hall succinctly identified the paradox of cross-cultural sensitivity by stating *Culture hides more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants.* Since then, countless researchers have emphasized the importance of acknowledging that illnesses and health, including mental health, are perceived differently across cultures (Gopalkrishnan, 2018). Almost half a century later, Edward Hall’s words still ring true as psychologists and mental health counselors become more aware of the cultural attitudes and barriers that prevent people from seeking support when struggling with mental health concerns.

Decades of research in this important area has suggested that the cultural conditioning that a person experiences in childhood contributes to his/her patterns of behavior, emotional responding, and management of stress as an adult. In 2013 the World Health Organization (WHO) sponsored a large study where researchers interviewed over 60,000 people with mental health disorders across 24 countries to assess the barriers that kept them from initiating or continuing in mental health treatment. These researchers discovered that over 60% of people with mental health disorders believed that they did not need to be in treatment indicating a low perceived need for treatment. Of additional concern was the finding that their personal and cultural attitudinal barriers such as stigma, negative health beliefs, and concerns about consequences of treatment when seeking mental health support kept them from initiating or continuing in treatment. For some people, these attitudinal barriers might take the form of beliefs involving concerns about losing face or a desire to keep things in the family, or to avoid airing dirty laundry in front of a stranger, even when that stranger is a trained mental health professional.

Attitudinal beliefs might also be impacted by the specific culture with which the individual identifies. Closer to home in the US, many researchers such as Tiwari & Wang, 2008 have studied the impact that an individual's cultural attitudes have on their engagement in mental health treatment. They have found that clients from minority backgrounds typically utilize mental health resources less frequently when compared to their non-minority peers in the community. Other researchers such as Leong & Lau, 2001 have found that clients from minority backgrounds (and especially clients who are first generation immigrants) tend to drop out of mental health treatment earlier than their peers who are Caucasian and US nationals. It is important to note that a person's level of acculturation to the dominant culture in which they operate (e.g., the mainstream American culture) might impact how closely they adhere, or whether they adhere at all to the attitudinal barriers typically endorsed by their cultural community. Although not every individual will be impacted by their cultural beliefs about mental health concerns to the same degree, many individuals are raised with stigmatizing beliefs about mental health that continue to impact their help-seeking behaviors as adults. Following are some general examples from specific minority populations present in the United Stated.

Asian Americans: Kung (2004) suggests that Asian Americans might consider mental distress a result of malingering negative thoughts towards others, a lack of will power, or a weakness in the person's personality or self-identity. Thus, the individual might feel ashamed of experiencing mental health distress. Emphasis might be placed on cultivating self-control and individuals might feel inclined to either solve their own problems or seek advice from family/community elders. Many times, individuals in this community might not feel comfortable expressing mental health symptoms; instead, they report physical symptoms that often correlate closely to mental health diagnosis. For example, instead of disclosing their mental health status, an individual who is depressed might seek treatment from a primary care physician for chronic headaches, fatigue or exhaustion, digestive issues, or weight gain, all of which are common symptoms of depression.

Latinos: Attitudinal barriers within the Hispanic community have been studied extensively. When interviewing participants from Hispanic/Latino backgrounds, Caplan (2019) discovered that such individuals might have negative views of mental illness, possibly

associating all kinds of mental illness as being "crazy" and violent. Participants in this cultural group indicated that they were socialized from a young age to believe that persons with mental illness were dangerous, out of control, and suffering from an incurable illness that resulted in rejection and ostracism. Consequently, many families might deny the existence of mental illness including depression and anxiety, unless the symptoms significantly interfered with daily functioning or were life-threatening to the individual. The presence of mental illness, including depression might be attributed to lack of religious faith, not praying enough, act of demons, and sinful behaviors of parents. Instead of reaching out for mental health treatment, individuals with mental health concerns might be encouraged to find solace in religious interventions, encouraged to engage in more prayer and to have more faith in God.

African Americans: Researchers Matthews, Corrigan, Smith, and Aranda (2006) conducted targeted mental health research with individuals who self-identified as being African American and discovered that self-reliance was a message often heard within the African American community in the context of mental health support. Similar to other minority communities, individuals expressed high levels of embarrassment, refusal to accept the need for services, concerns about experiencing double discrimination, and stigma associated with mental illness and treatment seeking behaviors. When a person's inner coping resources were strained, reliance on religious beliefs or spirituality was strongly endorsed as a coping strategy by most participants from this cultural community. African American individuals typically found themselves relying on support from family and friends within the community when struggling with mental health concerns.

American Indians/Alaska Native (AI/AN): When exploring attitudes and barriers towards mental health within this cultural minority, Brave Heart (2011) discovered a relationship between the decades of historical losses (e.g., loss of people, land, culture) suffered by the AI/AN population and their receptiveness towards mental health help-seeking behaviors. Researcher Roh and team (2015) found that this was especially relevant among older individuals within this community who could remember the racial trauma experienced by generations of American Indians, causing them to be mistrustful of providers outside the community. The overall attitudes towards mental health were further impacted by a desire for privacy, reliance on self, and concerns about the quality of care provided by non-community providers.

Where it may be clear to others that seeking treatment is a part of the process to recovery, the aforementioned stigma, stereotypes and tropes regarding strength, faith, and resilience have prompted a denial of the impact of mental health even among those likely experiencing the daily effects of it. Between improper diagnoses, attitudinal barriers, economic barriers, lack of culturally responsive treatment and interventions, and ineffective relationships with service providers, few people who could benefit from mental health treatment receive the appropriate care. This presents a precarious conundrum for practitioners who may be prepared to service these populations, but see disparate rates of utilization of mental health services within communities of color.

References:

Andrade, L. H., Alonso, J., Mneimneh, Z., Wells, J. E., Al-Hamzawi, A., Borges, G., ... & Kessler, R. C. (2014). Barriers to mental health treatment: results from the WHO World Mental Health (WMH) Surveys. *Psychological medicine*, *44*(6), 1303.

Caplan, S. (2019). Intersection of cultural and religious beliefs about mental health: Latinos in the faith-based setting. *Hispanic Health Care International*, *17*(1), 4-10.

Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in public health*, *6*, 179.

Kung, W. W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology*, *32*(1), 27-43.

Matthews, A. K., Corrigan, P. W., Smith, B. M., & Aranda, F. (2006). A qualitative exploration of African-Americans' attitudes toward mental illness and mental illness treatment seeking. *Rehabilitation Education*, *20*(4), 253-268.

Roh, S., Brown-Rice, K. A., Lee, K. H., Lee, Y. S., Yee-Melichar, D., & Talbot, E. P. (2015). Attitudes toward mental health services among American Indians by two age groups. *Community mental health journal*, *51*(8), 970-977.

Mental Health: On Our Minds

On Our Minds is the name of KERA's mental health news initiative. The station began focusing on the issue in 2013, after the mass shooting in Newtown, Connecticut. Coverage is funded in part by the Donna Wilhelm Family Fund and Cigna.

North Texas Is Getting Its First State-Funded Psychiatric Hospital

KERA | By Rebekah Morr

Published July 10, 2021 at 9:00 AM CDT

TheBlvckWolf / Shutterstock

The location of the new hospital has not been decided yet.

KERA
Think With Krys Boyd

The Texas Health and Human Services Commission and UT Southwestern Medical Center are partnering to build a new state-funded psychiatric hospital in North Texas.

The Texas Legislature approved $44.7 million in funding for the new psychiatric hospital earlier this year.

Rachel Samsel with Texas Health and Human Services (HHSC)said a 2014 report showed a critical need for improved mental health services across the state.

“That report indicated that there was a need for well over 1,100 inpatient beds in Texas," Samsel said. "So there's been a significant need identified in not only inpatient services, but also services across our mental health continuum of care."

She said that need for additional care also exists in North Texas.

"The Dallas-Fort Worth Metropolitan area is a large area that has a growing population, and with that growing population there's a growing need for mental health services," she said.

Dr. Daniel Podolsky, president of UT Southwestern Medical Center,said building the first psychiatric facility in North Texas is a critical step to serve the mental health needs of the community.

"In seeking to address community needs, we look forward to working with the region’s stakeholders and leveraging the state’s investment in order to increase the availability of mental health care, to advance the research needed to develop the next generation of treatments, and expand the mental health workforce," Podolsky said.

The psychiatric hospital will be built in the Dallas-Fort Worth area, but Samsel said an exact location hasn't been decided yet.

Tarrant County’s also been working to improve access to mental health care.

In May, county officials expressed support for opening a mental health jail diversion center. It would provide an alternative to jail for people with mental health needs who’ve been arrested for non-violent, low-level crimes.

KERA
Think With Krys Boyd

Fort Worth Star-Telegram

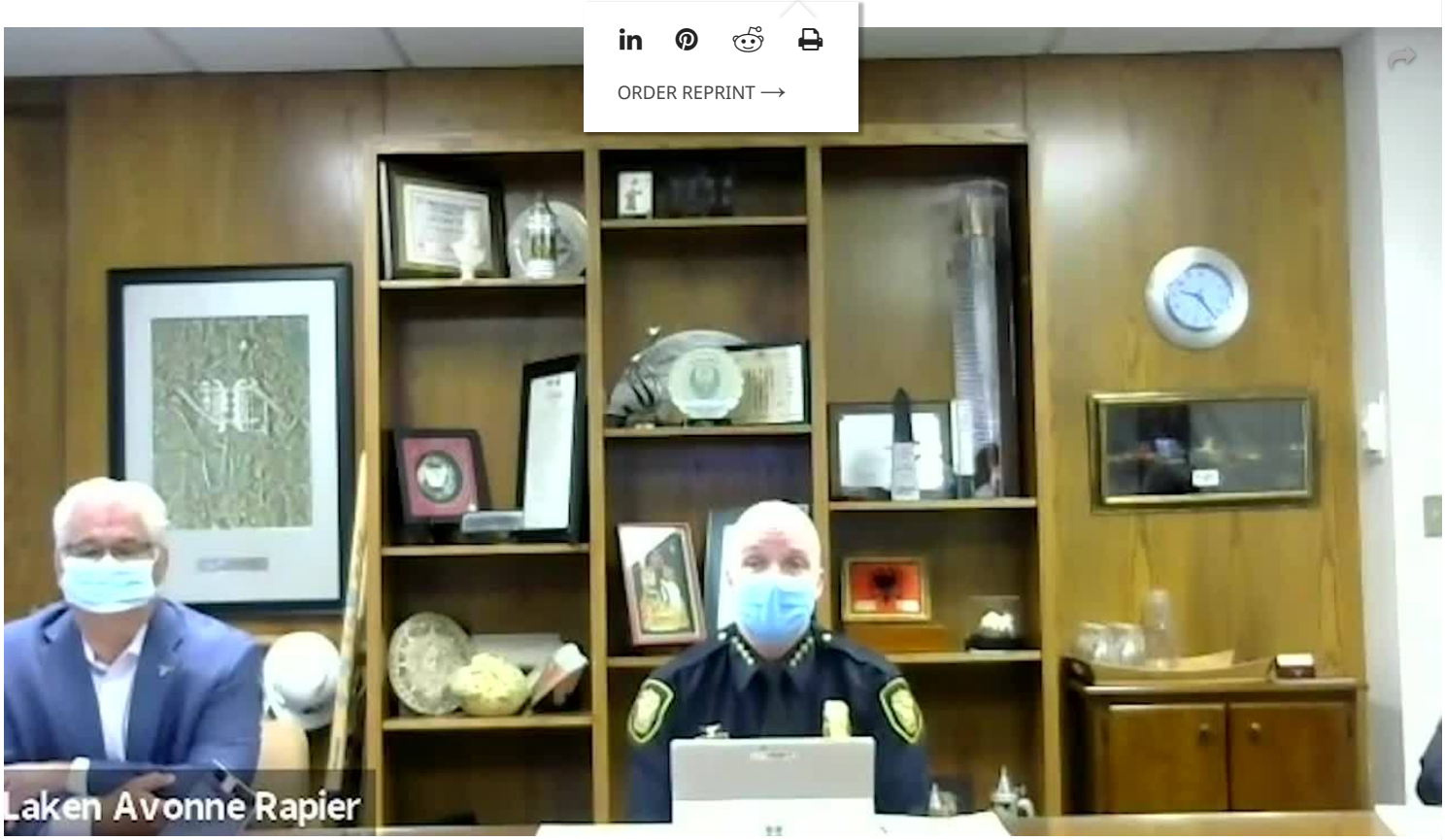
POLITICS & GOVERNMENT

Tarrant County's largest mental health center? The jail. Why that's about to change

BY BRIAN LOPEZ

MAY 28, 2021 05:15 AM, UPDATED MAY 28, 2021 09:20 AM

ORDER REPRINT ⟶



Fort Worth Police Chief Ed Kraus describes a promising mental-health diversion model. BY FORT WORTH STAR-TELEGRAM

Listen to this article now
04:14 Powered by Trinity Audio

The Tarrant County Jail has an issue. It is the county's largest provider of mental

And with jails — and not just Tarrant County's — becoming a revolving door for those with mental health needs, the cycle doesn't seem to stop. For experts, it comes as no surprise as Texas ranks last among all states for access to mental health care.

"As far as urban counties, we're behind," county sheriff Bill Waybourn said about mental health care.

Because of the lack of mental health care access, jails have become mental health institutions, but that was never the goal, said Jaya Davis, a professor of criminal justice at UT Arlington.

"We see that the jails are the first stop," Davis said. "And we see those individuals who have untreated or under-treated mental health illnesses and disorders cycling through our jail systems often."

A study in 2015 found that people with mental health disorders make up 6.5% to 7.4% of the total jail population in Texas, making jails the largest mental health institutions in the state.

Six years later and not much has changed for Texas. But a few counties have tried to help those in need, and Tarrant County is next.

On May 11, county officials announced they want to open a mental health jail diversion center. Its goal will be to keep low-level offenders out of jail and help them

County Judge Glen Whitley said he'd like the center to open by Oct. 1 but understands it could be unrealistic and he would be happy if it opens by the end of the year. Officials are looking for a space to lease.

Officials don't know who would be in charge, but they do know that the county commissioners, MHMR of Tarrant County, the District Attorney's Office, the Hospital District and law enforcement representatives will be part of the project. County Administrator G.K. Maenius said the center would cost the county roughly $7 million to $10 million to operate.

County officials will workshop the details soon. For them, the important thing is that the ball is rolling.

"I truly believe that it is a win-win," Whitley said. "It's a win for the police, it is a win for the individual because these individuals, they shouldn't be in jail."

The center will be open for those with low-level offenses. Data shows that 68% of the people arrested for criminal trespass in the county have mental health needs.

Data and experts also show that most criminal trespass charges are brought against homeless people. The center ideally would help the homeless find housing.

"It is a step toward trying to shift the burden of mental health that has largely relied on the criminal justice system back to the community, which I believe is a positive thing," Davis said.

As for the process, officials want the jail diversion program to work before someone is jailed. An officer would apprehend someone for a low-level crime and then take them to the center. From there, the officer would leave.

"The goal is to do the best thing for this group of people and to help them so that we're not seeing them back in the system," district attorney Sharen Wilson said.

“If you have stable long-term community resources, that is going to give you more bang for your buck than arresting someone,” Davis said.

If the jail diversion center would’ve opened at the start of 2020, nearly 1,500 people wouldn’t have gone to jail, data shows. At the Harris Center for Mental Health and IDD in Harris County, more than 80% of the people who go to the diversion center were picked up for trespassing, CEO Wayne Young said.

The Harris County diversion center helped about 3,000 people avoid jail in its first two years of operation. It opened in September 2018. Almost half of the people served were homeless when first brought to the center. In an external report of the Harris Center, data shows that about 90% of the people who leave the diversion center don’t come back, Young said.

The report also found that people with five or more bookings were 3.1 times less likely to be booked in jail again if they were brought to the diversion center.

“That connection to ongoing care and support is what’s critical,” Young said. “The center can kind of break that cycle.”

But not only will the county be helping people. It’ll also save money. In Harris County, the county saves $5.54 in jail costs for every dollar it spends on the diversion center.

Waybourn estimates that this center can reduce the handling budget 40% to 50%.

“It has the potential of saving the county millions of dollars,” Whitley said.

Tarrant County is looking to open a mental health diversion center aimed at keeping people that commit low-level crimes and have mental health needs out of jail.
COURTESY: FORT WORTH STAR-TELEGRAM ARCHIVES

BRIAN LOPEZ