

## Jail In-Reach Learning Collaborative Algorithm

### LMHA/SH Coordination:

- All referrals to the Jail In-Reach Collaborative are to be coordinated through the local forensic team and the State Hospital Waitlist In-Reach Coordinator via [jailinreach@hhs.texas.gov](mailto:jailinreach@hhs.texas.gov) through the submission of a request form and the appropriate corresponding documents.
- SH Waitlist In-Reach Team will acknowledge request at the time of receipt and will notify the sender that a response will be provided promptly.
- SH Waitlist In-Reach Team may contact the local forensic team for additional information and clarification as needed.
- SH Waitlist In-Reach Team will place requests on the agenda for the twice weekly SH Waitlist In-Reach Team meetings (Tuesdays and Fridays) and on the Jail In-Reach Request Tracker.

### Clinical Consultations:

- *Clinical Consultations* may include peer-to-peer consultations on medication management, difficult clinical cases, recommendations on appropriate medication regimen to include court-order medication (COM) requests, and guidance on competency restoration criteria.
- SH Waitlist In-Reach Team will determine whether there is a need for clinical consultation.
- If need for clinical consultation is established:
  - SH Waitlist In-Reach Coordinator will identify a state hospital psychiatric consultant.
  - SH Waitlist In-Reach Coordinator will contact the identified psychiatric consultant, relay the request, provide the pertinent documentation, and obtain three dates/times (30-minute slots) when they would be available to provide the clinical consultation.
  - Local forensic team contact will be notified via email and provided the contact information for the psychiatric consultant and the proposed available times for consultation.
  - Local forensic team contact will arrange the consultation date with the jail medical/psychiatric provider and communicate acceptance of such date to the SH Waitlist In-Reach Coordinator via email ([jailinreach@hhs.texas.gov](mailto:jailinreach@hhs.texas.gov)) within three (3) business days.
  - SH Waitlist In-Reach Coordinator will confirm the consultation date with the SH psychiatric consultant.
  - The clinical consultation, to last up to 30 minutes, will take place on the confirmed date over telephone or video conferencing.

- The SH psychiatric consultant will document the outcome of the consultation and recommendations in CWS under the pre-admit episode.
- The clinical consultation will cease after the initial referral unless a follow-up is recommended by the SH psychiatric consultant. Otherwise, follow-up consultation will require a new request.
- If no need for clinical consultation is established:
  - Local forensic team contact will be notified via email of the closing out of the request without consultation, including the reasons in making that determination (e.g., lack of receipt of additional information, no recommendation for additional clinical intervention, recommendations for alternate disposition, referral to forensic arm when appropriate).

#### **Legal Education:**

- ***Legal Education*** may include education about legal/statutory requirements, including COM process and compliance with the court order, possible alternate dispositions as statutorily allowed, and CCP 46B.0755 procedure if evidence of immediate restoration.
- SH Waitlist In-Reach Team will determine whether there is a need for legal education.
- If accepted, an attorney with the HHSC Legal Services Division will make the initial outreach attempt to the requesting party within ten (10) business days.
- Outcome of legal education will be discussed at the twice weekly SH Waitlist In-Reach Team meeting and tracked accordingly.

#### **Forensic Service Consultations:**

- ***Forensic Service Consultations*** may include trial competency quick screen (SCCS) and trial competency re-evaluation. Other consultations available to all counties with individuals on the forensic waitlist may also be requested through the JIRLC: maximum security unit (MSU) waiver reconsideration, potential alternate disposition, or expedited admission request.
- SH Waitlist In-Reach Team will determine whether there is a need for forensic service consultation.
- ***Trial competency quick screen*** is done by utilizing the Standardized Clinically-Based Competency Screening (SCCS). The SCCS contains a series of brief questions that align with the statute regarding the areas of competency to stand trial. It is a measure of a defendant's progress toward trial competency restoration. The terms "quick screen" and SCCS are often used interchangeably.
  - If requested, SH Waitlist In-Reach Team will provide education so members of the local forensic team can administer the SCCS.
  - If requested, SH Waitlist In-Reach Team will conduct the SCCS for the local forensic team.

- Involved court parties (defense counsel and district attorney) will be notified by the SH Waitlist In-Reach Team of all requests for trial competency quick screening made by the local forensic team.
  - Upon the agreement of all court parties, the SH Waitlist In-Reach Team will make arrangements with the local forensic team to conduct a quick screen.
  - The SCCS will be conducted via video (preferable) or phone.
  - The results of the SCCS will be promptly communicated to the local forensic team.
  - If the results indicate possible evidence of immediate restoration, the court may order a trial competency re-evaluation.
    - The SH Waitlist In-Reach Team is available to conduct such trial competency re-evaluation, if appointed by the judge.
    - If appointed by the judge, the SH Waitlist In-Reach Team will comply with the judge's order regarding timeframes for completion of the re-evaluation and submission of the report to the court.
  - If the SCCS results do not indicate evidence of immediate restoration:
    - The SH Forensic Services Team will notify the local forensic team and the results will be provided.
    - Note: Should the defendant not be CST, this data can be used by SH staff to pinpoint areas to work on and may assist with shortening the defendant's length of stay upon SH admission.
- *Trial competency re-evaluations* may be requested directly, without administration of a trial competency quick screen. Other evidence of immediate restoration should be available and provided in the request form.
  - The SH Waitlist In-Reach Coordinator will request the local forensic team obtain a court order appointing a forensic evaluator from the SH Waitlist In-Reach Team to conduct the trial competency re-evaluation, if not already provided.
  - The SH Waitlist In-Reach Coordinator will obtain all relevant documentation to provide to the forensic evaluator appointed.
  - The SH Waitlist In-Reach Coordinator or appointed forensic evaluator will coordinate a date and time for the re-evaluation.
  - The re-evaluation will be conducted via Microsoft Teams and cannot be done via any other video conferencing platform per HHSC policy.
  - Once complete, the forensic evaluator will comply with the court order regarding the timeframe of report submission.
- *MSU waiver reconsiderations* may be utilized when an individual waiting for an MSU has not demonstrated behavior necessitating MSU placement. Every individual placed

on the MSU waitlist automatically undergoes a clinical security review (CSR) for initial MSU waiver consideration.

- The SH Waitlist In-Reach Team will follow the internal CSR process. This may include requesting additional documentation from the local forensic team.
- Once the CSR is complete, the outcome will be communicated to the local forensic team.
- *Potential alternate dispositions* may be appropriate when an individual opined incompetent to stand trial is ordered for inpatient competency restoration but has an identified neurocognitive disorder, traumatic brain injury, intellectual or developmental disability, or any other condition rendering them not likely to restore to trial competency.
  - The SH Waitlist In-Reach Team will review the case and consider any potential alternate options, including but not limited to nursing home, referral to SSLC, other competency restoration programs (jail-based or outpatient). These options will be discussed with the local forensic team.
  - If needed, the SH Waitlist In-Reach Team will collaborate with the local forensic team and provide education about possible alternate dispositions.
- *Expedited admission requests* may be requested when an individual on the forensic waitlist has significantly decompensated and there are concerns for the individual's health and safety due to such deterioration.
  - The SH Waitlist In-Reach Team will follow the internal expedited admission request process. This includes requesting a crisis assessment from the LMHA.
  - Expedited admission requests are reviewed closely at three levels, SH Waitlist In-Reach Team, Chief of Forensic Medicine, and Associate Commissioner.
  - If approved, the individual will be placed on the focused admissions list at the top of the forensic waitlist.
  - If denied at any level, the SH Waitlist In-Reach Team will offer additional support to the local forensic team. This may include education on court ordered medication or clinical consultation with an SH psychiatric consultant.

### **Planning Support:**

*Planning Support* may include strategies for engaging behavioral health and/or justice system partners, review of waitlist data, development of an Eliminate the Wait Action Plan, or assistance in strengthening local forensic teams. Planning support can include, but is not limited to:

- *Sequential Intercept Mapping Workshops*. The Office of the State Forensic Director (OSFD) offers strategic planning support to communities across the state through [Sequential Intercept Mapping \(SIM\) Workshops](#). The SIM details how people with mental illnesses (MI), substance use disorders (SUD), and/or intellectual and developmental disabilities (IDD) encounter and move through the criminal justice system. The SIM

mapping process can bring together community leaders and different agencies and systems to identify strategies for diverting people with MI, SUD, and/or IDD away from the justice system into treatment and improve forensic services and the competence process.

- *Eliminate the Wait Action Plans.* Eliminate the Wait is a statewide campaign to reduce the wait for inpatient competency restoration services. HHSC, in partnership with the Judicial Commission on Mental Health, is partnering with judges, prosecutors, defense attorneys, sheriffs and jail staff, police, and behavioral health providers across the state to change how Texas serves people at the intersection of mental health and criminal justice. Leveraging the [Eliminate the Wait \(PDF\)](#) toolkit, the OSFD will work with communities to identify strategies that may be a good fit for their community and develop implementation plans.
- *Stakeholder Engagement.* The OSFD offers support for engaging a diverse range of partners in in-reach initiatives. This could include but is not limited to developing strategies to bring new stakeholders into your county forensic team, leveraging associations like the Judicial Commission on Mental Health, Sheriff's Association of Texas, or Texas Police Chiefs Association to support cross training and stakeholder engagement, or supporting peer-to-peer networking and engagement to learn about programs in other counties.
- *Waitlist Data Reviews.* The OSFD will work with counties to do a deep dive into their local waitlist data to analyze trends and gather insights.
- *Other.* The OSFD's planning support is not limited to the items above. If you have other requests, please submit them to [jailinreach@hhs.texas.gov](mailto:jailinreach@hhs.texas.gov) and we will come up with a solution together.

For all requests detailed above, the OSFD will schedule a call to discuss the request further and determine the most appropriate next steps.