Mental Health Evaluations & Compliance
SB 1849 required several changes to Minimum Jail Standards

Process started on August 3, 2017
SB1849 also changed 16.22 CCP

Magistrate notification within 12 hours.

Effective September 1, 2017
273.5
Mental Disabilities/Suicide Prevention Plan
(b) Screening Instrument. An approved mental disabilities/suicide prevention screening instrument shall be completed immediately on all inmates admitted.
(c) Mental History Check. Each jail shall:

(1) check each inmate upon intake into the jail against the Department of State Health Services CCQ system to determine if the inmate has previously received state mental healthcare, unless the inmate is being housed as an out of state inmate or a federal inmate on a contractual basis;
(2) maintain documentation to be available at the time of inspection showing that information for each inmate designated in paragraph (1) of this subsection was submitted for CCQ system checks; and

(3) include any relevant mental health information on the mental health screening instrument and, if sentenced to the Department of Criminal Justice, on the Uniform Health Status form.
Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately Upon Admission of Inmate

Name: ___________________________ Date of Birth: ___________________________

State I.D. Number (if known) ___________________________

Date/Time: ___________________________ Completed By: ___________________________

Print/Signature ___________________________ Badge # ___________________________

Does arresting officer or any other person believe that the inmate is at risk due to medical condition, mental illness, mental retardation, or suicide concern? (Circle one or more if applicable)

Comments: ___________________________

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal? Yes [ ] No [ ]

If female, are you pregnant? Yes [ ] No [ ] Not Sure [ ]

Medications? Yes [ ] No [ ]

Have you ever received services for mental health or mental retardation? Yes [ ] No [ ]

Do you receive a social security check? Yes [ ] No [ ]

Have you ever been in special education? Yes [ ] No [ ]

Do you have any previous military service? Yes [ ] No [ ]
Does the individual seem (circle all that apply): confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else?

Is this person’s speech (circle all that apply): rapid, hard to understand, hesitant, or childlike?

Observed to be under the influence of: Alcohol? Drugs? Withdrawals?

Observed to have visible signs of self harm (i.e., cuts on arms, etc.): Yes No

Does the screener suspect mental illness/mental retardation? Yes No

If yes, when was a magistrate notified? Date/Time How? Written/Electronic (circle)

Additional Comments

This Form is NOT a substitute for a Separate Health Screening Record required under §273.4 Revised 08/9/2010
### Screening Form for Suicide and Medical/Mental/Developmental Impairments

<table>
<thead>
<tr>
<th>County:</th>
<th>Date and Time:</th>
<th>Name of Screening Officer:</th>
</tr>
</thead>
</table>

**Inmate’s Name:**
**Gender:**
**DOB:**
**If female, pregnant?** Yes ☐ No ☐ Unknown ☐

**Serious injury/hospitalization in last 90 days?** Yes ☐ No ☐ If yes, describe:

**Currently taking any prescription medications?** Yes ☐ No ☐ If yes, what:

**Any disability/chronic illness (diabetes, hypertension, etc.)** Yes ☐ No ☐ If yes, describe:

**Does inmate appear to be under the influence of alcohol or drugs?** Yes ☐ No ☐ If yes, describe:

**Do you have a history of drug/alcohol abuse?** Yes ☐ No ☐ If yes, note substance and when last used

*Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail?* If yes, describe.

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

---

**IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>&quot;Yes&quot; Requires Comments</th>
</tr>
</thead>
</table>

- **Is the inmate unable to answer questions?** If yes, note why, notify supervisor and place on suicide watch until form completed.

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

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

- **1c. Have you ever attempted suicide?** If so, when and how?

- **1d. 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 hear any noises or voices other people don’t seem to hear?**

- **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 from your past?**

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

Details: __________________________________________________________

__________________________________________________________

__________________________________________________________
http://www.txcourts.gov/oca/

The Office of Court Administration (OCA) is a unique state agency in the Judicial Branch that operates under the direction and supervision of the Supreme Court of Texas and the Chief Justice.

Our mission is to provide resources and information for the efficient administration of the Judicial Branch of Texas.

**OCA Services**

Resources for the Judicial Branch:
- For trial courts: technical assistance, training, and research on court administration, court interpreters, and funding and standards for indigent defense;
- For appellate and specialty courts: information technology solutions and fiscal consultation;
- For staffing and support, judicial branch regulatory boards, and policy making bodies;
- For specialty courts and the regional presiding judges: staffing and administration.

**OCA Information**

Information about the Judicial Branch:
Training Materials

TRAINING MATERIALS HOME

- Beyond the Bench
  - CAPPs for COAs & Judicial Entities
  - Class in the Courtroom
  - Domestic Violence Information
  - Guardianship Registration Training
  - Interpreter Information
- Manuals & Bench Books
  - School Ticketing
  - Shared Solutions
  - Truancy Reform
  - Mental Health

- About the Office of Court Administration
- Court Coordinator Information
- Deciphering TRCP 169 Expedited Trials
- Domestic Violence Information
- Interpreter Information
- Legislative Update - 84th R.S. (2015)
- Manuals & Bench Books
- Monthly Court Activity Reports Training
- Shared Solutions Conference Training
- School Ticketing
- Truancy Reform
- Mental Health
Senate Bill 1326 (85th Legislature, R.S.), effective September 1, 2017, makes several significant changes to the jail screening and competency restoration processes for defendants that have a mental illness or intellectual or developmental disability. In an effort to assist courts, clerks, county and law enforcement officials, mental health professionals and other stakeholders in understanding the changes in law, the following training materials are provided.

- New Jail Screening and Mental Health Procedures
  - PowerPoint
  - YouTube Webinar
  - TX Courts Webinar
- Competency Restoration Flowchart
- Screening Assessment Flowchart
- Mental Illness Magistrate Assessment Form
- SB 1326 Reporting Guidance
- SB 1326 Updated Reporting Instructions
- Guide for Addressing the Needs of Persons with Mental Illness in the Court System

**More Resources**

- MentalHealthTexas.org
- Meadows Mental Health Policy Institute
- National Alliance on Mental Illness
- Texas Laws Relating to Mental Health - 21st Edition
COLLECTION OF INFORMATION FORM FOR
MENTAL ILLNESS AND INTELLECTUAL DISABILITY

Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

SECTION I: DEFENDANT INFORMATION
Defendant Name (Last, First): ___________________________ Offense: ___________________________
Date of Birth: ___________ CARE Identification # (If available): ___________ SID or CID # (If available): ___________
Last Four Digits of Social Security Number: ___________________________
Current County or Municipality of Incarceration: ___________________________ Date of Magistrate Order: ___________________________

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 Assessment (If applicable): ___________________________
Previous Mental Health and/or Intellectual Disability Assessment Information (If applicable):

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 decompensated, suicidal, or homicidal according to self-report?
☐ Yes- Circle Above ☐ No ☐ Not Applicable- Reason: ___________________________

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

Observations and Findings Based on Information Collected:
Phase I

A. Serious Incident Report
B. Death in Custody Investigation
C. Continuity of Medications
Phase II
Jail Administrator Examination
Phase III

A. 24-Hour Access to Mental Health

B. 24-Hour Access to Medical

C. Electronic Verification of Checks
• Access a mental health professional at the jail through a telemental health service 24 hours a day*

• Access a health professional at the jail or through a telehealth service 24 hours a day or, if a health professional is unavailable at the jail or through a telehealth service, provide for a prisoner to be transported to access a health professional; and

• Install electronic sensors or cameras to ensure accurate and timely in-person checks of cells or groups of cells confining at-risk individuals.
  • SB 1849 establishes a prisoner safety fund in which the Commission may receive gifts, grants and appropriations to help counties afford electronic sensors or cameras.
  • County jails that are 96 beds or less will be eligible to receive the grant funding noted above.

• Not later than September 1, 2018, the Commission on Jail Standards shall adopt rules and procedures for the above requirements. On and after September 1, 2020, a county jail shall comply with any rule or procedures for the above requirements.
Phase IV

Mental Health Training
• Occupations Code 1701.310 (A) is amended to include that the required county jailer training course include at least eight hours of mental health training approved by TCOLE and the Commission. Current license holders have until August 31, 2021 to take an approved eight hour mental health training course.

• Effective September 1, 2017, TCJS will employ three (3) mental health trainers that will be responsible for teaching/conducting the mental health training course in their assigned region.

  • The training will be at no cost to the county.
Suicides FY 15-19

- FY15: 34
- FY16: 25
- FY17: 19
- FY18: 22
- FY19: 3