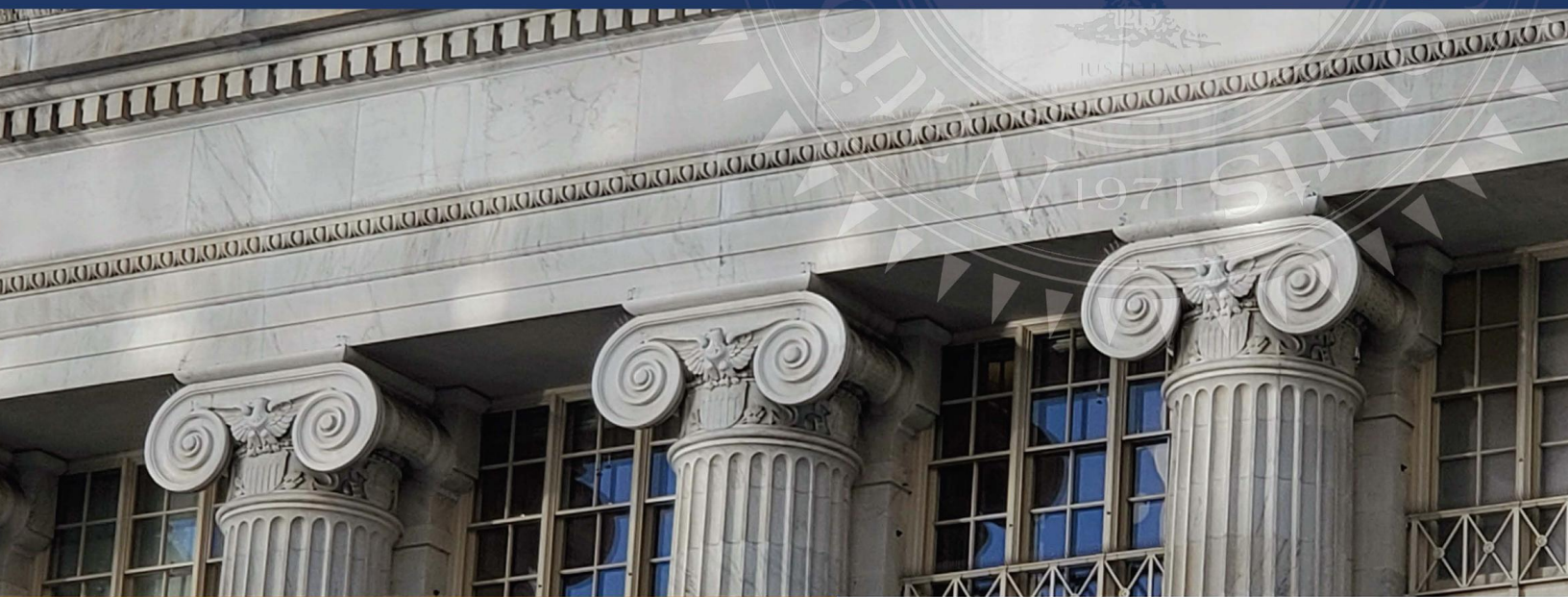


# TEXAS COURT LIAISON PILOT PROGRAM Final Report



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## EXECUTIVE SUMMARY

The Texas Judicial Commission on Mental Health, the Texas Health and Human Services Commission, and the National Center for State Courts collaborated on a pilot program to train and subsidize placement of court liaisons in Denton, Grayson, and Smith counties. These liaison positions were generally aimed at connecting people with mental illness, substance use disorder, and intellectual and developmental disabilities to treatment and other resources and serving as a facilitator between the legal and mental healthcare systems. The goal of the pilot was to examine whether these liaisons could meaningfully improve system responses to people experiencing behavioral health issues.

**In Denton County**, the liaison reports making jail visits and connecting cases with appropriate programs, including serving as an educational resource to attorneys and families on competency, court processes, and other mental health issues. In addition, the liaison expanded the scope of the Texas Code of Criminal Procedure Article 16.22 (CCP Art.16.22) to serve as a jail intake “crisis assessment” in addition to required early identification and reporting. There was an increase in the number of 16.22 reports completed during the pilot program. At the same time, the county saw a general reduction in the number of people added to the competency restoration waitlist. All stakeholders interviewed from Denton County report this position has enabled more consistent and reliable communication between the local mental health authority and legal systems.

**In Grayson County**, the liaison similarly reports identifying gaps and needs in the available responses, providing education to specialized attorneys and performing the 16.22 interviews as a qualified mental health professional. Anecdotal information shows improved connection to services through all facets of the justice system – in one instance, even including the local game warden.

**In Smith County**, the liaison served in a role more typical of a reentry social worker by directly assisting defendants with special needs in accessing assistance programs and benefits, communicating bond conditions, and preparing post-adjudication case management plans. A change in judicial leadership led Smith County to terminate this position, but lessons gathered from this implementation are no less valuable in determining future efforts.

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Each county identified the primary objectives of the Court Liaison Pilot Program as diverting individuals with mental health concerns or conditions to appropriate treatment, reducing the length of incarceration, and decreasing recidivism.

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**One observation is the desired qualifications for such a position:**

In both Denton and Grayson counties, the liaisons had extensive prior experience and training in both the mental health treatment and legal systems allowing effective translation. For example, facilitating coordination between courts and the local mental health authorities often requires the knowledge that an “assessment” may carry a specific meaning for a qualified mental health provider while a judge may use that term more broadly.

This cross-disciplinary competency also helps resolve issues of fragmented systems and recordkeeping, even as they can continue to present a significant obstacle. This pilot phase revealed a great number of lessons incorporated into a separate implementation guide for future efforts.

**Finally**, initial findings on the financial benefits of the positions are described in this report. Based on the number of individuals assessed through CCP Art. 16.22 who might be diverted, redirected, or safely released from jail, there is a possibility of achieving significant cost savings for both jails and courts.

## INTRODUCTION

People with mental health conditions and intellectual and developmental disabilities are disproportionately represented in the criminal legal system.<sup>1</sup> Many Texans with these circumstances experience repeated interactions with the legal system, often with limited access to treatment and support. Navigating the complex system of jails, hospital emergency departments, and adult and juvenile justice agencies can exacerbate behavioral health conditions. Providing appropriate and timely care is essential for stabilization, reintegration, and community safety.

The challenges of navigating the healthcare system are as big as Texas itself. Of Texas' 30 million residents, approximately 3.8 million adults live with a mental illness (MI),<sup>2</sup> and one in six adults in the state experiences a mental health condition in any given year.<sup>3</sup> Data indicate that nearly 30% of adults with a mental health condition report being unable to access the treatment they need.<sup>4</sup> Adults with untreated mental health conditions are 10 times more likely to be incarcerated than the general population.<sup>5</sup> It is estimated that 34% of the inmate population in Texas experience a mental health condition.<sup>6</sup>

Rural counties face a host of unique challenges, including limited personnel and infrastructure for addressing mental health needs; lack of community-based mental health expertise and resources; and long travel distances for defendants to access supervision, treatment, and court appointments. Seventy-one percent (181) of Texas counties have populations of 50,000 or fewer residents, categorizing them as rural.<sup>7</sup>

Seeing these issues throughout Texas, the Texas Judicial Commission on Mental Health (JCMH) created the Court Liaison Pilot Program to address:

- the high number of individuals in custody with behavioral health conditions, pursuant to Texas Code of Criminal Procedure Article 16.22 (often referred to as 16.22);
- the backlog of court cases with mental health components in the county; and
- the length of the waitlist for competency restoration services.

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<sup>1</sup> National Institute of Mental Health, Mental Illness and the Criminal Justice System, (NIMH Fact Sheet, 2020), <https://www.nimh.nih.gov/about/director/messages/2020/mental-illness-and-the-criminal-justice-system>; The Arc, Justice System and People with Intellectual and Developmental Disabilities, (2013), [https://thearc.org/wp-content/uploads/2020/02/Juvenile\\_Part\\_II.pdf](https://thearc.org/wp-content/uploads/2020/02/Juvenile_Part_II.pdf).

<sup>2</sup> M. Reinert & T. Nguyen, *State of Mental Health in America 2023*, Mental Health Am., 15 (2023), <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>.

<sup>3</sup> NAMI, Texas GRPA Data Sheet (2025), <https://www.nami.org/wp-content/uploads/2025/05/Texas-GRPA-Data-Sheet-8.5-x-11-wide.pdf>.

<sup>4</sup> M. Reinert & T. Nguyen, *State of Mental Health in America 2023*, Mental Health Am., 15 (2023), <https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf>.

<sup>5</sup> Patricia Warth, "Unjust Punishment: The Impact of Incarceration on Mental Health," NYSBA Journal, New York State Bar Association, accessed June 24, 2025, <https://nysba.org/unjust-punishment-the-impact-of-incarceration-on-mental-health/>.

<sup>6</sup> *Smart Justice: Texas Needs More Effective Alternatives Than Jail to Treat Mentally Ill*, MEADOWS MENTAL HEALTH POL'Y INST., <https://mmhpi.org/topics/policy-research/smart-justice-texas-needs-more-effective-alternatives-than-jail-to-treat-mentally-ill/>.

<sup>7</sup> Monica Cruz, PhD, *Demographic Characteristics and Trends: Texas and Selected Counties* (PowerPoint presentation, June 18, 2024) [https://www.demographics.texas.gov/Resources/TDC/Presentations/69d6550d-33df-416c-b49a-411eb95dc9fd/20240618\\_TexasRuralFunders.pdf](https://www.demographics.texas.gov/Resources/TDC/Presentations/69d6550d-33df-416c-b49a-411eb95dc9fd/20240618_TexasRuralFunders.pdf).



## NATIONAL EFFORTS

National efforts to address the high prevalence of mental health issues in the criminal legal system have spurred evidence-based reform. Initiatives like the Stepping Up program, Sequential Intercept Model (SIM) mapping, and deflection and diversion programs emphasize the importance of access to mental health services and community-based supports as part of a holistic response to mental illness and to promote public safety.

The Stepping Up Initiative is a national effort led by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation to reduce the overrepresentation of people with mental illnesses in jails. It works to provide counties with tools and resources to develop best practices and strategies to reduce the number of people with mental illnesses in jails and improve connections to behavioral health services. Participating jurisdictions also receive support to establish and measure progress toward their goals.<sup>8</sup> More than 500 counties nationwide have committed to the Stepping Up Initiative, recognizing a need for systemic change in how the criminal legal system addresses those with mental health conditions.

The Sequential Intercept Model (SIM) is a framework designed to assist communities in identifying intervention points to prevent individuals with mental health and substance use conditions from entering or penetrating deeper into the criminal legal system. It outlines a series of points known as intercepts where interventions can be implemented to divert individuals toward treatment and support services.<sup>9</sup>

### **The model consists of the following intercepts:**

- Intercept 0 – Community Services
- Intercept 1 – Law Enforcement
- Intercept 2 – Initial Court Hearings/Initial Detention
- Intercept 3 – Jails/Courts
- Intercept 4 – Reentry
- Intercept 5 – Community Corrections

By analyzing the system through these intercept points, communities can create more effective approaches to address mental health challenges; decrease the jail population; and enhance outcomes for individuals with mental health conditions, intellectual and developmental disabilities (IDD), and substance use disorder (SUD). The SIM promotes collaboration among mental health providers, law enforcement, and the criminal legal system, fostering comprehensive strategies tailored to the specific needs of each community.

Diversion programs are increasingly recognized as a best practice in the criminal legal system, particularly for individuals with mental health or substance use conditions. Some research

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<sup>8</sup> Stepping Up Initiative. <https://stepuptogether.org/explore/get-started/>

<sup>9</sup> <https://www.samhsa.gov/communities/criminal-juvenile-justice/sequential-intercept-model>

suggests that diversion programs significantly reduce recidivism rates.<sup>10</sup> Individuals diverted to treatment programs also often show improved mental health and substance use outcomes. The National Alliance on Mental Illness (NAMI) reports that individuals receiving appropriate treatment are more likely to achieve stability and reduce their reliance on emergency services.<sup>11</sup>

Diversion programs can lead to considerable cost savings for the criminal justice system.<sup>12</sup> A report from the Council of State Governments Justice Center indicates that states have saved significant taxpayer dollars by diverting individuals, especially those with mental health or substance use issues, from jail or prison into treatment and community-based programs.<sup>13</sup>

### Key components of diversion programs typically include:

- **Eligibility Screening:** Clear criteria to identify individuals with mental health, substance use, or developmental disorders who can benefit from diversion.
- **Assessment and Evaluation:** Comprehensive mental health and risk assessments to determine appropriate interventions and support needs.
- **Community-Based Alternatives:** Placement of individuals into treatment or support programs instead of detention or incarceration, emphasizing outpatient or inpatient services.
- **Collaboration and Partnerships:** Coordination among criminal justice agencies, mental health providers, social services, and community organizations to ensure seamless support.
- **Court Oversight:** Regular monitoring by a judge or magistrate to oversee compliance with treatment plans and program participation.
- **Treatment and Support Services:** Access to mental health counseling, medication management, substance abuse treatment, housing, employment assistance, and other supportive services.
- **Rehabilitation Goals:** Focus on recovery, reducing recidivism, and promoting reintegration into the community.
- **Voluntary Participation:** Agreement to participate on a voluntary basis, with informed consent from the individual.
- **Evaluation and Feedback:** Ongoing assessment of the program's effectiveness and adjustments based on outcomes and participant progress.

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<sup>10</sup> Steadman, H.J., Naples, M. Assessing the Effectiveness of Jail Diversion Programs for Persons With Serious Mental Illness and Co-occurring Substance Use Disorders, *Behavioral Sciences and the Law* 23(2): 163-170, 2005, <https://www.addictioncounselor.com/articles/101367/assessing.pdf>

<sup>11</sup> National Alliance on Mental Illness (NAMI). (2016). "Criminal Justice: An Overview." <https://www.nami.org/Advocacy/Critical-Justice-Issues>

<sup>12</sup> Cowell, Alexander J., Jesse M. Hinde, Nahama Broner, Arnie P. Aldridge. The impact on taxpayer costs of a jail diversion program for people with serious mental illness. *Evaluation and Program Planning* 41 (2013) 31–37

<sup>13</sup> Council of State Governments Justice Center, *Making an Impact*, Council of State Governments (Sept. 19, 2022), <https://www.csg.org/2022/09/19/making-an-impact/>.



These components work together to divert individuals from the criminal legal system into appropriate treatment pathways, improving both individual outcomes and community safety.

By utilizing alternatives to incarceration, diversion programs can enhance public safety, promote community wellbeing, and facilitate better integration of individuals into society. Major organizations, including the National Association of Counties and the Bureau of Justice Assistance, advocate for the implementation of diversion programs as part of a broader strategy for justice reform. Key to these reforms is effective collaboration across mental health and criminal legal systems.<sup>14</sup>

## COURT LIAISON PILOT PROGRAM

When creating the Court Liaison Pilot Program, JCMH recognized that no one-size-fits-all approach works in a state as big as Texas; resources, availability of treatment options, and local practices vary widely between and even within counties.

In some localities, effective collaboration among judges, mental health and IDD authorities, and law enforcement has reduced fragmentation and created innovative programs for those with untreated mental illness cycling through the justice system. In creating the program, JCMH looked to those communities to find a common denominator for success. Noting that many of these communities had one core person who helped guide the stakeholders through the complex mental health system, the pilot program was developed to determine whether counties could create a position within the community to function as that central hub and achieve the same success.

While breaking the cycle of recidivism for people with MI or IDD does not begin with the legal system, it is the system in which individuals with mental health conditions or IDD often find themselves. The judiciary is only one stakeholder in a system intended to meet the needs and facilitate the recovery of those experiencing or affected by MI and IDD conditions. Judges are well-positioned to convene stakeholders and help communities address these challenges.

In 2021, JCMH developed a pilot program focused on enhancing coordination between Texas courts and behavioral health providers. The JCMH selected three counties to participate in the Court Liaison Pilot Program to improve the identification of—and response to—people experiencing mental illness in the justice system. The liaison reported to the lead judge; worked with judges, lawyers, defendants, the local mental health authority/local behavioral health authority (LMHA/LBHA) and providers; and had access to systems from jails, courts, and LMHAs, including electronic health records, court records, case files, and Texas Code of Criminal Procedure Article 16.22 (CCP Art. 16.22) reports, as necessary, to assist on cases.

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<sup>14</sup> Lamberti, J. Steven. (2020). Preventing criminal recidivism through mental health – criminal justice collaboration. *Psychiatric Services*. 67(11), 1206-1212. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7280932/>; NAMI. (2021). Criminal Justice Reform Means Reforming the Mental Health System. <https://www.nami.org/988/criminal-justice-reform-means-reforming-the-mental-health-system/#:~:text=In%20Florida%20and%20Washington%2C%20studies,to%20provide%20a%20coordinated%20response.>

## Goal of the Program

Position a liaison to use education, communication, and implementation of legal procedures to meaningfully impact public safety through improved system responses to—and outcomes for—people experiencing behavioral health issues.

- Decrease in competency restoration waitlist
- Decrease in number of people with MI being in jail
- Decrease in backlog of cases with MH components

## Method

1. **Provide funding for a liaison** to develop and foster collaborative relationships between the courts, LMHA/LBHA, other service providers, and legal system stakeholders.
2. **Educate attorneys, judges, and stakeholders** about the different purposes of mental health laws, and the resources available within the community.
3. **Work to streamline mental health law procedures**, including:
  - the early identification process (CCP Art. 16.22)
  - the transfer of a criminal case to courts with probate jurisdiction with or without dismissing the charges (CCP Art. 16.22(c)(5))
  - mental health bonds (CCP Art. 17.032)
  - mental health courts and dockets and
  - jail discharge planning

## COURT LIAISON AREAS OF FOCUS

The pilot focused on available resources within each individual community, and innovative pathways established by existing Texas legislation. Each county hosted a SIM mapping and participated in the Texas Health and Human Services Commission (HHSC) jail in-reach learning collaborative. Subsequent work by JCMH has produced the County Mental Health Law Plan, which provides a framework for analyzing legal and mental health treatment systems in a county. The following is organized following those principles.

### 1. Collaboration

Cross-disciplinary and interagency collaborations are essential to ensure continuity of care, efficient utilization of resources and widespread systemic knowledge of the county's resources and abilities. Complex systems and complex problems require a collaborative approach to developing solutions. Engagement with multiple disciplines can enhance the understanding of individuals entering the legal system by inviting expert assistance. Collaborations alleviate agency burdens, expose systemic gaps, and enhance information sharing. These connections encourage balanced perspectives, strengthen public-private relationships, foster community responsibility for individual safety within the legal system, support families, raise awareness, assess community needs, and extend resource reach through interagency networks.

### 2. Civil Commitment

Civil commitment is a legal process through which individuals with severe mental illness can be mandated to receive treatment in a mental health facility against their will if they are deemed a danger to themselves or others. National data supports civil commitment as a best practice in certain cases, especially for those experiencing acute mental health crises.<sup>15</sup>

In 2019, the Texas Legislature passed S.B. 362 authorizing the use of outpatient civil commitment, including assisted outpatient treatment (AOT), "if the offense charged does not involve an act, attempt, or threat of serious bodily injury to another person." When implemented effectively, AOT increases treatment adherence resulting in reduced use of hospitals, crisis services, and jails, improved quality of life for individuals with mental illness, increased public safety, and overall reduced costs to society.<sup>16</sup>

### 3. Early Identification

Mental health, substance use, and IDD conditions are often exacerbated by carceral settings, and Texas has required some forms of early identification for over 30 years. Compliance with these requirements is inconsistent, however, leading to significant opportunity for improvement with dedicated focus. When criminal acts are clearly attributable to illness or

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<sup>15</sup> Office of Justice Programs. *Assisted Outpatient Treatment (AOT)*. CrimeSolutions, U.S. Department of Justice, <https://crimesolutions.ojp.gov/ratedprograms/assisted-outpatient-treatment-aot> (last visited May 12, 2025).

<sup>16</sup> Stettin, B., Lukes, A., Snook, J., Johnson, B., Munetz, M. R., & Hroudá, D. (2019). *Implementing assisted outpatient treatment: Essential elements, building blocks and tips for maximizing results*. Treatment Advocacy Center and Northeast Ohio Medical University.

disorder, interventions at or even before the arrest or booking stage can provide treatment alternatives and potential cost savings when compared to incarceration.

Early identification, such as through the 16.22 process, allows for diversion from the criminal legal system when the criminal acts are clearly attributable to illness or disability. Diversion practices help break the cycle by using community-based treatment and services as an alternative to jail for cases deemed appropriate.<sup>17</sup> Interventions can occur before or after booking, and may be court-based, jail-based, or community-based. Early identification was an initial focus for the pilot, and the liaisons utilized different methods as set out below by county.

#### 4. Competency Restoration

Under the Sixth Amendment of the Constitution, a criminal defendant has the right to understand the nature and consequences of the proceedings against them and to assist in their own defense. When there is reason to question a defendant's competency to exercise these rights—typically due to mental illness or intellectual disability—the court will order a competency evaluation.

After a person is arrested, either party or the court may raise the issue of the person's competence to stand trial in accordance with Texas Code of Criminal Procedure Article 46B.004(a). If the court determines evidence exists to support a finding the person may be incompetent to stand trial, it orders an examination to determine competence under Texas Code of Criminal Procedure Article 46B.005. According to Texas Code of Criminal Procedure Article 46B.003, a person is incompetent to stand trial if they lack:

1. Sufficient present ability to consult with their lawyer with a reasonable degree of rational understanding, or
2. A rational and factual understanding of the proceedings.<sup>18</sup>

If the evaluator finds the defendant incompetent to stand trial due to mental illness, the state must restore competency before the case can proceed. This is to protect the rights of those accused to understand the charges against them and assist in their own defense. The defendant is then committed to a state psychiatric hospital for restoration efforts. Actual admission to the state hospital depends on the availability of bed space. Often, individuals are placed on a "forensic waitlist" pending availability. Actual commitment to the state hospital can take many months.<sup>19</sup>

As in other states, Texas faces a growing number of people who are waiting in county jails for inpatient competency restoration services.<sup>20</sup> This growth in the number of people waiting

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<sup>17</sup> See *Practical Advice on Jail Diversion: Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center* (2007) <http://www.pacenterofexcellence.pitt.edu/documents/PracticalAdviceOnJailDiversion.pdf>

<sup>18</sup> Texas Health and Human Services, Health and Specialty Care System, Trial Competency & Forensic Commitments 101 (Feb. 22, 2023) <https://txbhjustice.org/assets/main/downloads/trial-competency-and-forensic-commitments-101.pdf>

<sup>19</sup> Texas Health and Human Services, *Report on Waiting lists for Mental Health Services*, May 2023, <https://www.hhs.texas.gov/sites/default/files/documents/mhs-waiting-lists-nov-2023.pdf>

<sup>20</sup> Texas Health and Human Services, *Report on Waiting lists for Mental Health Services*, May 2023, <https://www.hhs.texas.gov/sites/default/files/documents/mhs-waiting-lists-nov-2023.pdf>

for services, combined with the time they spend in jail during this time, increases costs and over-burdens state agencies and county jails, in addition to negatively impacting the wellbeing of those waiting. Meanwhile, resources available to the behavioral health and justice professionals serving our communities are becoming scarce.

- As of December 2024, there were more than 1,700 people waiting in Texas jails for Competency Restoration Services.<sup>21</sup>
- Over the past 20 years, Texas has seen a 38% increase in people who are found incompetent to stand trial.<sup>22</sup>
- Over 70% of state hospital beds in Texas are used for competency restoration, meaning less than one third of these public health resources are available for civil or other use.<sup>23</sup>

Competency evaluation orders are often tied to a well-intended but inaccurate understanding of competency restoration as mental health treatment, when the reality is that competency restoration services have a narrow focus on stabilization, symptom management, and required legal education to advance the court case. This is not the same as a fully developed treatment plan and treatment services with the goal of long-term recovery and community reintegration.<sup>24</sup>

Inpatient treatment for a clinical diagnosis, conversely, is a vital part of the continuum of psychiatric care and is used to help achieve long-term wellness and recovery from symptoms of mental illness. Along with medication, this involves working with the patient to foster continued engagement with treatment after discharge. Because competency restoration serves the much more limited, short-term goal of preparing the defendant to face trial, restoration “treatment” is generally limited to medication and basic education on the criminal court process.

It can take more than a year from the time incompetency is raised to the final disposition of the criminal case. This is partially due to inefficiencies in managing case flow, communicating between parties, and scheduling. Sometimes a person who has been restored at a state hospital then returned to jail experiences deterioration of their mental health while waiting for their competency hearing. For these reasons, the use of competency restoration requires careful consideration of several factors, such as resource allocation, the potential for restoration, and the availability of more suitable alternative interventions.

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<sup>21</sup> Data came from: JCAFS Data Dashboard:

<https://www.hhs.texas.gov/sites/default/files/documents/jcfs-db-jan25.xlsx>

<https://www.hhs.texas.gov/about/communications-events/meetings-events/2025/01/15/joint-committee-access-forensic-services-jcfs-agenda>

<sup>22</sup> <https://www.texasjcmh.gov/media/hnjf0z5a/eliminate-the-wait-toolkit-2-3-22-final.pdf>

<sup>23</sup> State Hospital Forensic Waitlist Report, Fiscal Year 2024 (Sept. 2024) available at:

<sup>24</sup> Texas Judicial Commission on Mental Health & Texas Health and Human Services, The Texas Toolkit for Rightsizing Competency Restoration Services (Oct. 2021). <https://www.texasjcmh.gov/media/hnjf0z5a/eliminate-the-wait-toolkit-2-3-22-final.pdf>

About 30 states allow the courts to make service determinations concerning competency. These services can include inpatient or community-based competency restoration which provides defendants with the opportunity to receive services while in the community.<sup>25</sup> Over 30 state mental health agencies report they provide funding for community-based competency restoration services. However, while many states allow community-based competency restoration, services are often still provided in inpatient settings. According to NAMI, community-based competency restoration has been shown to be more cost-effective with positive restoration rates compared to traditional competency restoration processes.<sup>26</sup> For others whom competency restoration may be inappropriate, alternatives include civil commitment, mental health bond conditions, or, in some cases, jail-based treatment pending trial.

## 5. Mental Health Courts and Dockets

Specialized dockets and multidisciplinary teams should be considered at several points in the process. A docket composed of similar cases at the same stage in the process enables relevant team members and information to concentrate on shared issues across those cases. A team-based approach is generally only feasible when cases are grouped consistently and handled by the same team members. Maintaining consistent calendars and scheduling times enhances efficiency—particularly for community resource providers who are not regularly present in court. Furthermore, consistent team membership fosters predictability and trust, both of which are essential for achieving optimal outcomes and operational efficiency. Directing appropriate individuals to these specialty courts and dockets—and providing assistance when needed—has also been a focus of the pilot liaisons in certain cases, as discussed in more detail below.

## 6. Reentry

One often overlooked but critical area for impact is reentry into the community. Individuals with mental health conditions, substance use disorders, or intellectual and developmental disabilities frequently receive more consistent treatment and medication while incarcerated or institutionalized due to the structured nature of those environments. However, this stability is often disrupted upon release. To support long-term success and reduce recidivism, it is essential to establish systems that ensure continuity of care. While probation or supervised release conditions can provide a framework, additional measures such as ensuring access to prescriptions, connecting individuals with community-based treatment providers, and coordinating care transitions are vital to maintaining progress made during incarceration.<sup>27</sup>

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<sup>25</sup>National Alliance on Mental Health. 2025. "Community-Based Competency Restoration." <https://www.nami.org/advocacy/policy-priorities/supporting-community-inclusion-and-non-discrimination/community-based-competency-restoration/>

<sup>26</sup> Obikoya, K. A. (2021). Jail diversion for misdemeanors can be a first step to improve the competency to stand trial process. *Journal of American Academy of Psychiatry and the Law*, 49, 473-477. <https://jaapl.org/content/jaapl/49/4/473.full.pdf>

<sup>27</sup> The Recovery Vill., *Substance Use & Intellectual Disabilities*, <https://www.therecoveryvillage.com/drug-addiction/substance-use-intellectual-disabilities/> (last visited June 9, 2025)





# COUNTY-SPECIFIC **DETAILS**

In September 2024, the National Center for State Courts (NCSC) conducted comprehensive site visits to each of the designated pilot locations. These visits aimed to collect both quantitative data and qualitative, anecdotal information to assess the progress, challenges, and successes associated with the pilot programs. During these visits, NCSC staff engaged with local stakeholders—including court personnel, program participants, and community partners—to gain firsthand insights into the implementation process and operational dynamics.

The site visits identified promising practices and lessons learned, which will support ongoing development and potential replication of successful strategies. The insights obtained during this period are integrated into this report to provide a comprehensive overview of the pilot programs' status as of mid-2024. Overall, these efforts contribute to a valuable, context-driven approach for future planning, policy formulation, and resource allocation within the judicial system.

## Denton County

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Denton County is the seventh largest county in Texas and is in the north central part of the state just south of the Oklahoma border and north of Dallas and Fort Worth. Denton County is home to three institutions of higher learning, 17 independent school districts and 45 separate municipalities.



Denton County's court liaison, designated as the community diversion coordinator, is positioned within Denton County Court #4. The liaison's efforts to divert individuals with mental health concerns or conditions charged with nonviolent misdemeanor crimes to appropriate treatment have resulted in notable positive outcomes. These outcomes demonstrate the program's effectiveness in managing individuals with mental health needs in custody and enhancing overall public safety. Key achievements include the following.

### 1. COLLABORATION

Staff from the Local Mental Health Authority expressed their appreciation for having an advocate within the court system who collaborates with judges and enhances communication to address existing gaps. The presence of this advocate is crucial and significantly improves the efficiency of various processes. As a result, there is increased communication and an increased number of individuals being identified for assessments. With the support of the court liaison, the LMHA can gather more comprehensive information about the individuals in custody, leading to more targeted, person-centered referrals.

Denton County identified several collaboration-based innovations stemming from the Court Liaison Pilot Program. Notably, they initiated a bi-weekly clinical case collaboration to facilitate discussions about inmates with significant mental health needs. Additionally, the program introduced a bi-weekly meeting focused on reviewing the competency restoration wait list. Furthermore, Denton County implemented a Jail Reentry Action Plan to identify and address potential barriers such as transportation and housing, establish medication management, and ensure ongoing monitoring and problem solving. These efforts were successfully achieved through collaboration and cooperation with local partners and stakeholders.

### 2. CIVIL COMMITMENT

Prior to and throughout the pilot program, Denton County generally did not utilize the civil commitment code, and they do not have an Assisted Outpatient Treatment Court within the county. During discussions with the county court personnel, they explained the civil commitments they process focus exclusively on CCP 46C (not guilty by reason of insanity, or NGRI) cases. This is done at the conclusion of a felony NGRI case; the district court judge will issue a 46c order and subsequently transfer the case to the probate judge who is responsible for handling the civil commitment order.

Currently, the number of individuals transitioning from criminal cases to civil commitments outside the NGRI process, such as those who have a pending charge, is limited. The liaison and court staff anticipate an increase in these cases following the recent award of a SAMHSA grant to establish a new AOT Court.

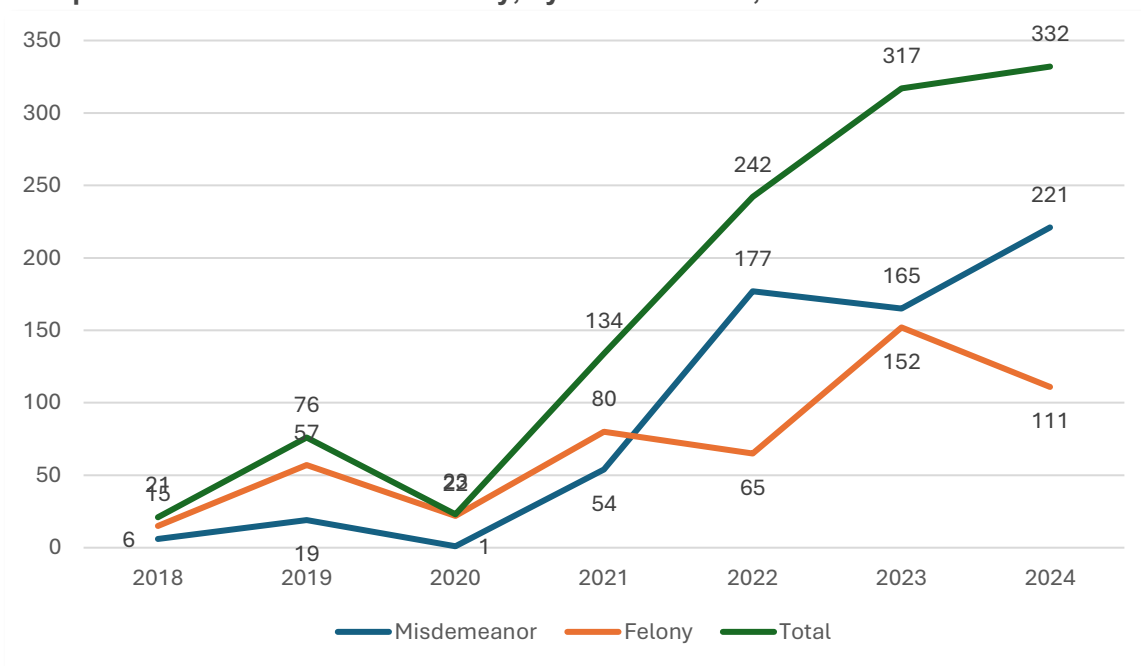
### 3. EARLY IDENTIFICATION

Before the pilot program, Denton County's ability to identify individuals eligible for the CCP Art.16.22 reports were limited due to minimal staff dedicated to this effort. Early identification was improved through the liaison's coordination with the LMHA. The LMHA reported completing 414 16.22 assessments in 2022 and 401 in 2023.<sup>28</sup>

Data from the Office of Court Administration (OCA) reflects a significant increase in the reporting of 16.22 assessments to the state between 2018 and 2024 (Figure A). However, the OCA data for 2022 and 2023 are lower than reported by the LMHA. This could potentially reflect a lag time in reporting to the state, but it may also reflect variance in the tracking of these across the LMHA and court, indicating a need for consistent definitions and reporting periods. Still, Denton County demonstrated a more than 20-fold increase in completed reports, indicating a shift in operational practices as the county progressed toward compliance with CCP Art. 16.22.

**FIGURE A**

**Completed 16.22 Assessments Yearly, by Offense Level, 2018-2024**



**Source/Notes:** Data from the Texas Office of Court Administration (OCA)

<sup>28</sup> Some assessments were completed multiple times for the same person. LMHA numbers may differ from other sources.

#### 4. COMPETENCY RESTORATION

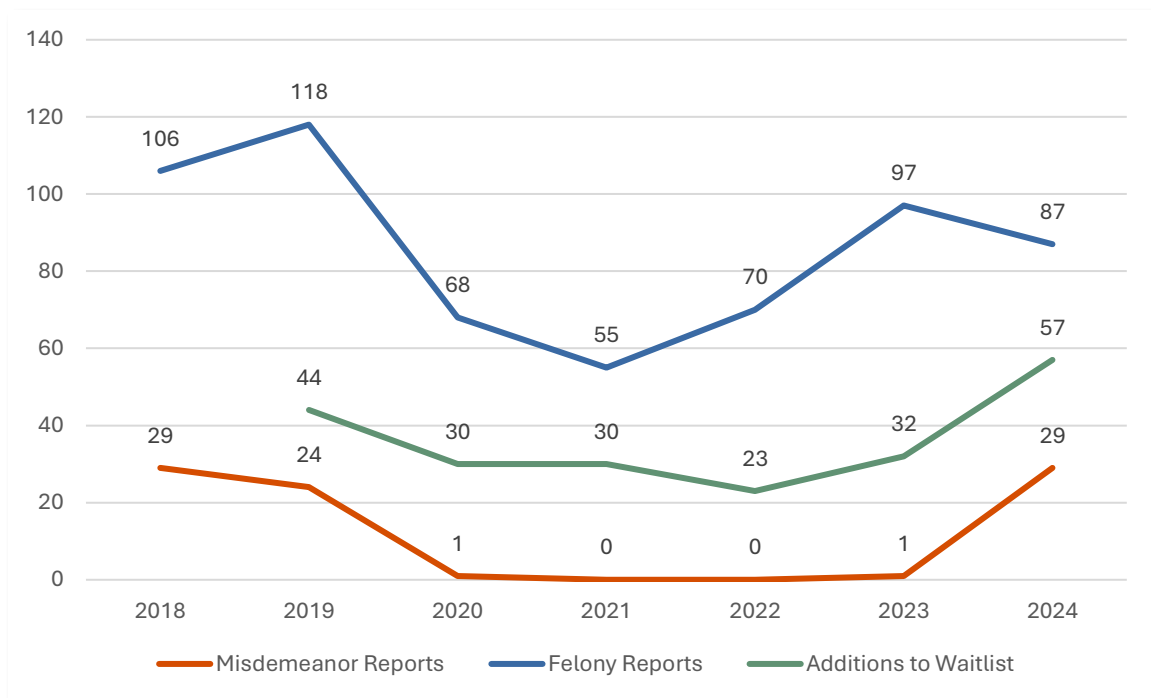
The number of completed competency evaluations in Denton County declined for both misdemeanor and felony cases in 2020 and 2021 (Figure B). They start to increase thereafter, but the total remains below the high in 2019. There was a similar decline in the number of additions to the forensic waitlist during this same period, but they have since grown to a high of 57 in 2024 (2018 data was not provided).

Several possible factors could potentially explain this observed trend in waitlist admissions for Denton County, including the presence of the court liaison along with the increase in completed competency evaluations since the COVID-19 pandemic; however, additional data is needed before drawing any definitive conclusions. Still, this data indicates the demand for restoration services is growing.

The jail staff reported they had 29 individuals on the forensic waitlist the week prior to the NCSC site visit (September 2024), with five people awaiting a maximum-security bed. Jail administration indicated the case management system does not support data tracking, so they hand code the information to track performance measures for grant programs. The LMHA in Denton County does not operate a jail-based or outpatient competency restoration program.

**FIGURE B**

**Number of Competency Reports Completed and Additions to Waitlist Yearly, Denton County, 2018 – 2024**



**Source/Notes:** Data on competency reports from the OCA. Data on the additions to the waitlist from HHSC.

## 5. MENTAL HEALTH COURTS AND DOCKETS

Before the Court Liaison Pilot Program, Denton had a municipal judge leading a mental health court program. The court liaison worked with the lead judge to create a mental health court docket at the County Court at Law level under Judge Chance Oliver.

## 6. REENTRY

The Denton County sheriff's department offers a jail-based reentry program aimed at supporting individuals transitioning from incarceration back into the community. The court liaison does not oversee the administration of this program; that responsibility instead lies with the program's reentry coordinator. Denton County reentry services provide resources and services designed to facilitate successful reintegration, reduce recidivism, and improve public safety. Key components of the Denton County reentry program include personalized support to help individuals navigate the challenges of reintegration including housing, employment, and health services.

## 7. CONCLUSION: DENTON COUNTY

Denton County's Court Liaison Pilot Program has effectively diverted individuals with mental health concerns charged with nonviolent misdemeanors to appropriate treatment resulting in reduced incarceration lengths. The liaison conducts thorough reviews of all 16.22 requests, orders, and assessments, ensuring coordinated and facilitated access to necessary treatment. Additionally, the liaison oversees the 46B (civil commitment) forensic waitlist by monitoring medication compliance, admissions, and court proceedings, while efficiently managing the release of defendants.

The Denton County court liaison has successfully identified and addressed gaps between the courts, jails, and behavioral health providers, fostering strong collaborative relationships with key stakeholders including the district attorney's office, jail health, sheriff's office, and the LMHA. Furthermore, the liaison has partnered with county leaders to create and promote ongoing opportunities for continued education, collaboration, and effective communication aimed at establishing cohesive procedures for treatment diversion.

## Grayson County

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Grayson County covers 932.8 square miles and is located 73 miles north of Dallas along the Oklahoma border and Red River. There are 14 independent school districts, one community college (Grayson College), one private four-year liberal arts college (Austin College), and five separate municipalities inside the county lines.



Grayson County's liaison, designated as the community diversion coordinator, is positioned within the County Court at Law. Grayson County identified several innovative approaches and strategies that have emerged as a direct result of the Court Liaison Pilot Program. Among these are establishing a process for a weekly jail review to identify individuals eligible for conditional release, convening a committee to establish protocols for moving criminal commitments to civil court, and a coordinated release for individuals on personal bonds with mental health conditions.

The Court Liaison Pilot Program in Grayson County has produced notable positive results, demonstrating its success in improving outcomes for inmates with mental health needs and strengthening overall public safety.

### 1. COLLABORATION

Before the Court Liaison Pilot Program, Grayson County had established the Texoma Behavioral Health Leadership Team (TBHLT), which serves as the community's hub for mental health and wellness. Adding the court liaison to Grayson County allowed the ideas of the TBHLT to be implemented. Many stakeholders in Grayson County are committed to fostering a healthy community, with the county and district court judges showing particular enthusiasm for strengthening diversion efforts and improving residents' wellbeing. Greater engagement from other key frontend stakeholders would further enhance the effectiveness and efficiency of the vital initiatives currently underway in Grayson County.

### 2. EARLY IDENTIFICATION

The court liaison is a qualified mental health provider (QMHP) and can address a local resource gap by conducting the 16.22 evaluations after screening eligible cases in the jail management system. During interviews with court and clerk staff, it was revealed the county court often utilizes a "writ" process so the cases deemed appropriate for a 16.22 can be opened in the county and district courts before formal filing in those courts. These writs are mostly opened for pre-filed misdemeanor cases to be heard by the county court, but some are for pre-filed felony cases to be heard by the district court. Historically, the county court could not report on the number of writ cases opened for this purpose. Recently, though, the county clerk implemented a process to track writs opened for a 16.22 evaluation, making it possible to report these to the OCA for September 2024 going forward. The district court clerk tracks and reports 16.22 and 46B data on felony cases to the OCA only for filed cases.



### 3. COMPETENCY RESTORATION

Grayson County reported that at the time of the site visit to their county, they had resolved all cases on their waitlist for inpatient competency restoration. Grayson County does not operate an outpatient competency restoration program.

Following the SIM mapping facilitated by JCMH and based on the county's collective goals, Grayson County created and implemented a Jail-based Competency Restoration Program (JCBR). Grayson County Texoma Community Center's JBCR program became operational in FY2023.

### 4. MENTAL HEALTH COURTS AND DOCKETS

As a result of the Court Liaison Pilot Program, the county court judge established a specialized mental health docket where individuals are identified early through a weekly jail search and a coordinated release with mental health programming as a condition of the bond. These individuals come to court regularly for the judge to monitor their progress and compliance.

### 5. REENTRY

The Department of Probation is a supportive partner who provides unfunded, specialized supervision for individuals released on a personal recognizance bond who face behavioral health challenges. They work closely with the court liaison to coordinate the individual's release from custody and community behavioral health services.

Grayson County District Court was asked to be a part of a reentry collaborative with the Department of Health and Human Services (HHS). The grant will provide funding to hire a reentry coordinator who will work in the jail with the individuals as they prepare for release into the community. The judge credits the efficient and effective work of the court liaison as the reason they were selected for the grant funding.

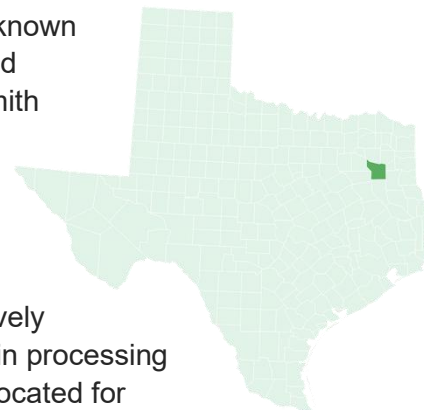
### 6. CONCLUSION: GRAYSON COUNTY

Grayson County's court liaison is diverting individuals with mental health issues from incarceration to appropriate treatment which is reducing incarceration duration. Key innovations have led to improved management of inmates with mental health needs and enhanced public safety supported by community collaboration through the Texoma Behavioral Health Leadership Team. The court liaison facilitates early identification and conducts mental health assessments, ensuring the court has the necessary information for disposition decisions. Additionally, a successful collaboration with the Department of Probation to ensure support for individuals transitioning into the community can be attributed to the court liaison's effective work. One important consideration is the early identification process can be enhanced through increased engagement and collaboration from the justices of the peace and local mental health provider.

## Smith County

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Smith County is in the geographical area of East Texas, also known as the “Piney Woods.” It is located halfway between Dallas and Shreveport, Louisiana and has a total of 932 square miles. Smith County has nine incorporated municipalities within its boundaries, and The University of Texas at Tyler and Texas College are the institutions of higher education serving the area.



To achieve the objectives of the pilot program, the liaison actively coordinated efforts with each respective department involved in processing individuals through the jail and court systems. The liaison advocated for individuals regarding assessments, treatment plans, medication, and representation. In the first two years of the program, the liaison reported diverting numerous individuals in custody; she shared she was meeting with at least 15 people per day and following them throughout the year. The liaison reported 90% of the individuals who were diverted went on to live healthy lives and did not return to jail in the months she worked with them. Ultimately, the liaison focused on providing reentry referrals and community placements while the CCP Art.16.22 court processes and diversion procedures were being reconsidered. In 2024, Smith County transitioned away from the Court Liaison Pilot Program as newly elected officials chose to pursue other priorities for the courts.

### 1. COLLABORATION

Early in the project, a diversion task force known as the Forensic Team was formed to address the competency restoration waitlist. The liaison facilitated training on mental health and jail diversion to local law enforcement officers. In the summer of 2024, following the 2022 Smith County SIM mapping, the Andrews Center sponsored the East Texas Mental Health Summit (ETMHS). The summit drew more than 700 attendees. It is notable the LMHA hired a “SIM Officer” to implement action items following the mapping workshop, and those duties include some which had been performed by the court liaison such as focusing on identifying those with mental health issues and coordinating between law enforcement and healthcare systems. The second ETMH Summit was held May 6, 2025.

### 2. EARLY IDENTIFICATION

The utilization of the CCP Art.16.22 process within Smith County remains unclear, including whether and how frequently the protocol is implemented. Although in the early stages of this program, various diversion efforts currently underway were identified. One notable resource is the Andrews Center, the local mental health service provider which offers 24-hour emergency screening and rapid crisis stabilization services. Additionally, the center provides community-based assessments, diagnostic evaluations, family support services, respite care, case management, and medication assistance. These resources establish a comprehensive safety net for individuals in crisis providing accessible and coordinated pathways that prioritize community-based solutions and prevent unnecessary reliance on custodial settings.

### 3. COMPETENCY RESTORATION

Smith County implemented the Jail Diversion Task Force to address the competency restoration waitlist and reduce the number of people in jail awaiting treatment.

Smith County's Andrews Center operates an outpatient competency restoration (OCR) program. The table below shows data collected for OCR from September 2018 through June 12, 2024.

**TABLE 1**

**OCR Admissions (through June 12, 2024)**

County	FY2019	FY2020	FY2021	FY2022	FY2023	FY2024	Total
Smith	5	7	0	9	28	10	59

In 2024, the Andrews Center JBCR program became operational in Smith County. Smith County has been successful in having inmates participate in behavioral health treatment and judicial education while in jail.

### 4. MENTAL HEALTH COURTS AND DOCKETS

Smith County Mental Health Court is administered by the Constitutional Court. It is designed to serve individuals with mental health conditions who have been accused of repeated misdemeanors. The court aims to divert these individuals from the traditional court system into treatment.

### 5. REENTRY

The liaison actively identified individuals in custody who were preparing for release, making efforts to connect those with behavioral health needs to appropriate providers to enhance the chances of ongoing stabilization.

### 6. CONCLUSION: SMITH COUNTY

While alternative priorities for the county courts are currently being pursued, the groundwork for a Court Liaison Pilot Program has been established, indicating a promising shift toward exploring alternative avenues for individuals involved in the criminal legal system. As an example, a SIM mapping sparked local progress with the LMHA providing funding to support these advances. The potential for implementing additional diversion strategies is beginning to take root reflecting a growing awareness of the benefits of addressing underlying issues such as mental health and substance use outside traditional punitive measures. This initial momentum will pave the way for future developments in creating broader efforts to reduce the number of people with mental health or substance use issues involved in the criminal legal system.

## FINANCIAL ADVANTAGES

It is conceivable the liaison position could lead to financial advantages. As reported by the chief deputy in Denton County, the most recent general analysis of jail costs was conducted in 2022 and estimated the cost to taxpayers is \$85.00 per day per individual lodged in the jail. **If each individual ordered for a 16.22 evaluation in 2024 resulted in just one less day in custody, the cost savings to the county for jail bed days would be \$45,085.**

The Grayson County Sheriff's Office reports the average daily cost for lodging one individual is \$65.00. The average length of stay for Felony Pretrial is six months, and the average length of stay for misdemeanor pretrial is three weeks. Sustaining and enhancing the early identification efforts in Grayson County can reduce the number of individuals with mental health conditions in jail on a pretrial status.

It is clear, substantial cost savings can be achieved for jails and courts. This preliminary finding should be more fully explored as the programs expand and data on the length of jail stays among this population is more consistently tracked. Additionally, follow-up data on the extent of reductions in recidivism should be measured so the longer-term financial impact can also be estimated. The sooner individuals return to their community for care and to lead productive lives, the greater the cost savings for the county not only from jail days but also systemwide. Above all, the health and wellbeing of the individual and the community are improved.

## CONCLUSION AND RECOMMENDATIONS

The goal of the pilot was to examine whether these liaisons could meaningfully improve system responses to those experiencing behavioral health issues. Both Denton and Grayson County stakeholders shared insights into the impact the diversion coordinator program is having in their jurisdictions.

Specifically, in Denton County, the LMHA expressed gratitude for having an advocate in the court who collaborates with judges and facilitates communication to address gaps. The presence of someone within the court system is crucial and significantly impacts the efficiency of processes. With the support of the mental health diversion coordinator, the LMHA is obtaining more comprehensive information about the individuals involved leading to more appropriate referrals. Jail staff report an increasing number of individuals are being diverted from jail, noting improved communication and collaboration among all parties involved. The effort the court liaison invests in the initiative does not fully reflect the substantial impact this program is having on the system.

Each stakeholder in Grayson County is deeply committed to fostering a healthy community. The judges are especially passionate about enhancing diversion efforts and improving the lives of residents. Their dedication to fostering a positive change in the criminal legal system remains strong, aiming to create a more supportive and effective process.

The pilot sites suggested several strategies to enhance processes and procedures to better support their initiatives. Key recommendations included hiring a full-time criminal magistrate and requiring judicial officers possess a law degree when working on the 16.22 identification and bond process. Additionally, they proposed establishing an agreement between the court and LMHA to manage the 16.22 cases separately from their roles in medication management and other types of behavioral health assessments. It was emphasized jail compliance with the 12-hour notification requirement is crucial, as the jail's role should focus on notification rather than managing the assessment process. Furthermore, it was suggested public defenders with mental health experience be assigned to cases and state funding be allocated to counties with plans outlining which courts will handle specific steps of the process and how magistration will occur including coordination between jails, judges, and other stakeholders. More generally, implementing law enforcement diversion programs such as Crisis Response Units supported by case managers in the jails and additional community resources like outpatient treatment were also recommended to enhance program effectiveness. Lastly, it was recommended the counties engage universities in data collection and reporting.

Regardless of whether the county or court partners with an outside entity such as a university or research organization, a process and adequate resources should be established in each county to systematically collect data on the CCP Art. 16.22 process in a manner consistent with the defined procedural steps as outlined by the JCMH. That is, data should be collected at each of the three main steps—jail screening for identification of mental illness (at the jail), probable cause determination and order for a 16.22 assessment (by the magistrate), and completion of the 16.22 assessment report (by the entity conducting the interview and report).

The JCMH and OCA have created resources for collection of data on the final step of the 16.22 process (i.e., when reports have been completed). Data collection at the initiation of the process is also needed, regardless of whether or not the county strictly adheres to the defined procedural steps. The pilot sites do not currently have mechanisms in place to track and report this initiating data as it is not maintained electronically or is housed with the justice of the peace courts.

To implement changes to data collection, NCSC recommends the courts/liaisons take the following actions:

1. Identify the reporting frequency (e.g., weekly, monthly, annually) when data will be collected on each step and the person(s) responsible for requesting and providing the data.
2. Establish mechanisms to systematically track information on the 16.22 screenings conducted and notices sent by the jail (unique people **identified** at/around time of booking for each case) and by any others (magistrates, coordinators, LMHA). Do not include non-16.22 assessments in this data collection.
3. Work with the magistrate courts, judicial officers, and other relevant parties to identify when the reasonable cause determination is made (either formally or informally) and to identify a process to systematically document key information on the cases reviewed and their outcomes (number of determinations made and

outcomes of those determinations, including number **ordered or otherwise referred for a 16.22 interview**).

- a. In Grayson, the county court judge reviews and decides without issuing an order. The coordinator conducts the interview. This process should still be tracked. It is also recommended they work with the magistrates on this process.
4. Request data from the LMHA and other QMHPs or providers who conduct 16.22 assessments on the **number of 16.22 interviews completed**.
  - a. OCA reporting on interviews/reports completed may be used for this data point, but the OCA should aim to include JP data to capture pre-filed cases, to the extent possible.
5. Lastly, data on the **outcomes and timing of completed 16.22 assessments**, including whether and when they result in a mental health bond condition, competency evaluation order, or other referral to treatment, should be tracked by the court. This would clarify, for instance, how early identification relates to orders for competency evaluation. The data can be used to answer questions about how often and how quickly competency is raised among this population.

Regular, ongoing stakeholder meetings should be conducted to review data outcomes and address barriers to data collection. These meetings provide an opportunity for stakeholders to educate one another about their respective data governance practices and share aggregate data that is valuable for understanding the diversion pathways for each key stakeholder.

Jurisdictions are encouraged to utilize the Court Liaison Program Implementation Guide as they begin the process of establishing their own court liaison program. The information in the guide is intended to assist courts and jurisdictions who are interested in improving their interaction with the administration of justice for individuals with mental health needs.

