



COURT LIAISON

Getting Started Guide

A reference document on foundational Texas mental health laws:

Competency Restoration

Early Identification

Civil Commitment

Specialty Courts

The Sequential Intercept Model

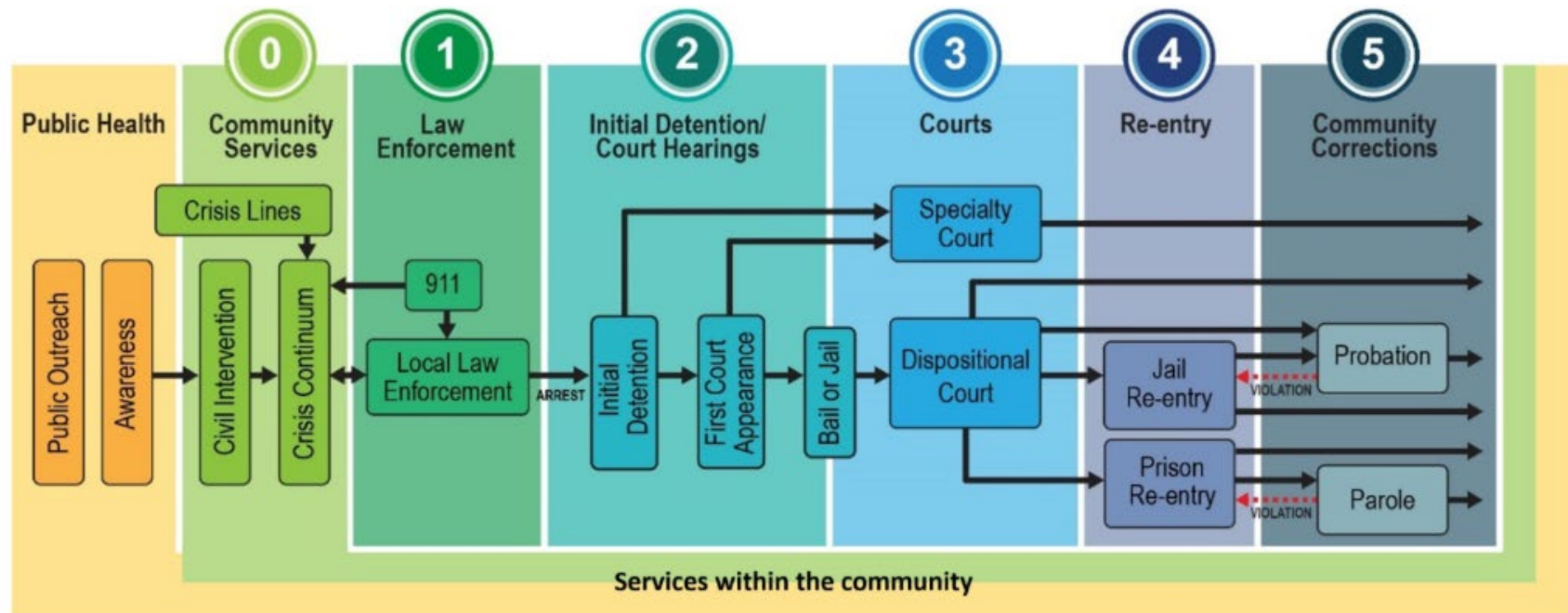
SEPTEMBER 1, 2026

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Texas Mental Health Law: *Understanding the Sequential Intercept Model*

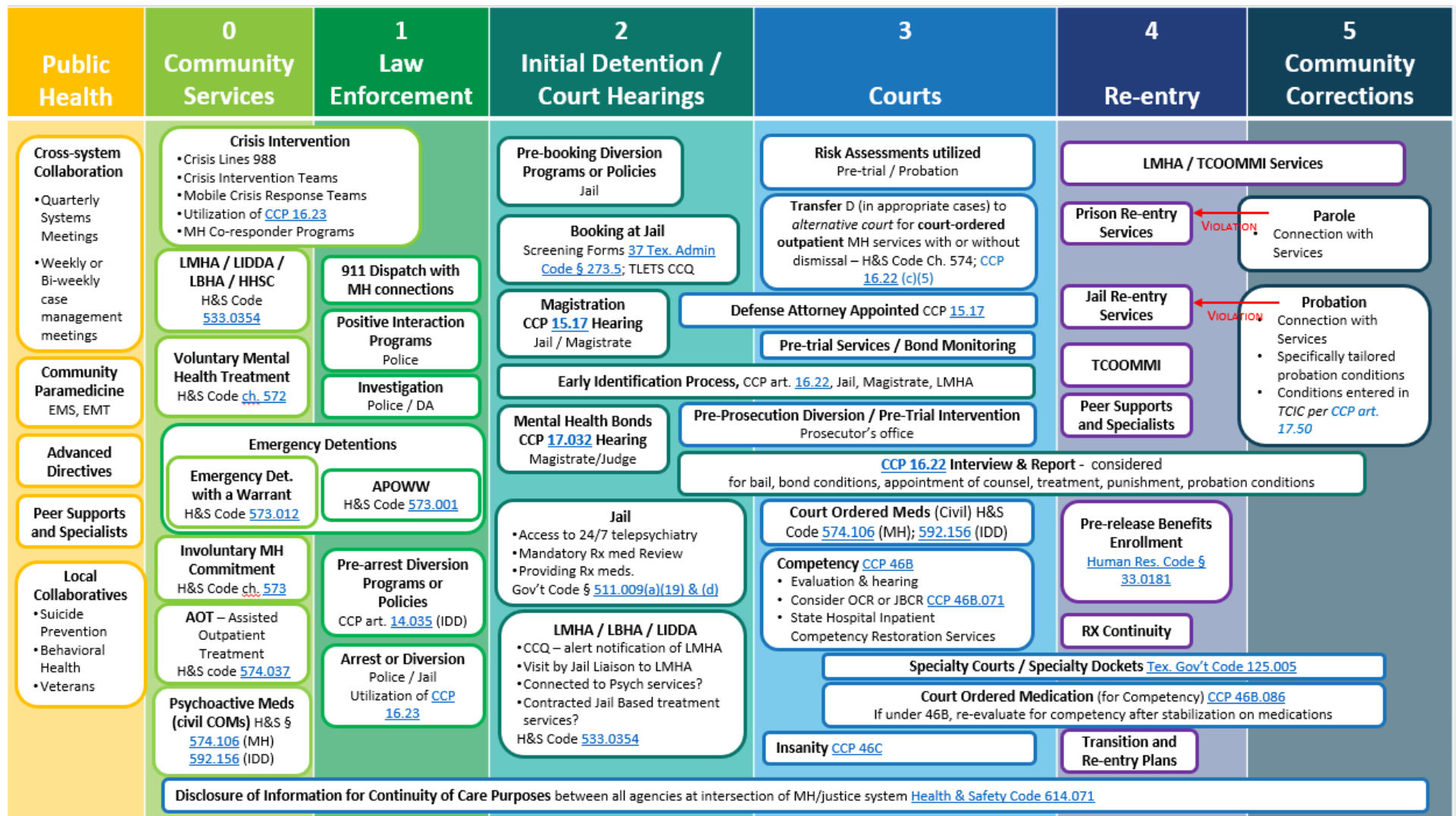
The Sequential Intercept Model (SIM)



The Sequential Intercept Model — Public Health through Community Corrections

The Sequential Intercept Model (SIM) was developed by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D., in partnership with SAMHSA's GAINS Center, and is used nationally to map how people with behavioral health needs move through the criminal justice system across six intercepts. This model was developed as a "conceptual framework for communities to organize targeted strategies for justice-system involved individuals with behavioral health disorders."

Texas Mental Health Law across the Sequential Intercept Model (SIM)



JCMH Core Competencies Chart

The chart above places the Texas Mental Health laws and best practices a Court Liaison will encounter onto the SIM framework—it's the big picture the rest of this guide fits inside.

ONGOING LIAISON REQUIREMENTS WHILE IN THE PILOT PROGRAM

- **Host Advisory Committee meetings** at least quarterly through the duration of the program to assist in guiding the creation and implementation of the pilot program and the new court liaison role within these systems. *Full list of required and suggested participants listed below in section titled “identify point people at each intercept.”*
- **Data reporting** using the REDCap Data Dashboard:
 - Monthly during the first 6 months of program implementation.
 - Quarterly thereafter, once data collection processes are established.
- **Check-in meetings** with JCMH:
 - Weekly during the first month of program implementation.
 - Monthly during the second through the sixth month of program implementation.
 - Quarterly thereafter.
- **Participation in training** and technical assistance provided by JCMH and/or TIEMH.
- **Quarterly expenditure reports**
 - Contact Finance Manager, Patrick Passmore, for reporting template and guidance at Patrick.Passmore@txcourts.gov.
- **Semi-annual grant reports** every 6 months
 - E.g. Reporting period Sept. 1, 2026–Mar. 1, 2026; due one month after on April 1, 2026.
 - See grant reporting template on <https://texasjcmh.gov/programs-and-initiatives/court-liaison-program/>.

REFERENCE MATERIAL TO START

- [JCMH Videos](#) explaining what a SIM mapping is and examples from other counties.
- [JCMH SIM Mapping Workshop — request a workshop for your county](#)

INITIAL INFORMATION TO GATHER

- Identify which judge(s) are directly over your program.
- Identify if you have a mentor for the program. Will they be attending the JCMH classes and TIEMH Technical Assistance classes?
- Has your county completed a JCMH Sequential Intercept Model (SIM) Mapping workshop? If so, where is the report, and when was it last updated?
- Which intercept(s) does the Court Liaison position primarily sit in, and where are the handoff points to adjacent intercepts?
- Is there already a cross-system stakeholder meeting shown at the Public Health level (quarterly systems meetings, weekly/bi-weekly case management meetings) happening in our county, and who convenes it?
- Do we have an identified point of contact at each of the six intercepts (0–5)? *See the next section for more details on this question.*

IDENTIFY POINT PEOPLE AT EACH INTERCEPT

- LMHA/LBHA/LIDDA leadership
- County Judge / Commissioners' Court
- Sheriff / Jail Administrator
- TCOOMMI contact
- Local advisory committee participants:
 - Required:
 - Lead judge (designated to provide direct judicial oversight of the liaison and convene stakeholders)
 - Local Mental Health or Behavioral Health Authority (LMHA/LBHA) representative
 - Optional advisory committee participants:
 - Probate judge or representative
 - Additional Judge or Court Coordinators
 - Person who entity who performs 16.22 interviews within the jail
 - Sheriff or jail administrator representative
 - District Attorney / County Attorney
 - Public Defender / Defense Bar Representative
 - Pretrial Services Department Representative or Individual
 - Community Supervision and Corrections Department (probation) representative
 - Hospital emergency department leadership representative
 - Local law enforcement agency leadership representative
 - Commissioner's Court Representative
 - Director/Leadership Mobile Crisis or Crisis Response Model
 - Director/Leadership for fire, paramedic & EMS
 - Peer support, family advocacy organizations, or a person with lived experience navigating your county's mental health and justice systems
 - Local housing authority representative
 - Reentry services provider or coordinator

IDENTIFY SYSTEM DATA

- Whether a SIM map or report already exists for our county, and how current it is.
- Which intercepts currently lack a named liaison or point of contact.
- Where handoffs between intercepts break down, for example: referrals made at jail release that never result in a completed contact, 16.22 reports that arrive after disposition, people released before a commitment hearing is arranged.

ADDITIONAL REFERENCE MATERIAL — WHEN YOU ARE READY FOR A DEEPER DIVE

- JCMH's [Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book](#), a 300+ page guidebook that walks you through every Mental Health Law in Texas.

Civil Commitment

Applicable Laws: Texas Health & Safety Code Chapters 571–74.

- [Ch. 571](#) – General Provisions, definitions.
- [Ch. 572](#) – Voluntary Mental Health Services.
- [Ch. 573](#) – Emergency Detentions. This includes detentions with a warrant from a judge or apprehensions by a peace officer without a warrant (APOWW), and admission into a hospital.
- [Ch. 574](#) – Court Ordered Mental Health Treatment. This includes orders of protective custody (OPCs) and commitment hearings.

QUICK LEGAL OVERVIEW

Involuntary Civil Commitment moves through three broad stages: (1) Emergency Detention (crisis response and transport for examination); (2) an Order of Protective Custody/OPC (holding a person safely while a commitment hearing is arranged); and (3) the Commitment Hearing, which determines inpatient or outpatient services, and temporary or extended duration.

REFERENCE MATERIAL TO START

- [JCMH County Mental Health Law Plan — Class 1: Civil Commitment \(training slides covering Emergency Detention, OPC, AOT, and Court-Ordered Medications\)](#)
- [JCMH Emergency Detention Flow Chart](#)
- JCMH’s [Texas Mental Health Law Bench Book](#) starting at section 5.4 (Civil Mental Health Law, Emergency Detention with a Warrant) and section 6.2 (Emergency Detention by Peace Officer).

INITIAL INFORMATION TO GATHER

- Which judge(s) in our county have probate jurisdiction? Do those judges handle civil commitment matters? Can/do any other judges in our county have the authority to sign emergency detention warrants? *Texas Health & Safety Code § 574.021*
- Where are Applications for Court-Ordered Mental Health Services and Motions for an Order of Protective Custody (OPC) filed in our county?
- Does our county have an Assisted Outpatient Treatment (AOT) program or court?
- Is there an accessible list of crisis services and direct contacts for courts and stakeholders in our county?

CONVERSATIONS TO HAVE

- Judge with probate/mental health commitment jurisdiction
- County or District Attorney’s civil/mental health division; the person who coordinates applications and hearing witnesses
- LMHA employees: determine who handles crisis responses, and who, if anyone, coordinates Certificate of Medical Examinations (CME), the OPC process, or testifies at civil commitment hearings

- Hospital/ER staff who handle Emergency Detentions, preliminary examinations, CMEs, Applications for Court Ordered Treatment, Testifying at hearings
- Law enforcement — practices for detentions with and without a warrant

SYSTEM DATA TO ANALYZE

- Number of Emergency Detentions initiated in the county per year (with warrant vs. without warrant/APOWW)
- Number of Orders of Protective Custody (OPCs) requested, granted, and denied
- Whether the statutory preliminary-examination and OPC timelines are being met
- Number of temporary (up to 90 days) vs. extended (up to 12 months) inpatient or outpatient commitment orders issued
- Number of AOT applications filed and orders issued

REFERENCE MATERIAL — WHEN YOU ARE READY FOR A DEEPER DIVE

- [JCMH Civil Commitment Forms](#)
- [JCMH Mental Health Law Plan Checklist \(Civil Commitment section\)](#)
- [Texas AOT Practitioner's Guide](#)
- [JCMH Video Library, Summit Archives by Topic](#), under the Civil Topic Section

Note: Civil commitment (Health & Safety Code Chs. 573–74) is a separate legal track from criminal competency commitment under the Texas Code of Criminal Procedure Chapter 46B (Subchapters E & F). A person can move through either, or both types of commitments, depending on their circumstances. Don't conflate the two processes when talking with stakeholders.

Early Identification Law

Applicable Law: Code of Criminal Procedure Article 16.22

QUICK LEGAL OVERVIEW

Article 16.22 requires that individuals booked into county jail be screened for mental illness and intellectual/developmental disability (IDD), and that a magistrate order a professional interview and written report when reasonable cause is found. The report can then be used by the court for bail, bond conditions, competency proceedings, specialty court referral, and more.

REFERENCE MATERIAL TO START

- [JCMH 16.22 Guide](#)
- JCMH's [Texas Mental Health Law Bench Book](#) starting at section 7.1.
- [JCMH Mental Health Law Plan Checklist \(Early Identification section\)](#)

INITIAL INFORMATION

- Who screens individuals at booking? Is the mandatory screening form being completed for every intake?
- Is jail staff checking the Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query (CCQ), and is a positive alert routed to the LMHA/LIDDA? *Per Health & Safety Code § 613.013*
- When a positive Continuity of Care Query (CCQ) alert occurs at jail booking, is the LMHA notified, and does the LMHA know who is responsible for receiving that notification?
- Are magistrates notified of credible information suggesting mental illness or IDD, and do they order the 16.22 interview when reasonable cause is found?
- Who conducts the 16.22 interview and prepares the written report in our county (LMHA, LIDDA, or another qualified professional)?
- Is the statutory deadline for completing and returning the 16.22 report being met?
- Are the reports getting sent to all required parties? (Trial Court, State, Defense, Sheriff/Jail Medical Records, Personal Bond/Pretrial Office)
- Are our District and County Clerks reporting the number of completed reports to the Office of Court administration in our monthly data reports?

CONVERSATIONS TO HAVE

- Magistrate(s) responsible for reasonable-cause determinations and ordering the 16.22 interview
- Jail intake/booking staff who complete the initial screening
- LMHA/LIDDA or contracted qualified professional who performs the 16.22 interview and drafts the report
- Each group who should be receiving 16.22 Reports (Trial Court, State, Defense, Sheriff/Jail Medical Records, Personal Bond/Pretrial Office)

- County/District Clerk, both may be responsible for reporting the number of 16.22 Reports to the Officer of court administration

SYSTEM DATA TO ANALYZE

- Number of jail screenings resulting in a reasonable-cause finding for mental illness or IDD per month/year.
- Number of 16.22 reports completed within the statutory deadline, versus late
- How 16.22 reports are actually being used by the court once received
 - Mental health personal bond consideration (Code Criminal Proc. Mental health personal bond consideration (Code Crim. Proc. Art. 17.032)
 - Resuming or initiating competency proceedings (Code Criminal Proc. Resuming or initiating competency proceedings (Code Crim. Proc. Ch. 46B)
 - Referral to a specialty court or docket

REFERENCE MATERIAL — WHEN YOU ARE READY FOR A DEEPER DIVE

- [JCMH County Mental Health Law Plan Early Identification Training Video](#)
- [JCMH Video Library, Summit Archives by Topic](#), under the *Early Interventions Section*

Note: *The Article 16.22 report can be considered for multiple purposes at once—bail, bond conditions, appointment of counsel, competency proceedings, specialty court referral, and sentencing—so early, complete screening has ripple effects across the whole case.*

Competency Restoration

Applicable Law: Texas Code of Criminal Procedure Chapter 46B

QUICK LEGAL OVERVIEW

Competence to stand trial means that a defendant is mentally able to participate in the criminal case against them. A defendant cannot be tried unless they are able to understand what is happening in court, communicate with their attorney, and help prepare their defense. Similarly, a court cannot accept a guilty or no-contest plea unless the defendant is mentally competent and is entering the plea freely and voluntarily.

Competency restoration is the process of providing treatment and education to help a defendant who is incompetent regain the ability to understand the court process and assist in their defense.

Competency restoration is not the same as comprehensive mental health treatment. The primary goal of competency restoration is to help a defendant regain the ability to understand the court proceedings and assist in their defense so that the criminal case can move forward. In contrast, comprehensive mental health treatment focuses more broadly on improving a person's overall mental health and well-being.

REFERENCE MATERIAL TO START

- JCMH's [Texas Mental Health Law Bench Book](#) starting at section 8.7.
- [JCMH Video — Competency Restoration Class](#)

INITIAL INFORMATION

- Who keeps track of the people on the county's competency restoration (CR) waitlist?
- How does the state hospital (SH) communicate with our county (postal mail, email)? Is there a point person for SH Communications? Should it now be the liaison?
- Has our county participated in the [HHSC Jail In-Reach Learning Collaborative](#)?
- Who is our county's point of contact at the State Hospital, and has that contact been sent an annual letter with their name, email, fax, and phone?
- Does our county have a process to ensure defendants have their current, necessary psychiatric medications while they wait?
- Does our court coordinate with the probate court to start medication orders immediately, while the person awaits transport to the State Hospital?
- Does our county use the outpatient competency restoration program option, or is inpatient restoration the only path currently used here?

CONVERSATIONS TO HAVE

- Judge(s) who handle CR cases (felony and misdemeanor)
- Defense Bar - what are their issues with the CR process currently?
- State - what are their issues with the CR process currently?
- Jail - what are their issues with the CR process currently?
- State Hospital forensic coordinator/liaison, if our county has a direct contact
- LMHA - regarding outpatient competency restoration capacity, if that option is available in our area

SYSTEM DATA TO ANALYZE

- Number of people on our county's CR waitlist
 - Divided by MSU (Maximum Security Unit) and non-MSU
 - Divided by felony and misdemeanor
- Number of people in the state hospital (SH) from our county
- Number of people in the SSLC from our county
- Number of people in our jail who have returned from Competency Restoration Services (CRS) but are not competent again. Determine if they are waiting to go to SH again, civil commitment, or something else?
- Number of people receiving court-ordered medication while waiting in jail.
- Information and data from HHSC (Health and Human Services Commission) that they have on our county regarding 46B.
- Average wait time from commitment order to State Hospital admission, and how that has trended over time. HHSC may have this specific data on your county.

REFERENCE MATERIAL — WHEN YOU ARE READY FOR A DEEPER DIVE

- [Eliminate the Wait](#), a toolkit that helps each profession make sure they are doing everything they can before putting people onto the CR waitlist
- [HHSC Texas Competency Restoration Guide \(updated March 2024\)](#)
- [JCMH Mental Health Law Plan Checklist \(Competency Restoration section\)](#)

Specialty Courts

Law: Government Code Chapter 125 (Mental Health Court Programs)

QUICK LEGAL OVERVIEW

Mental Health Courts are one of several types of specialty (treatment) courts that connect participants with community-based mental health treatment through individualized treatment plans and ongoing judicial monitoring. Counties with a population of 200,000 or more are required to establish a mental health court program and register with the Office of Court Administration (OCA), though not all counties of that size currently have one running.

REFERENCE MATERIAL TO START

- JCMH County [Mental Health Law Plan Specialty Courts Video](#) - walks through the laws and best practices for Specialty Courts in Texas
- JCMH's [Texas Mental Health Law Bench Book](#) starting at section 8.2.
- All Rise, [Adult Treatment Court Best Practice Standards](#) (Jan. 2026). All Rise's Adult Treatment Court Best Practice Standards represent decades of research on treatment courts, criminology, and behavioral health. The standards distill this research into actionable best practices, providing a comprehensive blueprint to enhance outcomes across all treatment court models.

INITIAL INFORMATION

- Does our county meet the 200,000-population threshold that requires a registered mental health court program under Gov't Code Ch. 125?
- Does our county currently operate any specialty/treatment court (mental health court, veterans court, etc.), and is it registered with OCA?
- Who would make up a multidisciplinary team here — judge, prosecutor, defense attorney, supervision officer, and LMHA case manager, at minimum?
- What screening or risk-assessment tool(s) does our jurisdiction already use that could identify eligible participants?

CONVERSATIONS TO HAVE

- Judge interested in leading or expanding a specialty court
- Prosecutor's office and defense bar/public defender — buy-in for the required nonadversarial approach
- Pretrial, probation, or parole supervision officer
- LMHA case manager
- Sheriff's office or jail medical staff (helpful, though not a required team member)

SYSTEM DATA TO ANALYZE

- Estimated size of the potentially eligible target population in our county
- Existing specialty courts in our county or region and their OCA registration status
- Funding currently accessed vs. available

ADDITIONAL REFERENCE MATERIAL — WHEN YOU ARE READY FOR A DEEPER DIVE

- [JCMH Toolkits page \(specialty court funding toolkits\)](#)
- [How to Create a Mental Health Court](#) Webinar
- [JCMH — The 10-Step Guide: Creating a Texas Mental Health Court Program](#)
- [JCMH Treatment Courts Collaborative — technical assistance for judges starting or growing a program](#)
- [Documents organized by topic](#) on the JCMH website. The Specialty Court tab will have the most pertinent information.
- [JCMH Podcast Episodes](#), applicable episodes include:
 - [Downtown Austin Community Court](#)
 - [Panhandle Regional Problem Solving Court](#)
 - [Justice Forward](#) Program (Nonprofit that directly supports adult specialty courts)
 - [Trauma-Informed Courtroom](#) with Judge Betancourt (Juvenile)
 - [GEMS Program and Juvenile Mental Health Court](#) (Girls Empowerment Mentoring Support Program)
- Videos
 - JCMH [Video Library](#) - See the videos under the *Specialty Courts and Dockets tab*
 - JCMH County [Mental Health Law Plan Specialty Courts Video](#) - walks through the laws and best practices for Specialty Courts in Texas
 - [How to Create a Mental Health Court](#) Webinar

Note: See OCA's list of *registered mental health court and juvenile mental health court programs statewide* ([OCA List of Registered Specialty Courts](#)). It is worth checking the current list for your county and neighboring counties.