Diversion & Competency Workflow



or receiving restoration services through OCR, JBCR, or inpatient. Many counties facilitate weekly meetings with jail medical, jail admin, the LMHA or LBHA, courts, and others to discuss cases. Topics include health and case updates, potential evidence of restoration, medication compliance and OCR or JBCR eligibility.

eligibility criteria? What services are provided? What opportunities exist to increase utilization of the program if underutilized or increase restoration rates? If your county does not have OCR, what would you need to make a case for piloting a program for your community?

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program if underutilized or increase restoration rates? If your county does not have JBCR, what would you need to make a case for piloting a program for your community?

admission? Are they taking medication? If not, have you considered court-ordered medications (COMs)? Upon admission, are you communicating with the state hospital to receive updates on the patient? Do the prosecutor and defense counsel work on the case while waiting for a patient to restore to competency?

RESTORED

NOT RESTORED

Court proceeds with criminal case

Does the court set cases preferentially when an individual has been restored per rt. 32A.01? If the individual is returned to the jail, does the jail work with the SH to determine treatment and medications necessary to maintain competency until court hearing?

Court discharges defendant and charges dismissed

Is this option utilized for individuals who may not be likely to restore or have a traumatic brain injury or neurocognitive disorder with no co-occurring MI? Does the court/jail coordinate with the LMHA or LBHA for reentry services? Is there any in-reach by the LMHA or LBHA before the individual is released? What reentry services are available?

ACRONYM GUIDE

AOT: Assisted Outpatient Treatment LBHA: Local Behavioral Health CCP: Code of Criminal Procedure CCQ: Continuity of Care Query **CIT**: Crisis Intervention Team COMs: court-ordered medications IDD: Intellectual and Developmental Disabilities IST: Incompetent to Stand Trial JBCR: Jail-Based Competency Restoration LE: Law Enforcement LIDDA: Local Intellectual & Developmental Disability Authority ,

Authority LMHA: Local Mental Health Authority MI: Mental Illness MH: Mental Health OCC: Outpatient Civil Commitment **OCR**: Outpatient Competency Restoration **PR**: Personal Recognizance SH: State Hospital SUD: Substance Use Disorder TAC: Texas Administrative Code TLETS: Texas Law Enforcement Telecommunications System

Proceed under CCP Ch. 46B, Subchapter E: criminal court conducts commitment hearing and charges remain pending Does the court consider whether outpatient mental health services may be appropriate? Does the county utilize CCP Ar **B.1055** to modify the inpatient order to an outpatient treatment program? Does the LMHA or LBHA collaborate with the SH on 46B.1055 modifications? Does the court collaborate with the LMHA or LBHA and SH to determine what services and supports are needed to release the individual back to the community? If the individual no longer meets civil commitment criteria does the court release the individual to the community?

Proceed under CCP Ch. 46B, Subchapter F: criminal court dismisses charges and if evidence of MI or IDD, transfers case to the appropriate court for civil commitment

Is this option utilized in your county? Does the criminal court coordinate transfer with the probate court? If the individual is being released back to the community, does the court/jail coordinate with the LMHA or LBHA for reentry services? Is there any in-reach by the LMHA or LBHA before release? What reentry services are available prior to commitment and admission to outpatient or inpatient mental health services?

