FILED
3/2/2026 12:00 AM
Kelly Ashmore
District Clerk
Grayson County

Cause No. 051858-15

THE STATE OF TEXAS	§	
	§	**IN THE DISTRICT COURT**
	§	
vs.	§	**15th JUDICIAL DISTRICT**
	§	
	§	**GRAYSON COUNTY TEXAS**
ANDRE LEE THOMAS	§	

NOTICE TO THE COURT

The Court has scheduled a status conference for March 2, 2026, at 9:30 a.m. In anticipation of that conference, the following items are brought to the Court's attention:

1. On February 27, 2026, Assistant District Attorney Johnson notified the Court that the Court-appointed expert requested by the State, Dr. Conroy, was unable to get into the Wayne Scott Unit to conduct her evaluation of Mr. Thomas, scheduled for the same day. *See* Exhibit 1.

2. Earlier that day, Dr. Conroy had sent the following email to Mr. Johnson:

> Given the time, I am going to cancel our evaluation at Wayne Scott. This has apparently been a huge waste of time and money for all concerned. I realize you still have the power to drag me to Grayson County for the 9th. However, should you choose to do so, I have absolutely no opinion on AT's CFE because I was not allowed to complete the evaluation.

Exhibit 2.

3. Shortly thereafter, in the wake of communications between the Court and counsel for TDCJ, Dr. Joseph Penn, the Mental Health Director for correctional services at UTMB, sent a four-page letter to a UTMB Legal Officer, forwarded to both the Court and counsel (attached hereto as Exhibit 3). That letter set out Mr. Thomas' history of serious mental illness (and related treatment with various powerful psychotropic medications) and the serious harm that could result if Mr. Thomas was transferred from TDCJ's Wayne Scott Unit to the Grayson County Jail.

Dr. Penn states that Mr. Thomas experiences "bizarre and grandiose delusions" that persist despite Mr. Thomas's "current antipsychotic and other psychotropic medication treatment regimen." Exhibit 3 at 2-3. Dr. Penn concludes: "Mr. Thomas is one of the most treatment resistant/refractory, and complicated patients that I have ever evaluated, consulted on, or treated." Exhibit 3 at 4.

3. As reflected in Mr. Thomas's February 20, 2026, Motion for Bench Warrant, Dr. Corvin, the other Court appointed expert, planned to do his second evaluation in the Grayson County Jail on March 6-7, *i.e.*, the weekend before the competency hearing, pursuant to the Court's November 10, 2025 Order.

Counsel is submitting this notice so that the Court will be aware of the issues before the hearing.

Respectfully Submitted,

By: */s/ Maurie Levin*

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Counsel for Andre Lee Thomas

CERTIFICATE OF SERVICE

I certify that on March 1, 2026, a copy of this motion was served on Counsel for the State via the electronic filing system.

/s/ Maurie Levin
Maurie Levin

EXHIBIT 1

Gmail

Maurie Levin <maurielevin@gmail.com>

Dr. Conroy problem

8 messages

Justin Johnson <justin.johnson@co.grayson.tx.us> Fri, Feb 27, 2026 at 1:42 PM
To: Alonda Blanscett <[redacted]@co.grayson.tx.us>
Cc: Maurie Levin <maurielevin@gmail.com>, Don Hoover <hooverd@co.grayson.tx.us>

Alonda,

I'm writing to apprise the Court that we have encountered some headwinds on getting Dr. Conroy into Wayne Scott to complete her court-ordered follow-up examination of Andre Thomas. She was supposed to do it today, along with her student Hannah Benemann, but it had to be cancelled.

The short version of what happened is that Hannah Benemann was not approved for a contact visit with a death row inmate because students no longer qualify for such visits, and because it is against security policy. Dr. Conroy insists that she works for a teaching institution, is not in private practice, and won't do this without a student. I suggested they do the evaluation in our jail on Sunday, March 8, or even the evening of Monday, March 9, but she deems that impractical, for reasons I am still trying to fully understand.

I am working on solutions, but I don't have any yet. I just wanted to let the Court know about this sooner rather than later.

Thank you,

Justin Johnson

Assistant Criminal District Attorney

200 S. Crockett St., Suite 116A

Sherman, TX 75090

(903) 813-4527

BOARD CERTIFIED
Criminal Law

EXHIBIT 2

Gmail

Maurie Levin <maurielevin@gmail.com>

FW: Cancellation

Justin Johnson <justin.johnson@co.grayson.tx.us> Fri, Feb 27, 2026 at 12:21 PM
To: Maurie Levin <maurielevin@gmail.com>

Maurie, I'm forwarding this to you to the extent it could be considered exculpatory/mitigating/impeaching.

Justin

From: Conroy, Mary <PSY_MAC@SHSU.EDU>
Sent: Friday, February 27, 2026 11:06 AM
To: Justin Johnson <justin.johnson@co.grayson.tx.us>
Subject: Cancellation

Given the time, I am going to cancel our evaluation at Wayne Scott. This has apparently been a huge waste of time and money for all concerned. I realize you still have the power to drag me to Grayson County for the 9th. However,, should you choose to do so, I have absolutely no opinion on AT's CFE because I was not allowed to complete the evaluation.

MARY ALICE CONROY PH.D, ABPP

CLINIC DIRECTOR

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psy_mac@shsu.edu
936.294.3806
shsu.edu

Sam Houston State University

EXHIBIT 3

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

Joseph V. Penn, MD, CCHP-MH DLFAPA
Clinical Professor
UTMB Dept. of Psychiatry and Behavioral Sciences
Director, Mental Health Services
[redacted]

February 27, 2026

Rachel D. Davis, JD
Legal Officer
Department of Legal Affairs

Dear Ms. Davis,

Andre Lee Thomas (TDCJ #00999493, Date of Birth 3/17/1983) is a 42-year-old African American male. He has an extremely complicated past psychiatric and treatment resistant history. He removed his right eye (auto-enucleation) under the influence of psychosis and delusions (fixed false beliefs) while housed in county jail. He arrived into TDCJ on March 16, 2005. He was previously housed in Death Row restrictive housing at the TDCJ Polunsky Unit, Livingston, Texas.

Mr. Thomas received extensive outpatient psychiatric and mental health treatment services (while housed at the TDCJ Polunsky Unit). He was admitted to the TDCJ Wayne Scott Unit (formerly known as Jester IV), Richmond, Texas on July 15, 2008, after a severe self-harm versus suicide attempt where he cut his throat. The reported throat wound injury measured approximately eight centimeters in length and one half centimeter in depth. He was experiencing pressured speech, auditory hallucinations, impulsive and unpredictable behaviors, and grandiose hyper-religious delusions (fixed false beliefs of religious themes). Although he briefly stepped down at his request to outpatient care in 2013, he was immediately returned to the TDCJ Wayne Scott facility. He has remained at the TDCJ Wayne Scott Unit in the Chronic Psychotic Disorders Treatment Track Program from 2008 to date.

The TDCJ Wayne Scott Unit is one of three dedicated TDCJ Behavioral Health Facilities (BHF) statewide. It is a stand-alone inpatient psychiatric prison facility where the sole facility mission is the evaluation and treatment of TDCJ inmates requiring crisis management, inpatient and various treatment tracks, and ongoing inpatient and residential psychiatric level of care. **All psychiatric and mental health care is delivered on-site and not via telepsychiatry** (emphasis added). There is a team of psychiatrists, psychiatric APP's (nurse practitioners) and master's level licensed clinicians and doctoral level psychologists **are all on-site** (emphasis added). Dedicated medical services are provided by an onsite primary care physician, and there is an emergency room onsite. Nursing care is onsite 24 hours per day. Seclusion and restraints and emergency and non-emergency compelled antipsychotic medications may be utilized. TDCJ Wayne Scott is similar to or may exceed the level of care available in Texas State Hospitals. It is designated for TDCJ inmate patients with acute or chronic mental disorders and serious

mental illnesses (SMI) such as schizophrenia, schizoaffective disorder, bipolar disorder, PTSD, severe depression, and severe self-harm, suicide attempts, and self-injurious behaviors.

Mr. Thomas has an extensive past psychiatric history of schizoaffective disorder, unspecified type, first observed on February 26, 2008. Schizoaffective disorder is a serious mental illness (SMI) that includes psychotic schizophrenia-like symptoms such as hallucinations (typically auditory) and delusions (fixed false beliefs), disorganized speech and behavior, combined with a major mood disorder and mood symptoms such as mania or depression. Schizoaffective disorder is accompanied by major impairments in social, occupational, and self-care functioning.

On 12/9/2008 Mr. Thomas removed his left eye because "I was in love with my wife and I don't want to look at somebody." He is now legally blind and requires assistance with ambulation from his cell to the showers and to the day room for individual psychotherapy sessions. He requires two correctional officers for these escorts. Throughout the duration of his Wayne Scott inpatient BHF hospitalization, Mr. Thomas has been disorganized and suffered with paranoid delusions (fixed false beliefs) that "people are after me and there is a conspiracy by the government." He has also displayed bizarre and grandiose delusions, "God has given me special powers, if I pull my eye out, I will be able to control electricity." He has struggled with auditory hallucinations where he hears voices telling him, "curse God." Mr. Thomas has also displayed manic episodes where he was hyper, full of energy and had racing thoughts. Due to his continued clinical fragility, he has not been able to be stepped down to a less intensive step-down or outpatient mental health treatment level to date. In the Wayne Scott BHF facility Mr. Thomas receives ongoing in-person inpatient psychiatric and mental health evaluation and treatment, individual psychotherapy, psychotropic medication treatment that is directly administered to him in person cell side twice daily by onsite nursing staff, and other mental health treatment services.

Mr. Thomas' schizoaffective disorder psychotic and mood symptoms have been treatment resistant/refractory. He has required multiple different psychotropic ("psych meds") trials in an attempt to gain control and better stabilize his psychosis and mood symptoms. The following various psychotropic medications were previously prescribed:

1. Abilify (atypical antipsychotic),
2. Celexa (antidepressant),
3. Depakote (mood stabilizer),
4. Lithium (mood stabilizer),
5. Geodon (atypical antipsychotic),
6. Haldol Decanoate (long-acting injectable formulation of Haldol, an antipsychotic medication, used when patients are unreliable or non-compliant with oral medications),
7. Navane (antipsychotic),
8. Prolixin (antipsychotic),
9. Risperdal (atypical antipsychotic),

10. Stelazine (antipsychotic), and
11. Trilafon (antipsychotic).

Mr. Thomas' current psychotropic medication regimen includes Olanzapine (atypical antipsychotic) 20 milligrams twice a day (recent compliance is 98%) and Cogentin (anti-cholinergic medication used to treat muscle stiffness and rigidity caused by antipsychotic medications) 2 milligrams twice a day (recent compliance 98%). There are 24 hours a day on site nursing staff at the TDCJ Wayne Scott Unit. UTMB CMC nursing staff directly administer all of his psychotropic medications to Mr. Thomas in an attempt to maintain or improve his medication compliance. As a result of these intensive BHF onsite multidisciplinary psychiatric and mental health treatment services and ongoing re-evaluation and clinical monitoring, Mr. Thomas denies any current suicidal or homicidal thoughts, however despite his current antipsychotic and other psychotropic medication treatment regimen, he still has grandiose and paranoid delusions. He continues to intermittently struggle with psychotic symptoms, and he remains clinically fragile and at risk to decompensate.

UTMB CMC psychology, psychiatry, and other mental health leadership staff at the TDCJ Wayne Scott BHF and Mr. Thomas' UTMB CMC treatment team (that has overseen Mr. Thomas' mental health and psychiatric treatment planning and treatment efforts to date) have shared several concerns with me regarding the current plan for Mr. Thomas to be moved from TDCJ Wayne Scott BHF via a bench warrant to a small county jail, a remote travel distance (greater than 5.5 hours one way) for an unclear duration of time. They have shared concerns regarding Mr. Thomas visual limitations (e.g., this patient is blind) and has a comorbid/co-existing schizoaffective disorder, a serious mental illness (SMI). The following expressed concerns are illustrative:

> "He's not accustomed to being transported anywhere let alone an unfamiliar setting with people he doesn't know..."
> "We don't know what psychiatric services are available at the county jail..."
> "We are also not familiar with staff that will be there or how they will respond to him..."
> "He is a very high-profile patient with a serious mental illness that is quite vulnerable to others and his environment. There are concerns about him engaging in self-injurious behavior and how others might react to him. He is essentially defenseless to those around him."
> "There are serious concerns about him engaging in self-injurious behavior enroute to the county jail (while in transient status), from the county jail to the courthouse, or during the court proceedings."
> "It's a small county jail that's probably not accustomed to handling a patient with his complexities. There are too many risks to support transporting him."

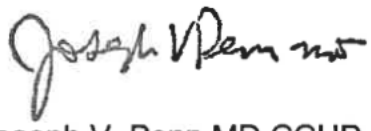
Mr. Thomas' treatment team also has serious concerns regarding the imminent risks of additional serious self-harm, harm to self and others, impulsivity, and the risks of psychotic deterioration posed due to the above stressors. In summary, serious patient safety concerns were expressed and risks of clinical deterioration should Mr. Thomas

miss any of his current psychotropic medication regimen (even a few doses), be housed in an unfamiliar new setting, or require transient housing and extended off-site transportation without a comparable level of mental health, nursing, and psychiatric services that is currently immediately available to Mr. Thomas in the TDCJ Wayne Scott Behavioral Health Facility. They have also raised concerns regarding the stressors of being moved to a new and unfamiliar location with unknown new staff and a new physical plant and sounds and other sensory experiences (due to being legally blind) that he is not familiar with could certainly exacerbate his fragile psychotic illness.

I share these serious concerns regarding Mr. Thomas' immediate risks of harm to self or others or clinical deterioration and risks of grave disability in a new and unfamiliar setting. In my thirty year career practicing as a triple-board certified general, child and adolescent, correctional, and forensic psychiatrist across multiple types of correctional, forensic units, state hospitals, and the like, Mr. Thomas is one of the most treatment resistant/refractory, and complicated patients that I have ever evaluated, consulted on, or treated.

Please do not hesitate to reach me if you have questions or require additional information.

Respectfully submitted,



Joseph V. Penn MD CCHP-MH DLFAPA
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American Board of Psychiatry and Neurology (ABPN)
Clinical Professor, Department of Psychiatry, University of Texas Medical Branch (UTMB)
Mental Health Director, UTMB Correctional Managed Care (CMC)