

# **Jail In-Reach Collaborative Request**

**Request Date:**

**Type of Request:**

- Forensic Services Consultation
  - Trial Competency Quick Screen (SCCS)
  - Trial Competency Re-Evaluation
  - MSU Waiver Reconsideration
  - Potential Alternate Disposition
  - Expedited Admission Request
- Legal Education
- Other/General (Please provide details below)

- Clinical Consultation (Provider-to-Provider)
  - Medication management
  - Difficult clinical case
  - Guidance on competency restoration
- Planning Support
  - Strategies for Engaging BH and/or Justice System Partners
  - Reviewing Waitlist Data
  - Developing an Eliminate the Wait Action Plan
  - Strengthening Local Forensic Teams

**Request Made By:**

**Individual on Waitlist:**

(If Applicable)

**Charge(s):**

(If Applicable)

**County/LMHA:**

**Summary of Reason for Request:** Please provide the details of the request below.

If requesting a Trial Competency Re-Evaluation, please include the court order for examination (if already obtained)

Documentation to include if available and relevant:

- Medication list, MAR
- Medical/mental health provider records
- Court order for medication
- Incident reports
- Weight log
- Oral intake log

Send form to [jailinreach@hhs.texas.gov](mailto:jailinreach@hhs.texas.gov)