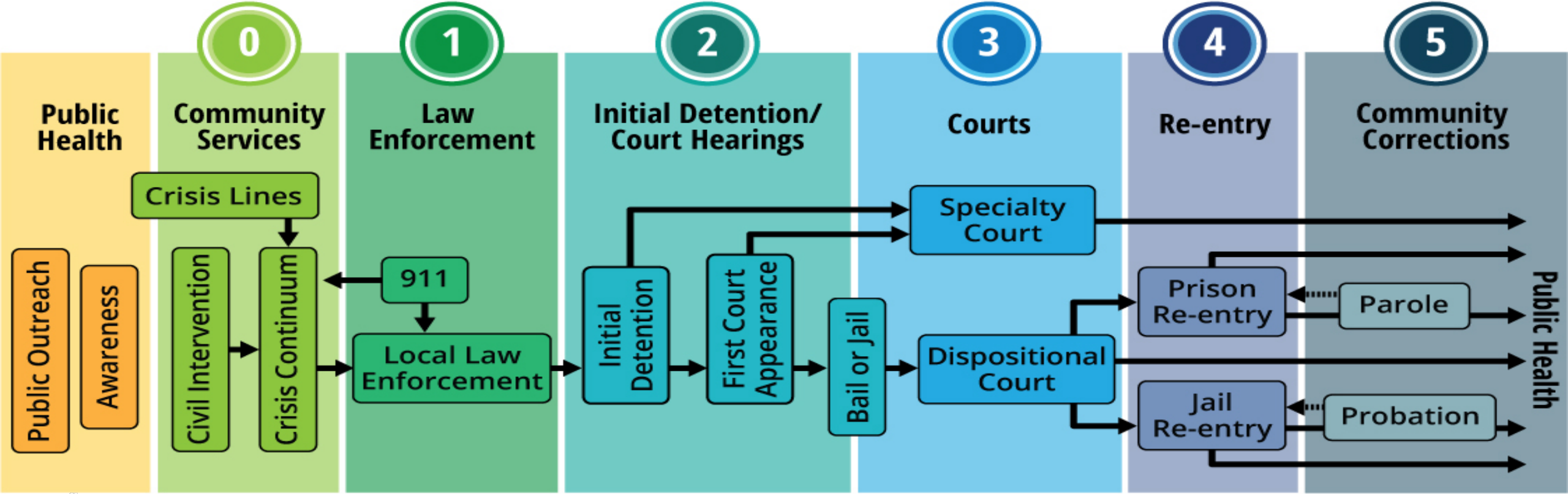
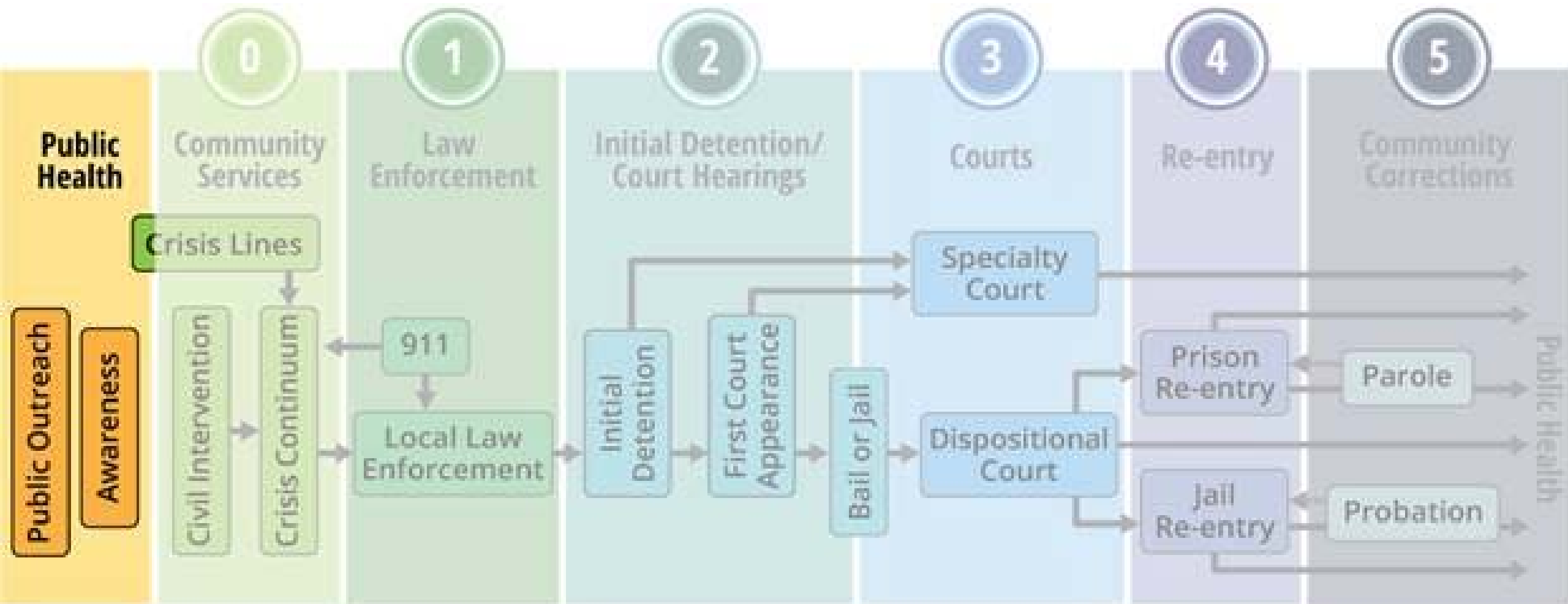




TEXAS JUDICIAL COMMISSION
ON MENTAL HEALTH



Sequential Intercept Model



Public Health

Public Health

Public Outreach

Philanthropy

Individual Awareness

Psychiatric Advance Directives

Family Support

Individual Awareness/Public Outreach

The voices of those with lived experience are invaluable in developing procedures that will increase positive outcomes and create a culture of de-escalation throughout the Sequential Intercept Model.

Psychiatric Advance Directives

A Psychiatric Advance Directive is:

- a legal document
- written by a currently competent person who lives with a mental illness; and
- allows a person to be prepared if a mental health crisis prevents them from being able to make decisions
- PAD's are being used in innovative ways to increase positive outcomes and reduce contact with the criminal justice system for persons with mental illness.
- Texas is on the forefront of developing this resource.



SB 11 Texas Child Mental Health Care Consortium

Requires statewide plan to ensure all students have access to services and establishes Texas Child Mental Health Care Consortium



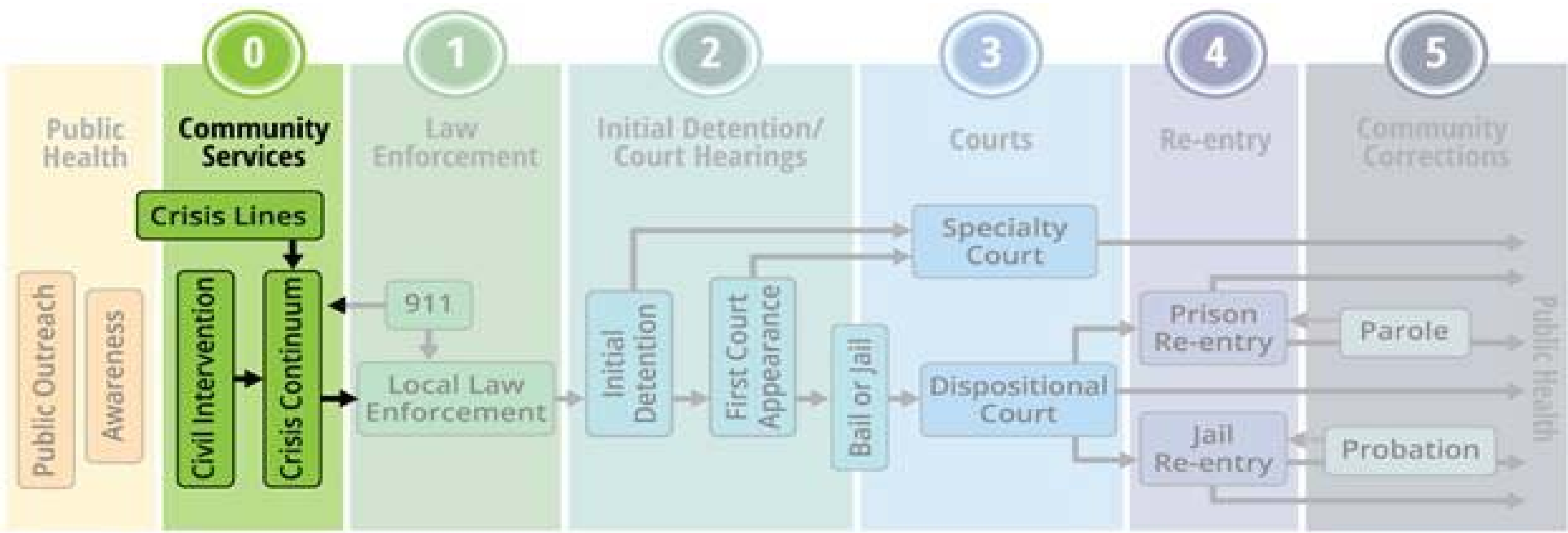
HB 650: Training on Pregnant Inmates

Requires training and procedures relating to medical and mental health care issues applicable to pregnant inmates



SB 633 Regional LMHAs in Rural Counties

Requires HHSC to assign rural LMHAs to regional groups



0 Intercept 0: Community Services

Intercept o: Community Services

- 39 LMHA/LBHAs
- A LIDDA's role is to serve as the single point of access to certain publicly funded services and supports for the residents within the LIDDA's local service area. Services are mainly provided through waiver programs.
- LMHA/LBHAs conduct crisis response for both MI and ID

Health and Safety Code Title 7 – Subchapter C: TEXAS MENTAL HEALTH CODE

Important Provisions

- 571.012 – Court Hours; Availability of Judge or Magistrate
- 571.013 – Method of Giving Notice
- 571.014 – Filing Requirements
- 571.015 – Inspection of Court Records
- 571.016 – Representation of State
- 571.0166 – Proceedings on Behalf of the State
- 571.067 – Habeas Corpus Proceedings
- 571.017 – Compensation of Court-Appointed Personnel
- 571.018 – Costs



What is Mental Illness?

- **Important Definitions (Sec 571.003):**
 - (9) “Inpatient mental health facility”
 - (12) “Mental health facility”
 - (13) “Mental hospital”
 - (14) “Mental illness”
 - (20) “Private mental hospital”
 - (21) “State mental hospital”

Jurisdictional Requirements:

- Application filed with probate court with 1 CME (certificate of medical examination)
- Court-appointed attorney for the proposed patient
- Notice and hearing given to proposed patient
- Final hearing must be scheduled within 14 days of the filing for mental health services. If continued for good cause, case must be completed no later than 30 days after the filing.
- At least 2 CMEs (one from a psychiatrist if available in the county) have to be on file at the time of the original hearing date
- Final hearing has to be on the record (with court reporter)

Sec. 574.004 Duties of the Attorney

(b) The attorney shall thoroughly discuss with the proposed patient the law and facts of the case, the proposed patient's options, and the grounds on which the court-ordered mental health services are being sought. A court-appointed attorney shall also inform the proposed patient that the proposed patient may obtain person legal counsel at the proposed patient's expense instead of accepting the court-appointed counsel

(c) The attorney may advise the proposed patient of the wisdom of agreeing to or resisting efforts to provide mental health services, but the proposed patient shall make the decision to agree to or resist the efforts. Regardless of an attorney's personal opinion, the attorney shall use all reasonable efforts within the bounds of law to advocate the proposed patient's right to avoid court-ordered mental health services if the proposed patient expresses a desire to avoid the services. If the proposed patient desires, the attorney shall advocate for the least restrictive treatment alternatives to court-ordered inpatient mental health services.

Sec. 574.004 Duties of the Attorney, cont'd

(d) Before a hearing, the attorney shall:

- Review the application, the certificates of medical examination for mental illness, and the proposed patient's relevant medical records;
- Interview supporting witnesses and other witnesses who will testify at the hearing; and
- Explore the least restrictive treatment alternatives to court-ordered inpatient medical health services

(e) The attorney shall advise the proposed patient of the proposed patient's right to attend a hearing or to waive the right to attend a hearing and shall inform the court why a proposed patient is absent from a hearing

(f) The attorney shall discuss with the proposed patient:

- The procedures for appeal, release, and discharge if the court orders participating in mental health services; and
- Other rights the proposed patient may have during the period of the court's order



Our actions and inactions affect others individually and collectively

There is no judicial immunity or qualified immunity for prosecutors, attorneys, clerks, and others who knowingly and intentionally violate the Texas Mental Health Code
There are both civil and criminal penalties for engaging in those behaviors prohibited under the Texas Mental Health Code

Know the Law

- This compilation of both civil commitment laws and Code of Criminal Procedure laws affecting persons with mental illness and/or intellectual disability is the best handbook on the law in our area of concern. READ IT FROM COVER TO COVER.
- It is compiled by Chris Lopez, with HHSC, and a copy is available on the JCMH website at texasjcmh.gov
- Operating without knowledge of the law is legal malpractice, judicial malpractice, or some other form of professional malpractice.
- Every judge, prosecutor, public defender or court appointed attorney, County Clerk and LMHA, involved in mental health should have a copy and read it cover to cover.



Dr. Courtney N. Phillips
Executive Commissioner

22nd Edition

Texas Laws Relating to Mental Health

*Reflecting changes in law passed by the
86th Legislature, Regular Session – 2019*

The laws reflected in this edition include both substantive and non-substantive revisions to laws passed by the 86th Legislature. Most of the revisions in law take effect on September 1, 2019. Among the many changes are references to agencies, such as the Health and Human Services Commission, that have been updated to reflect the governance of the state hospitals and state supported living centers by the Commission. However, not all laws have been substantively changed to fully reconcile the duties, functions and powers of the Health and Human Service agencies and may still reflect an entity which is no longer performing those duties, functions or powers.

The changes in law from the 86th Leg., R.S. are reflected in the table entitled Index to Sections Affected on pages xix - xxi and contain hyperlinks to the bills on Texas Legislature Online.

Disclaimer – The information contained in this book does not constitute the provision of legal advice. While every attempt has been made to ensure the accuracy of the information contained in this book, the Health and Human Services Commission, its officers and employees disclaim any responsibility for any errors in content or formatting that may be contained herein.

Published by the
Health and Human Services Commission
June 2019



SB 362: Civil Commitment Chapters Reorganized

This bill adds two new sections to Health & Safety Code: §574.0345 and 574.0355. This bill splits up the inpatient and outpatient procedures so that there is one section for each type of procedure:

§574.034 ORDER FOR TEMPORARY INPATIENT MENTAL HEALTH SERVICES

§574.0345 ORDER FOR TEMPORARY OUTPATIENT MENTAL HEALTH SERVICES

§574.035 ORDER FOR EXTENDED INPATIENT MENTAL HEALTH SERVICES

§574.0355 ORDER FOR EXTENDED OUTPATIENT MENTAL HEALTH SERVICES



SB 362: Clarified Standard for Outpatient Commitment

The bill replaced the requirement that the court find that the patient “will continue to suffer severe and abnormal mental, emotional, or physical distress,” with the requirement, that the court find “outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the proposed patient or others.”

The bill also changed the standard for commitment of requiring that the court find characteristics of the patient’s clinical condition “make impossible” a rational and informed decision whether to submit to voluntary outpatient treatment; a court must now find that the patient’s condition “significantly impairs” that ability



SB 362: Cross- Examination of Witnesses in Temporary Civil Commitment

The original statute stated that a patient AND a patient's attorney may by written document waive the right to cross-examine witnesses.

The amended statute replaces AND with OR and reads: in temporary civil commitment hearings, the patient or the patient's attorney may file a written waiver with the court waiving the right to cross-examine witnesses, thereby allowing the court to admit the certificates of medical examination for mental illness as competent medical or psychiatric and to make findings solely from the certificates.

SB 362: Definitive Time Period Required for Inpatient Commitment

The court must now provide a definitive time period in its order for temporary inpatient treatment not to exceed 45 days, or 90 days if the judge finds it necessary.

For extended inpatient treatment, the court also must include a definitive time period in its order not to exceed 12 months.

*Note that a facility still must release a person if he or she no longer meets commitment criteria, even if the court mandated time period has not elapsed. *O'Connor v. Donaldson*, 422 U.S. 563, 574–75 (1975) (“even if his involuntary confinement was initially permissible, it could not constitutionally continue after that basis no longer existed.”)

SB 362: Modification of Inpatient Treatment to Outpatient Treatment

Previously, an inpatient facility administrator had the discretion to ask the judge to modify the order and require the patient to instead participate in outpatient services. Now, the administrator is required within 30 days to assess whether it is appropriate to transfer the patient to outpatient services.

If the administrator recommends transfer, he or she must support the written request with a certificate of examination from a physician who examined the patient within 7 days of the administrator's request.

SB 362: Court May Designate the Person Responsible for Services from the County Where Patient Received Previous Services

The court, in an order that directs a patient to participate in outpatient mental health services, shall designate the person responsible for those services. The designated person may be the facility administrator of a state facility or the facility administrator of a community center in the county where committing court is located, but also “in a county where a patient has previously received mental health services.”

SB 362: Medication upon Discharge from Publicly-Funded Private Facilities

A private mental health facility now has to pay for medications for the patient until the patient sees a physician, but HHSC cannot require the private facility to do this for more than 7 days after discharge. This is subject to available funding from HHSC paid to the private facilities.

All Roads Lead to Rome

- Chapter 46B pushes criminal court actors – judges, prosecutors, court-appointed lawyers, clerks, and others – into using the Texas Mental Health Code when trying to go beyond incompetent to stand trial matters under 46B.
- BEST TO KNOW THE TEXAS MENTAL HEALTH CODE



SB 1238: Consenting for Voluntary Inpatient for a Minor

Permits an eligible person to consent to voluntary inpatient mental health services for a minor child when the minor child's parent, conservator, or guardian is unable to consent

HB 18 Mental Health Services for Students

- Expands mental health services for students
 - Adds the definition of “substance abuse” to the definition of “mental health condition” in the Education Code
 - Adds continuing education and training for teachers and counselors on mental health and IDD conditions
 - Adds training for school staff on suicide prevention and mental health first aid

Emergency Detention: An Option to Address Mental Health Needs

- Emergency Detention can be an option to address mental health needs that are more intensive and require on-site treatment. Commitment can be voluntary, but there are times when that may not be the case.
- Emergency Detention should be distinguished from Emergency Admission, an Order for Protective Custody, or Commitment

SB 362: Supreme Court Rulemaking Workgroup re Emergency Detention

SB 362: Requires the Supreme Court of Texas to adopt rules to streamline and promote the efficiency of court proceedings under Chapter 573

Hospitals cannot detain without a warrant or an apprehension by a peace officer

- Unless a warrant has been issued or a person has been transported by (1) an officer, who has filed a notification of detention or (2) a guardian, who filed notice with the court that granted guardianship, a facility has no legal right to hold an individual if the individual refuses a preliminary examination or treatment—for example, if a non-guardian family member or EMS has transported the person to the facility, the hospital has no authority to detain.
- A guardian may not commit the person under the guardianship, but they may transport the person to obtain a “preliminary examination” which a physician will use to determine whether an application for an order for protective custody is appropriate. Tex. Est. Code § 1151.053.

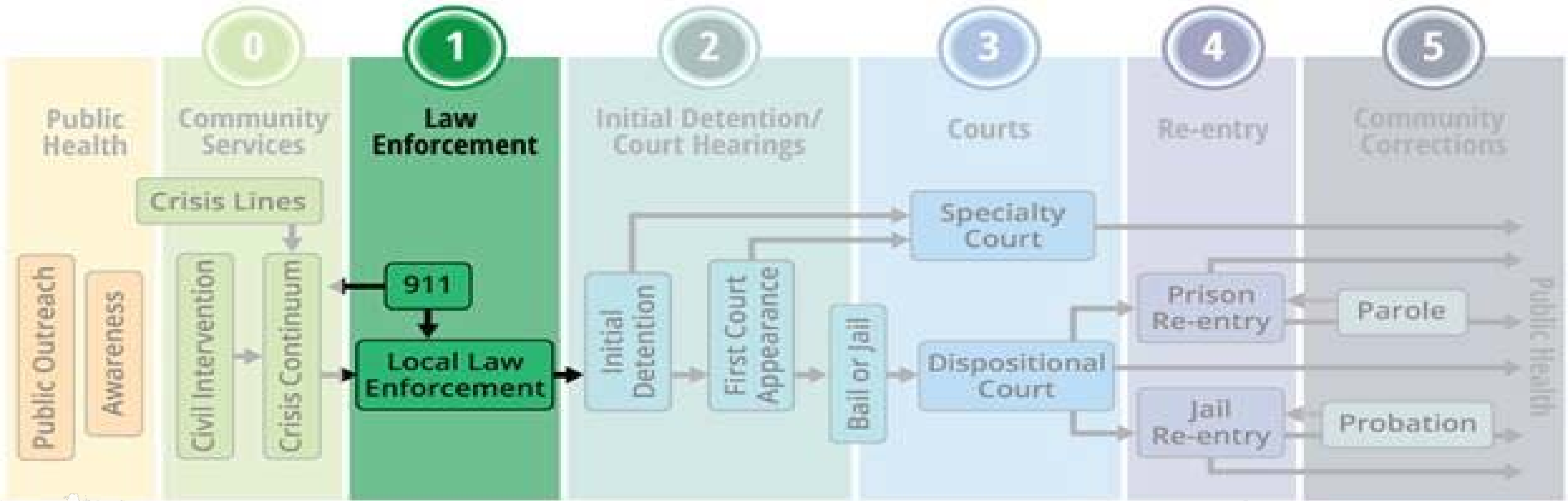
Hospitals cannot detain without a warrant or an apprehension by a peace officer

Hospitals are also bound by federal law.

The federal Emergency Treat and Active Labor Act (EMTALA) stipulates that the emergency condition—in this case a mental health one—must be stabilized before the patient can be discharged. Stabilization may need to include transfer to a behavioral health bed in a psychiatric hospital or a unit in a general hospital. The Emergency Room, therefore, is often stuck. They cannot violate EMTALA, they don't want to violate a patient's rights, and they need to find a placement that may be unavailable for a few days or up to a week. Often, the patient is maintained in the emergency room of the general hospital which is not equipped to treat, house, and manage those with mental illness.

SB 1238: Emergency Detention Without Warrant Regardless of Age

Allows a peace officer to take a person into custody without a warrant under Section 573.001 of the Health and Safety Code regardless of the age of the person.



① Intercept 1: Initial Contact with Law Enforcement



Diversion of Persons Suffering Mental Health Crisis or Substance Abuse Issues

Article 16.23, Code of Criminal Procedure (2017)

Under certain circumstances, law enforcement must make a good-faith effort to divert a person with a mental health crisis away from jail.

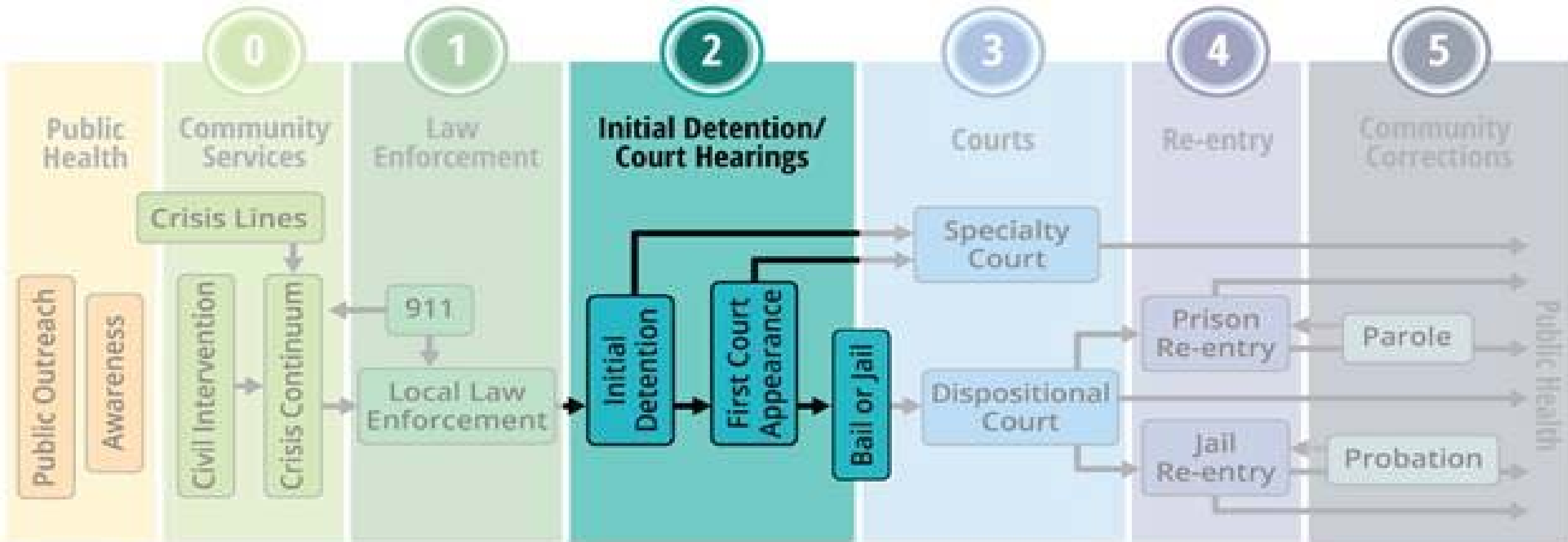


Putting the Pieces Together

1. Crisis Intervention Training

2. Mobile Teams

3. Pre-Arrest/Pre-Booking Diversion



② Intercept 2: Initial Detention and Court Hearings

Trauma

- Understanding trauma not only helps judges to build resiliency in their own professional and personal lives but also allows judges to understand the people who appear before them

**THE THREE
TYPES OF
ADVERSE CHILD
EXPERIENCES
(ACE)**

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

People with high ACE scores have an increased likelihood of:

- Health Problems
 - Smoking
 - Heart Disease
 - Strokes
 - Cancers
 - Diabetes
 - Obesity
- Alcoholism
- Depression
- Teen Sexual Behavior
- Hallucinations
- Suicide Attempts

Code of Criminal Procedure 16.22:

- A magistrate receives a copy of the screening form and notification from the sheriff that there is reasonable cause to believe that a defendant in custody has a mental illness or is a person with an intellectual disability
- If the magistrate finds reasonable cause to believe that the defendant has a mental illness or is a person with an intellectual disability, the magistrate issues a 16.22 order to the Local Mental Health Authority (LMHA), the Local Intellectual and Developmental Disability Authority (LIDDA), or another qualified mental health or intellectual disability expert.



HB 601: Interview and Written Report

- Amends CCP Article 16.22 to clarify that a full-blown examination of mental illness or IDD is not required before the defendant goes before a magistrate. All that is required is that the local mental health authority (LMHA), local intellectual and developmental disability authority (LIDDA), or another qualified mental health or intellectual and developmental disability (IDD) expert must simply “interview” the defendant and collect related information.
- Note that added subsection (a-4) allows an interview to be conducted in person in the jail, by telephone, or through a telemedicine medical service or telehealth service. H.B. 601 also removed the reference to the preparation of a “written assessment” and replaces that language with “written report.”



HB 601: Reimbursement for Interviews and Written Reports

- These new sections state the commissioners court for the county in which the magistrate is located may adopt a fee schedule to pay for such costs, and if so, must consider the accepted reasonable cost in that county of performing such duties.
- If the commissioners court fails to adopt such a fee schedule, or if the cost of performing the interview and collection of information exceeds the amount of the applicable fee schedule, then the person conducting the interview may ask the judge with jurisdiction over the underlying offense to determine a reasonable amount for reimbursement.

Data Sharing

- One of the most important aspects of a 16.22 Order is the communication that is established early on with the trial court, prosecutor, and defense attorney.
- Notification is critical to ensure that incarcerated individuals receive the proper attention and consideration for personal bonds (with the appropriate conditions of bond) or, if warranted, more in depth assessments can be ordered to further evaluate a defendant's competency.
- Although not statutorily required, a judge should **promptly** appoint counsel with specialized MI or IDD legal training.

LMHAs Conduct Crisis Response

Each of Texas' 39 LMHA/LBHAs is required to provide:

- crisis-response services for all individuals in the service area; and
- ongoing outpatient mental health services for individuals who meet diagnostic and need-based eligibility requirements.

Crisis response services include three services:

- a crisis screening;
- a crisis assessment; and
- a recommendation about the level of care required to resolve the crisis.

Is a Crisis Response Different From a 16.22 Order?

- YES.
- The LMHA/LBHA must have a crisis screening and response system in operation 24/7 that is available to individuals throughout its contracted service delivery area.

Crisis Response Hotline

- The telephone system to access the crisis screening and response system must include a toll-free crisis hotline number.
- Calls to the crisis hotline are answered by a hotline staff member who is trained in mental health community services.
- When a person calls the crisis hotline, the staff member provides a crisis screening and determines if the crisis situation requires deployment of the LMHA/LBHA Mobile Crisis Outreach Team (MCOT).

MCOT Response

- If the hotline staff member determines that the crisis situation is an emergency situation or urgent, at least one trained MCOT member must respond to the site of the crisis situation and conduct a crisis assessment.
- After a crisis assessment is conducted, the LMHA/LBHA will make a recommendation about the treatment necessary to resolve the crisis.

CCP 17.032 Bond Recommendations

- Conditions of bond are monitored by the magistrate and case coordinator
- LMHA/LBHAs will consult with the magistrate to help determine if there are appropriate and available services for the defendant.

CCP 17.032 Bond Recommendations

- Code of Criminal Procedure Article 17.032 (b): “A magistrate **shall** release a defendant on personal bond unless good cause is shown otherwise...”
- The defendant cannot be charged with or previously convicted of a violent offense:

Murder

Indecency with a Child

Sexual Assault

Aggravated Robbery

Continuous Trafficking of Persons

Kidnapping

Assault/Family Violence

Injury to Child, Elderly, or Disabled

Continuous Sexual Abuse of Young Child

CCP 17.032 Bond Recommendations

- 17.032 (c): “The magistrate, unless good cause is shown for not requiring treatment, **shall** require as a condition of release on personal bond under this article that the defendant submit to outpatient or inpatient mental health or intellectual disability treatment as recommended by the local mental health or intellectual and developmental disability authority if the defendant’s:
 - (1) mental illness or intellectual disability is chronic in nature; or
 - (2) ability to function independently will continue to deteriorate if the defendant is not treated.

CCP 17.032 Bond Recommendations

- 17.032 (d): “In addition to a condition of release imposed under Subsection (c), the magistrate may require the defendant to comply with other conditions that are reasonably necessary to ensure the defendant’s appearance in court as required and the safety of the community and the victim of the alleged offense.”

Urban and Rural Solutions

While rural and urban counties experience problems in the mental health system in different ways, there are common threads in many solutions that can be adapted and structured according to a county's resources

Can't afford a mental health court?

- Try setting up a mental health monthly or quarterly meeting
- Include at least one person from the following:
 - LMHA/LBHA
 - Crisis or Diversion Team Member
 - Care Coordinator
 - Prosecutor
 - Defense Attorney
 - Magistrate
 - Mental Health Law Enforcement Officer

Can't afford a mental health court?

- Use the meeting as an opportunity to discuss compliance issues with defendants that have been released on bond (whether personal or other).
- This information might be used for consideration of:
 - dismissal
 - setting terms of community supervision
 - competency proceedings.

What About Class C Misdemeanors?

2017: The 85th Legislature passed two bills amending Art. 16.22, CCP.

- S.B. 1326 modified Subsection (a)(1) by (1) adding municipal jailers and (2) limiting the notice requirement to defendants held on Class B misdemeanors and higher.
- S.B. 1849 (The Sandra Bland Act) made no such limitation on the notice requirement.

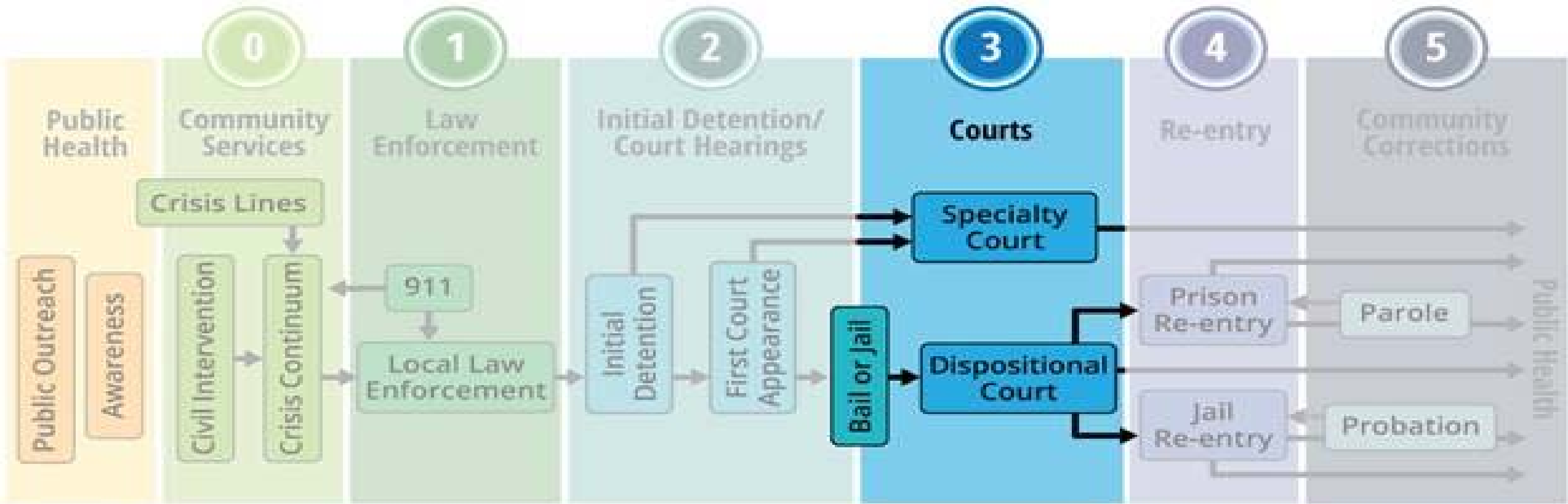
2019: The 86th Legislature; H.B. 4170

- It reenacted Art 16.22, CCP for purposes of Section 43, Article III of the Texas Constitution.
- As reenacted, the notice requirement in Art. 16.22(a)(1) is limited to defendants in custody for an offense punishable as a Class B misdemeanor or higher.
- Nothing expressly prohibits an interview of persons charged with Class C misdemeanors.
- Some jurisdictions include defendants with such charges in their agreement with the LMHA.



Regarding the Confidentiality of Medical Records

- **Agencies Must Safeguard Confidentiality (Sec. 614.017 (d),(e), Health & Safety Code)**
- **Exemption from the Texas Medical Records Privacy Act (Sec. 181.057, H&SC)**
- **Information Sharing is Mandatory (Sec. 614.017(a), H&SC)**
- **“Agencies” are Required to Comply (Sec. 614.017(c), H&SC)**



3 Intercept 3: Courts



Competency Restoration: Scope & Application

- **Art. 46B.002. Applicability:**
- Chapter 46B “applies to a defendant charged with a felony or with a misdemeanor punishable by confinement.”



Competency Restoration: Informal Inquiry

- Triggered by a **suggestion** of incompetency
- Then, in the informal inquiry, the judge is assessing whether there is “**some evidence** from any source that would support a finding that the defendant may be incompetent to stand trial”
- May consist solely of a representation from any credible source
- Focus **only** on evidence of incompetency at this stage

Competency Restoration

- Judges should critically review expert qualifications and completed competency evaluations to ensure quality, and there are resources to help. *See the New Bench Book, pp. 126-131.*
- The competency restoration process is not mental health treatment, per se. When possible, and especially for low-level offenses, a court should consider diversion or dismissal rather than initiating lengthy competency proceedings.



Competency Restoration: Locus for Initial Restoration

- Chapter 46B includes possibilities for inpatient, outpatient, and jail-based competency restoration
- Is the offense charged a Class B misdemeanor? Class A? Felony? Violent felony?



Competency Restoration - Outpatient

- Outpatient Competency Restoration can provide many resources which are often under-utilized. These include assistance with housing, medication continuity, and weekly one-on-one connection with an individual to provide support.
- There is not one right way to do an Outpatient Competency Restoration Program. There are twelve OCR Programs in Texas and each of these programs is different depending on the needs and demographics of the county in which it is located.

Competency Restoration – Jail-Based (JBCR)

- Lubbock (and others)
- State grants



Competency Restoration: The Court as a “Convener”

- The power of the Black Robe!





Competency Restoration: Know the Time Limits

Situs	Class of Offense	Commitment Period	Possible Extension
Outpatient	Class B	60 days	60 days
	Class A	120 days	60 days
	Felony	120 days	60 days
Jail-based	Class B	60 days	60 days (inpatient)**
	Class A	60 days	60 days (inpatient)**
	Felony	120 days*	60 days (inpatient)**
Inpatient	Class B	60 days	60 days
	Class A	60 days	60 days
	Felony	120 days	60 days



Competency Restoration: Return to the Court

- Prompt action is needed
- Avoid decompensation
- Per Article 32A.01, the trial of a criminal action against a defendant who has been determined to be restored to competency **shall be given preference over other matters** before the court, whether civil or criminal (except for criminal cases in which the alleged victim is under the age of 14).



Competency Restoration: Subsequent Commitment Proceedings

- If the defendant remains incompetent after the initial restoration period (plus the allowed 60-day extension), further proceedings will be under Subchapters E or F, depending on whether charges remain pending or are dismissed
- E.g., the criminal court will conduct commitment proceedings under the H&S Code if charges are still pending
- The same applies when the initial evaluation/determination is that the defendant is incompetent, yet not restorable



SB 362: Roadmap for Diversion from Criminal Justice System to Court-Ordered Outpatient Treatment

- This bill added a roadmap in the Code of Criminal Procedure for prosecutors and trial court judges, once an Article 16.22 report is received, to release the defendant with MI or IDD on bail and transfer the defendant by court order to the appropriate court for court-ordered outpatient mental health services under Chapter 574 of the Health & Safety Code.
- The judge may only do this “if the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person.” If the judge enters such an order, the attorney for the state will file an application for court-ordered outpatient services.



SB 562: Changes to Maximum Security Designation

- A major feature of this bill is that it removed the requirement that the criminal court order a defendant accused of certain violent crimes to be sent to a maximum security unit of a state hospital for competency restoration.
- Article 46B.073 now states that if a defendant is charged with any of the offenses under Art. 17.032(a), or if the indictment contains an affirmative finding of a deadly weapon, the court shall enter an order committing the defendant to competency restoration **at a facility designated by the Health and Human Services Commission.**

SB 562: Pen Packet will Include MH Info

- Information to be delivered to TDCJ – The bill amended CCP Article 42.09 to require that a county who transfers a defendant to TDCJ shall also now deliver “a copy of any mental health records, mental health screening reports, or similar information regarding the mental health of the defendant.” (This information is now included in what is commonly known as the “pen packet.”)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
PEN PACKET DOCUMENT CHECKLIST¹
9/2019

OFFENDER'S NAME: _____ (Please Print) Last First MI		
Gender: _____ M / F	SID/DPS Number _____	FBI Number _____ CAUSE Number _____
Court Number _____	County Name/ Number _____	Co. Offender/ SPN Number _____ TRN Number _____ TRS Number(s) _____
Additional TRS numbers: _____		
OFFENDER TYPE AND HEALTH CARE NEEDS:		
<input type="checkbox"/> SAFFP	Indicate if the offender is regular or special needs (it is <i>IMPERATIVE</i> to mark one): <input type="checkbox"/> Regular Needs <input type="checkbox"/> Special Needs* <i>If special needs, specify:</i> _____ <small>*See program exclusionary criteria on Definitions and Guidelines for Completing the TDCJ Pen Packet Document Checklist.</small>	
<input type="checkbox"/> Prison	Indicate if the offender is regular or special needs (it is <i>IMPERATIVE</i> to mark one): <input type="checkbox"/> No Special Health Care Requirements <input type="checkbox"/> Requires Special Health Care, such as AIDS, dialysis, disabilities, infectious disease, oxygen, pregnancy, requires assistance with ADLs, wheelchair dependence, and other serious medical or mental health conditions. Call the TDCJ Health Services Liaison at 936-437-3589 to coordinate intake. Sec. III documents may be required.	
<input type="checkbox"/> State Jail		
I. REQUIRED DOCUMENTS FOR ALL OFFENDERS: CHECK		
1.	Standardized Felony Judgment Form: Official certified copy, including a judge's signature and the offender's thumbprint.	<input type="checkbox"/>
2.	Criminal history information	<input type="checkbox"/>
3.	A written report describing each offense for which the defendant is sentenced to the TDCJ	<input type="checkbox"/>
4.	A copy of the indictment or waiver of indictment by information for each offense the defendant is sentenced to the TDCJ	<input type="checkbox"/>
5.	Jail Conduct Report	<input type="checkbox"/>
II. REQUIRED DOCUMENTS FOR ALL OFFENDERS (IF PREPARED OR APPLICABLE): CHECK		
1.	Detainers, holds, or warrants	<input type="checkbox"/>
2.	Pre- or post-sentence investigation report	<input type="checkbox"/>
3.	Revocation report, including any amounts owed for restitution, fines, and court costs	<input type="checkbox"/>
4.	Client supervision plan	<input type="checkbox"/>
5.	Victim impact statement	<input type="checkbox"/>
III. REQUIRED DOCUMENTS TO ACCOMPANY ALL OFFENDERS UPON PHYSICAL ADMISSION: CHECK		
1.	Texas Uniform Health Status Update (TUHSU) Form: (TCCP art. 42.09 § 9) A report of any special medical or mental health needs of the offender. Submit a copy with the Pen Packet Document Checklist when requesting admission for SAFF facility offenders with special needs.	<input type="checkbox"/>
2.	Screening Form for Suicide and Medical/Mental/Developmental Impairments	<input type="checkbox"/>
3.	Mental Health Screening Reports and/or Similar Information Regarding the Offender's Mental Health (TCCP Article 42.09): *See the Definitions & Guidelines for required documents.	<input type="checkbox"/>
CERTIFY THAT ALL DOCUMENTS CHECKED ABOVE ARE ATTACHED: Printed Name of Person Completing Checklist _____ Title _____ Contact Information for Person Completing Checklist _____ Signature of Person Completing Checklist _____ Date of Completion _____		

¹ Companion Definitions and Guidelines Available

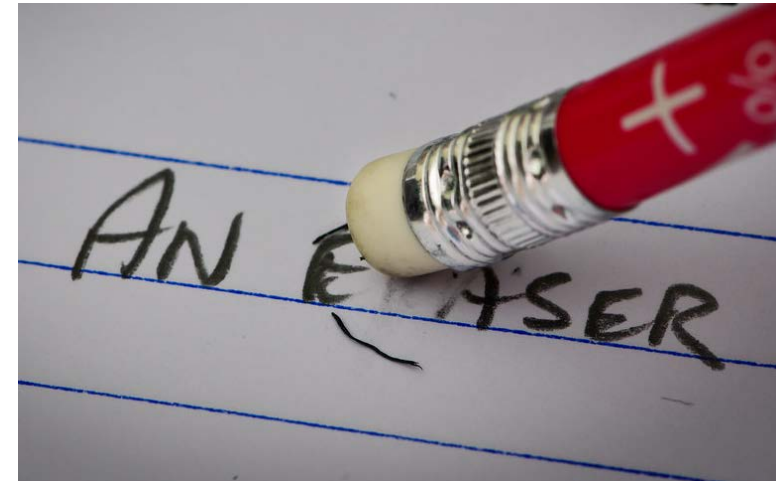
SB 562: Mental Health Court Programs

- Under an amendment to Government Code Chapter 125, counties with populations of more than 200,000 must now apply for federal and state funds to establish a mental health court program.
- This bill also authorizes commissioners courts of two or more counties to establish a regional mental health court program.



SB 562: Expunction

- The bill amends CCP 55.01 to add that a person's records be expunged if the court finds the indictment or information was dismissed or quashed because the defendant **completed a mental health court program** created under Government Code Chapter 125 or because the defendant completed such a program as a result of pre-trial diversion. A defendant is only eligible for this expunction one time, and it must be within 30 days after the court dismisses the case, with the State's consent.



Resources

- The new Bench Book – 2d Edition
- Shannon – 6th Ed. See namitexas.org

