

H. 16.22 Forms Flow Chart (JCMH)

Applicable Forms for Tex. CCP art. 16.22 Process

START

Police interaction /
detention of
defendant

Consider if
Diversion
under CCP
16.23 applies
to situation

If not, &
interaction
becomes
an arrest,
Police take
def. to jail

Jailer completes TCJS Screening Form

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County: _____ Date and Time: _____ Jailer: _____ Name of Screening Officer: _____

Defendant's Name: _____ DOB: _____ If female, pregnant? Yes ☐ No ☐

Section I: Injury/Hospitalization in last 90 days? Yes ☐ No ☐ If yes, describe: _____

Section II: Any psychiatric/medical/developmental impairments? Yes ☐ No ☐ If yes, describe: _____

Section III: Any substance use in last 90 days? Yes ☐ No ☐ If yes, describe: _____

Section IV: Do you have a history of drug/alcohol abuse? If yes, note substance and when last used: _____

Section V: Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (such as drugs) while you are in jail? If yes, describe: _____

Section VI: Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes ☐ No ☐ If yes, describe: _____

Section VII: If yes, Notify Medical or Supervisor Immediately

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believes it is in inmate's best interest.

IF YES TO 1a-1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH

1a. Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until from completed.

1b. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?

1c. Are you thinking of killing or injuring yourself today? If so, how?

1d. Have you ever attempted suicide? If so, when and how?

1e. Are you feeling hopeless or have nothing to look forward to?

IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted.

2. Do you have any reason or vision other people don't seem to have?

3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?

4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?

5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible, then your past?

6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.

7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?

8. Have you ever received services for emotional or mental health problems?

9. Have you been in a hospital, for emotional/mental health in the last year?

10. If yes to 8 or 9, do you know your diagnosis? If so, put "Does not know" in comments.

11. In school, were you ever told by teachers that you had difficulty learning?

12. Have you lost interest in things you used to like or have lost interest in school or work?

IF YES TO 13-15 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY

13. Does inmate show signs of depression (sadness, irritability, emotional distress)?

14. Does inmate display any unusual behavior or act in a way that is out of the ordinary, hostile, or threatening to others or things that are not there?

15. Is the inmate incoherent, disoriented or showing signs of mental illness?

16. Inmate has visible signs of recent self-harm (cuts or lacerations)?

Additional Comments (Note CCQ Match here): _____

Magistrate Notification: _____ Date and Time: _____

Mental Health Notification: _____ Date and Time: _____

Medical Notification: _____ Date and Time: _____

Supervisor Signature, Date and Time: _____

If Jailer gets
a "yes" answer
or has any
other credible
information,
then continue.
16.22(a)(1) &
15.17(a-1)

Clerk documents number of
16.22 reports completed on
Judicial Monthly Court Activity
Report to OCA.
16.22(e) & Tex.
Admin Code Ch. 171

ADDITIONAL COURT ACTIVITY	TOTAL
21. CASES IN WHICH JURY SELECTED	0
22. CASES IN WHICH MISTRIAL DECLARED	0
23. MOTION TO SUPPRESS HEARINGS HELD	1
24. MENTAL ILLNESS/INTELLECTUAL DISABILITY ASSESSMENTS	0
25. COMPETENCY EXAMINATION REPORTS	2
26. CASES SET FOR REVIEW	0
27. CASES IN WHICH ATTORNEY APPOINTED AS COUNSEL	25
28. CASES WITH RETAINED COUNSEL	10

OFFICE OF COURT ADMINISTRATION
TEXAS JUDICIAL COUNCIL
OFFICIAL DISTRICT COURT MONTHLY REPORT

LHMA / LIDDA / MH
Provider returns 16.22
report (TCOOMMI form)
to Magistrate

Magistrate must give
notice of 16.22 report
to all stakeholders
16.22(b-1)

Stakeholders include:

- Defense Counsel
- State's Attorney
- Trial Court
- Sheriff (or holder of medical records of D)
- Personal bond office/ director pretrial supervision dept.

Within:
96 hours if
defendant in
custody;
30 days if
Defendant out
of custody
16.22(b)(1),(2)

COLLECTION OF INFORMATION FORM FOR
MENTAL ILLNESS AND INTELLECTUAL DISABILITY
401 (000001) - Texas Code of Criminal Procedure, art. 16.22, Texas Health and Safety Code § 64.002
Approved by the Texas Criminal Justice System for Offenders with Mental or Medical Impairments (TCOOMMI)

SECTION I: DEFENDANT INFORMATION

Defendant Name (Last, First): _____ Office: _____

Date of Birth: _____ CARE Identification # (if available): _____ SID or CID # (if available): _____

Last Four Digits of Social Security Number: _____ Date of Magistrate Order: _____

Current County or Municipality of Incarceration: _____

SECTION II: PREVIOUS HISTORY

Has the defendant been determined to have a mental illness or to be a person with an intellectual disability within the last year?

☐ Yes ☐ No ☐ Unknown

Date of Previous Written Report of Collected Information (if applicable): _____

Previous Mental Health and/or Intellectual Disability Information (if available): _____

SECTION III: CURRENT INFORMATION

Most Recent Diagnosis(es) and Date(s) (if available): _____

At time of the collection of information or as indicated on the jail screening form for suicide and medical/mental/developmental impairments, is the defendant acutely decomposed, suicidal, or homicidal according to self report?

☐ Yes ☐ No ☐ Not Applicable - Reason: _____

Other relevant information pertaining to mental health and intellectual disability history and/or previous treatment or service recommendations: _____

Observations and Findings Based on Information Collected:

☐ Defendant is a person who has a mental illness. ☐ Defendant is a person who has an intellectual disability.

☐ There is clinical evidence to support the belief that the defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 40B, Code of Criminal Procedure.

☐ Any appropriate or recommended treatment or service: _____

☐ None of the above.

Procedures Used to Gather Information: _____

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

Name, Credentials & Organization of Person Submitting Form: _____ Date of Submission: _____

This form and its contents herein may only be shared in accordance with Texas Health and Safety Code § 64.007 and Texas Code of Criminal Procedure article 16.22(b). This form and its contents are otherwise confidential and not subject to disclosure under Chapter 352 of the Government Code.

Magistrate :

- *Reviews notification*

- *Reviews notification form*
- *Reviews charges/criminal history*
- *Meets with Defendant*
- *Communicates with LMHA/MH /LIDDA Provider*

Jailer fills out Magistrate
Notification Form 16.22(a)(1)

*Within 12 hours,
provides form as
notification to
Magistrate*

Within
provided
notification
Magistrate

County Jail

Inmate Mental Condition Report to Magistrate

NAME _____ OFFENSE _____

ARRESTING AGENCY: _____

BOOKING OFFICER _____ BOOKING TIME _____ DATE _____

The above inmates may have mental health issues based on:

- ☐ Observation of law enforcement officer at time of arrest
- ☐ CCQ returns show possible match
- ☐ Self admission by inmate at booking
- ☐ Subject is violent and appears to be a danger to themselves or others
- ☐ Medical evaluation by Emergency Room or other Medical Professional
- ☐ Previous arrest/medical records of the jail
- ☐ Observation of Jail Staff
- ☐ No Indication/No Notification Made

Date/Time: _____

As required by law, this notification is made to the magistrate in reference to an observation or report of possible mental illness by the above listed inmates. It is required within 72 hours after making and take all information of reasonable cause to believe that a defendant is in need of mental health services. (2) One inmate/Three (3) or more with mental evaluation or if the observation of the defendant's behavior immediately before, during and after the defendant's arrest and the results of any previous assessments of the defendant for mental illness (Arts. 18.22, 18.23)

MAGISTRATE SIGNATURE: _____

MAGISTRATE NOTED AT _____ ON _____ BY _____

OFFICER SIGNATURE/NOTIFY AGENCY: _____ (Fax Email-Text)

Example Form

If Magistrate determines there is reasonable cause to believe the Defendant has MI or is a person with IDD, then continue.
16.22(a)(1)

Note: The determination

Note: The determination of reasonable cause to believe can arise from jailer notification or from Magistrate's own observations

LMHA/LIDDA/MH
Provider Interviews
defendant and
makes report

Magistrate shall* order MH Provider
to conduct 16.22 interview.
16.22(a)(1)

- *Consider if CCP*

- Consider if CCP 17.032 is applicable
- Set terms & conditions of bond
- Enter bond terms into TCIC per CCP art. 17.50

CASE NO.

THE STATE OF TEXAS	\$	MAGISTR.
VS.	\$	
	\$	COUNTY

ORDER FOR TEXAS C.C.P. ARTICLE 16.22 INTERVIEW WITH WRITEN

Iw _____ JUDGE

_____ other qualified mental illness or intellectual disability expert;

On the ____ day of _____, 20____, the magistrate has determined
reasonable cause to believe that _____ (defendant),
_____ has a mental illness or is a person with an intellectual
disability.

The defendant is incarcerated at the _____ Jail.
Texas, and is charged with _____.

IT IS THEREFORE ORDERED that, pursuant to Texas Code of Criminal Procedure Article 16.22(b)(1) _____, JENIJA, LIDA, et al., mental illness or intellectual disability expert; (1) collect information regarding defendant has a mental illness as defined by Texas Health and Safety Code section 81A.002(1) with an intellectual disability as defined by Texas Health and Safety Code section 81A.002(2); and (2) provide the magistrate a written report of the information collected.

The written report must be completed on the form approved by the Texas Carcinoma Organization with Medical or Mental Impairments under Texas Health and Safety Code § 81A.002(b). It may include, if applicable, information obtained from any previous defendant and information regarding any previously recommended treatment.

IT IS FURTHER ORDERED that, unless good cause is shown, the written report submitted to the magistrate:

_____ within 48 hours (initial if the defendant is in custody), or
within 70 days (initial if the defendant is not in custody).

SIGNED this _____ day of _____, 20____.

Magistrate

cc: Attorney for the State
Attorney for Defendant (if known or appointed)

Example Form

- *Not required if:
 - *D no longer in custody; OR*
 - *D only arrested on Class C Misd.; OR*
 - *D had 16.22 interview & report done within year prior to arrest date AND court elects to use that report.*
- 16.22(a)(2)

16.22(a)(2)