

ELIMINATE the WAIT

What's My Role to Eliminate the Wait for Competency Restoration Services?

SHERIFFS AND JAIL ADMINISTRATORS

Sheriffs and jail administrators play a critical role in improving the competency restoration process. When appropriate, they can reduce further involvement with the criminal justice system and the need for competency restoration services through jail diversion; early identification of people with a mental illness (MI), substance use disorder (SUD), or intellectual and developmental disability (IDD); and timely interventions, like connection to treatment. Provision of behavioral health services and medications while a person is incarcerated may increase the likelihood that a person's symptoms improve and reduce the potential for mental health deterioration that may lead to findings that they are incompetent to stand trial.

1. Identify MI, SUD, and IDD and Provide Treatment and Services in Jail Settings

- Am I in compliance with state and federal laws to provide medical care to inmates, including mental health treatment?
 - Do I provide access to 24/7 telemental health? [Tex. Gov't Code § 511.009\(a\)\(19\)](#).
 - Do I provide their prescription MH medications as required by law? [Tex. Gov't Code § 511.009\(d\)](#).
 - Do I provide mandatory prescription review by qualified medical professional asap? [Tex. Gov't Code § 511.009\(d\)](#); [37 Tex. Admin. Code Ch. 273.2\(12\)](#).
- Am I aware that the Local Mental Health Authority (LMHA) or Local Behavioral Health Authority (LBHA) may be able to provide independently contracted correctional mental health care in my jail, in addition to crisis screenings and assessments already provided?
- Am I, and are my staff, familiar with [Code of Criminal Procedure \(CCP\) Article 16.23](#) and the good faith effort required to divert individuals suffering from MI, IDD, or SUD?
- Am I familiar with the statutory requirements under the [CCP Article 16.22](#) (requirements first enacted under the Sandra Bland Act)?
 - Do I have a policy on prescriptions in jail that is shared with defense attorneys to assist in getting timely information to provide medication?
 - Am I aware that I am responsible for the medical records of a defendant while that defendant is confined in my jail? If so, do I have appropriate procedures surrounding the collection and maintenance of the 16.22 reports, as now required under [CCP 16.22 \(b-1\)](#)?

- Do I have a process in place to facilitate court-ordered medications?
- Do I ensure my medical contracts encompass providing court-ordered medications and requesting orders for medication when needed?
- Do I have standard operating procedures in place delineating the process for providing timely written or electronic notice to a magistrate of credible information that may establish reasonable cause to believe that a person has a MI or IDD? [Tex. Code Crim. Proc. art. 16.22\(a\)\(1\)](#).
- Do my correctional staff conduct the mandatory Continuity of Care Query¹ (CCQ) for every person at booking and do I have a process in place for notifying my LMHA, LBHA, or LIDDA if there is a match?
- Do my correctional staff provide MI, SUD, and suicide screenings for every person at booking? [37 Tex. Admin. Code § 273.5](#)
- Do I have a standard operating procedure in place to screen individuals for mental illness after booking if a mental illness is later suspected?

2. Provide Care and Coordination with Courts and State Hospitals for People Found Incompetent to Stand Trial

- Do I work with my LMHA or LBHA to monitor people on CCP 46B commitments?
- Have I discussed operating a Jail-Based Competency Restoration program with my LMHA/LBHA?
- Do I ensure that once a person is returned to my jail after restoration at a state hospital, I continue to provide medication prescribed by the state hospital and mental health services to prevent deterioration prior to an appearance in court per [CCP 46B.0825](#)?

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- Have I established a method to promptly provide updates to the courts on competency cases, competency returns, competency deteriorations and other changes to assist the court in prioritizing and proactively addressing the competency cases?
 - Is there one point of contact between my agency and the courts to address specific MH issues? (e.g., coordinating bench warrants or transportation to and from the state hospital and county jail.)
- Am I, and is my staff, aware that Texas Health and Human Services Commission offers resources on 46B processes, including resources for requesting court orders for administration of medication?

3. Lead Through Partnerships

- Does my agency coordinate, communicate, and collaborate with mental health partners, including judges, the state, and defense attorneys?
- Do I or my staff participate in local planning boards and workgroups focused on issues at the intersection of mental health and criminal justice?
- Am I aware of diversion programs available through my LMHA/LBHA, including crisis hotlines, mobile crisis response, mental health deputies, co-responder teams, and other similar programs?
- Do I receive training from my LMHA/LBHA on Mental Health First Aid, a national program to teach the skills to respond to the signs of mental illness and substance use?
- Do I, or my leadership team, have a direct connection or relationship with my LMHA/LBHA leadership and other qualified local mental health experts?
- Do I, or my leadership team, have a direct connection with the courts and/or mental health court liaisons?
- Do I understand the challenges experienced by behavioral health treatment providers in working with my agency?
- Have I developed a relationship with the qualified mental health experts used by magistrates in my community for 16.22 evaluations?
- Do I accept and disclose information about defendants with MH/IDD challenges, to serve the purposes of continuity of care and services as permitted by [Health & Safety Code §614.017](#)?

Additional Resources:

- [Request Technical Assistance from the National Institute of Corrections on providing mental health care in jails.](#)
- [Managing Mental Illness in Jails: Sheriffs are Finding Promising New Approaches | Police Education and Research Forum](#)
- [Jails: Inadvertent Health Care Providers. How County Correctional Facilities are Playing a Role in the Safety Net | Pew Charitable Trusts](#)
- [Mentally Ill Persons in Corrections | National Institute of Corrections](#)
- [Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery | National Institute of Corrections](#)
- [Resources for Interactions between Law Enforcement and Individuals with Mental Health Issues | NATIONAL SHERIFFS' ASSOCIATION](#)
- [Standards of Care: Mental Health in Our Jails and Prisons...Now What? | Justice Clearinghouse](#)
- [Data Collection Across the Sequential Intercept Model: Essential Measures | SAMSHA](#)
- [Just and Well: Rethink How States Approach Competency to Stand Trial | The Council of State Governments Justice Center](#)

¹When a person is processed into correctional institutions, facility personnel run a TLETS CCQ and receive an alert that identifies if the individual has a history of receiving mental health services or IDD services from state-funded mental health/IDD programs. An exact or probable match from the CCQ serves as credible information.



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