

Joining Forces: Jail In-Reach Learning Collaborative

Cohort Two Technical Assistance Workbook



TEXAS
Health and Human
Services

November 2022

Table of Contents

Table of Contents	1
1. Putting Training into Action	2
Learning Collaborative Goals.....	2
Boot Camp Training Sessions.....	2
Monthly Technical Assistance Calls.....	2
Schedule and topics	3
2. Boot Camp Training Session Worksheets	6
Worksheet: Identifying Key Roles and Responsibilities Across County Forensic Teams	6
Worksheet: Organizational Readiness Assessment.....	8
3. October 1x1 Call with HHSC	9
4. November Technical Assistance Call	10
Competency Restoration Options	10
Worksheet: Jail Based Competency Restoration Services	14
Worksheet: Outpatient Competency Restoration Services	16
5. December Technical Assistance Call: Court Ordered Medications	18
Worksheet: Clarify Goals, Barriers, and Solutions for Implementing COMs..	20
Worksheet: Identifying Key Roles and Responsibilities for Implementing COMs	21
Worksheet: Developing a COMs Implementation Checklist	23
6. January 1x1 Call with HHSC	24
7. February Technical Assistance Call: Behavioral Health and Jails	25
Worksheet: Behavioral Health Jail Service Inventory.....	28
Worksheet: Jail Services Gaps and Opportunities	30
8. March Technical Assistance Call: Addressing Special Populations	31
Worksheet: Hard-to-Address Cases.....	33
Worksheet: Special Population Resource Listings.....	34
9. April 1x1 Call with HHSC	35
10. May Technical Assistance Call: Data, Funding, and Sustainability	36
Worksheet: Data Review	38
Worksheet: Funding and Sustaining Jail In-Reach Efforts.....	41
11. June Technical Assistance Call	43

1. Putting Training into Action

The Texas Health and Human Services Commission (HHSC) Jail In-Reach Learning Collaborative (JIRLC) is an educational opportunity that provides participants with structured training and eight months of facilitated peer-to-peer learning and technical assistance (TA).

Learning Collaborative Goals

The goal of the JIRLC is to educate and collaborate with County Forensic Teams (CFTs) to support active forensic waitlist monitoring of people waiting in jail for court-ordered inpatient competency restoration services. Over the next nine months CFTs will participate in:

- Four boot camp training sessions;
- Six 1.5-hour peer-to-peer learning and TA calls;
- Three one-on-one TA calls between HHSC and CFTs; and,
- Ongoing opportunities to request forensic services, clinical consultations, legal education, and strategic planning support.

Boot Camp Training Sessions

Boot camp training sessions are designed to onboard CFTs to the JIRLC. Teams will participate in trainings on the Code of Criminal Procedure, Chapter 46B process, hear from guest speakers across the state, and learn how to take advantage of TA provided by the HHSC JIRLC team.

The 2022 Boot Camp Schedule:

- Tuesday, September 13, 1:00 – 3:00 p.m. CST
- Tuesday, September 20, 1:00 – 3:00 p.m. CST
- Tuesday, September 27, 1:00 – 3:00 p.m. CST
- Tuesday, October 4, 1:00 – 3:00 p.m. CST

Monthly Technical Assistance Calls

Teams will participate in a comprehensive strategic planning and implementation process to achieve **sustainability** for the jail-in reach program. One of HHSC's goals is to have CFTs translate this from a learning collaborative to a sustainable jail in-reach program with formal processes and policies in place. Beyond program sustainability, objectives for the learning collaborative are to:

- Improve health outcomes for people waiting for inpatient competency restoration programs;

- Support peer-to-peer learning across CFTs;
- Foster stronger relationships across state and local continuum of care partners; and,
- Facilitate a data-driven learning process to fine tune and evaluate the jail in-reach program.

The monthly TA calls will create a shared space for CFTs to discuss program implementation successes, challenges, and lessons learned. Each call will have a set agenda, which will include a topical focus, guided discussion based on monthly homework assignments, and time for peer learning and Q&A with HHSC staff. Homework should be completed prior to the monthly TA call. In addition to homework assignments, HHSC will share monthly data dashboards so teams can begin to identify program trends.

Schedule and topics

October 2022

HHSC One-on-One Calls with County Forensic Teams

Discussion: CFTs and the HHSC JIRLC team will meet to discuss local jail in-reach efforts.

Prep work: CFTs should come prepared with questions for HHSC related to the jail in-reach process, and come prepared to discuss previously completed county worksheets:

- Roles and Responsibilities Worksheet
- Organizational Readiness Worksheet

November 8, 2022

Restoration Options

Learning Objectives: Identify best practices in competency restoration, including inpatient competency restoration, outpatient competency restoration, and jail-based competency restoration.

Discussion: CFTs should come prepared with questions about competency restoration options and completed Outpatient Competency Restoration (OCR) and Jail Based Competency Restoration (JBCR) worksheets.

Prep work:

- OCR and JBCR Worksheets

December 13, 2022

Court Ordered Medication

Learning Objectives: Discuss purpose of court ordered medications (COMS) and potential impact; statutory authority for COMS; and best practices in operationalizing COMs.

Discussion: CFT should come prepared with questions about COMs.

Prep Work:

- COMs Worksheet

January 2023

HHSC One-on-One calls with County Forensic Teams

Discussion: CFTs and the HHSC JIRLC team will meet to discuss local jail in-reach efforts.

Prep work: CFTs should come prepared with questions for HHSC related to the jail in-reach process and come prepared to discuss previously completed county worksheets:

- OCR and JBCR Worksheets
- COMs Worksheets

February 14, 2022

Mental Health and Jails

Learning Objectives: Discuss the Texas Commission on Jail Standards rules for mental health services in jails, best practices for providing jail services, and strategies to support people found Incompetent to Stand Trial (IST) prior to and post admission to the state hospital.

Discussion: CFTs should come prepared with questions about mental health services in jails and should complete the County Jail Worksheets.

Prep work:

- County Jail Worksheets

March 14, 2022

Addressing Special Populations

Learning Objectives: Discuss strategies for addressing special populations on the forensic waitlist.

Discussion: CFTs should come prepared with examples of their hardest to address cases to workshop with the team.

Prep Work:

- Hard-to-Address Populations Worksheets

April 2023

HHSC One-on-One calls with County Forensic Teams

Discussion: CFTs and the HHSC JIRLC team will meet to discuss local jail in-reach efforts.

Prep work: CFTs should come prepared with questions for HHSC related to the jail in-reach process, and come prepared to discuss previously completed county worksheets:

- County Jails Worksheet
- Special Populations Worksheet

May 9, 2022

Data and Funding

Learning Objectives: Discuss strategies for leveraging data to inform active waitlist monitoring and ongoing planning efforts as well as ideas for sustaining jail in-reach in participating counties.

Discussion: CFTs should take a look at their waitlist data and come prepared to discuss trends and insights gained from their community.

Prep Work:

- Data Worksheets Funding Worksheet

June 13, 2022

County Presentations

2. Boot Camp Training Session Worksheets

Worksheet: Identifying Key Roles and Responsibilities Across County Forensic Teams

Points of Contact

Provide the names of the responsible agencies, and titles and telephone numbers of the staff who serve as points of contact for the CFT.

Contact	Agency	Email	Telephone	Role

Responsibilities

Clearly identify the responsibilities of each contact for the CFT. Responsibilities could include activities such as convening monthly meetings; identifying needed processes and communication channels; gathering data and completing monthly data worksheets; and/or developing a communication plan.

Contact	Jail In-Reach Responsibilities

Worksheet: Organizational Readiness Assessment

The worksheet should be filled out by **each CFT Member**.

Question	Yes/No	Steps to Yes
Does your agency/organization understand the vision of the Jail In-Reach Learning Collaborative (JIRLC) and CFTs?		
Will your agency/organization's culture, behaviors and beliefs support new ways of operating based on the JIRLC?		
Is now the right time for implementing a jail in-reach program or will it compete with other major changes that are being made?		
Will management and staff support JIRLC activities and the effort required to implement and sustain a jail in-reach program?		
Is your organization ready to provide sufficient staff with the necessary skills to support a jail in-reach program, if needed?		
Is your organization ready to adjust roles and responsibilities of staff to implement a jail in-reach program?		
Is your organization ready to implement necessary changes to processes, policies and procedures to support a jail in-reach program?		
Is the organization ready to implement necessary changes to the organization's structure and reporting relationships?		
Is your organization able to reinforce and reward positive teamwork behaviors and improvements in processes to support a jail in-reach program?		
Is your organization willing to measure and assess progress and continuously improve the revised processes?		
Is the technology infrastructure able to support a jail in-reach program?		
Are external partners ready to support a jail in-reach program?		

3. October 1x1 Call with HHSC

Calls will be scheduled between HHSC staff and each CFT. HHSC will share county-specific data and an agenda prior to the call. CFTs should come prepared to discuss local in-reach efforts and previously completed county worksheets:

- Roles and Responsibilities Worksheet
- Organizational Readiness Worksheet

4. November Technical Assistance Call

Competency Restoration Options

Learning Objectives: Identify best practices in competency restoration, including inpatient competency restoration (ICR), outpatient competency restoration (OCR), and jail-based competency restoration (JBCR).

Background: Competency restoration services are provided to people who may be or who are found incompetent to stand trial (IST) and committed by a criminal court to receive competency restoration (CR) services. People determined IST may receive CR services in a state hospital, State Supported Living Center, or if available, in an OCR¹ or JBCR² program. Providing alternatives to inpatient competency restoration can prevent a person from waiting in jail for an available inpatient bed. **Table one** outlines the different types of CR programs in Texas.³

Table One. Texas Competency Restoration Programs

Type of Competency Restoration	Inpatient Competency Restoration	Outpatient Competency Restoration	Jail-Based Competency Restoration
Physical Location	State Hospital or Contracted Facility	Community or residential	In jail in designated space separate from general population
Bond Status	Bond NOT required	Bond required	Bond NOT required
Eligibility	No eligibility criteria	Specific eligibility criteria set by OCR provider	Specific eligibility criteria set by JBCR provider

¹ Per CCP 46B.0711(d)(1) and 46B.072(d)(1), OCR programs can be administered by a community center or any other entity that provides competency restoration services.

² Per CCP Art. 46B.091 and 26 TAC 307.103 a county or counties jointly may develop and implement a JBCR program by contracting with the Local Mental Health Authority and Local Behavioral Health Authority.

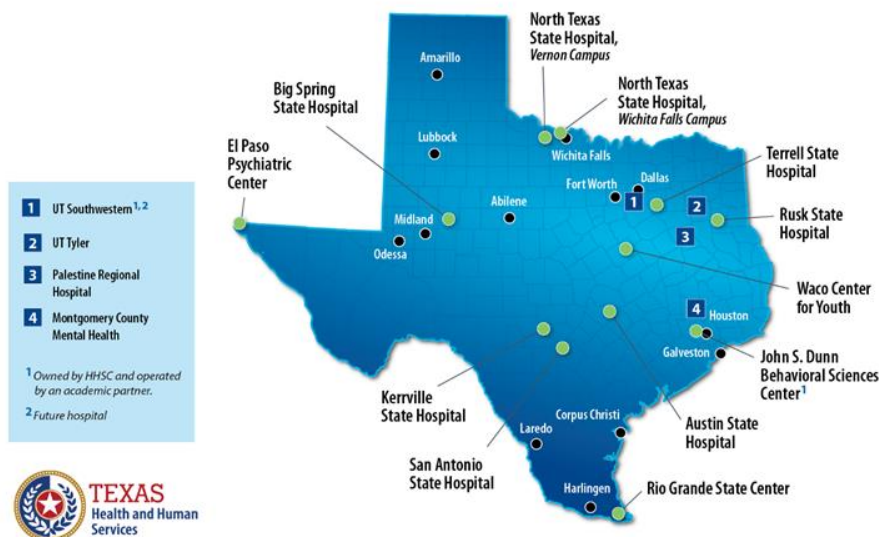
³ HHSC's base performance contract does not include funding for jail in-reach, continuity of care from jails and prisons, OCR, or JBCR. Some LMHAs and LBHAs have additional state and or local funding for these services.

Treatment Length (for initial commitments)	<ul style="list-style-type: none"> • Misdemeanor- up to 60 days • Felony- up to 120 days • Possibility to request a 60-day extension. 	<ul style="list-style-type: none"> • Class B Misdemeanor – up to 60 days • Class A Misdemeanor or Felony – up to 120 days • Possibility to request a 60-day extension. 	<ul style="list-style-type: none"> • Misdemeanor – up to 60 days • Felony – 60 days + may continue to provide services for authorized period unless inpatient or OCR slot available. • Possibility to request a 60-day extension.
Wait Time for Admission	<ul style="list-style-type: none"> • Maximum Security Unit (MSU) 567.5 days • Non-MSU 236.7 days 	<ul style="list-style-type: none"> • 2-3 months 	<ul style="list-style-type: none"> • 2-3 months

Inpatient Competency Restoration

Texas HHSC operates 10 state hospitals and contracts with three additional facilities to provide inpatient competency restoration (CR) services. In fiscal year 2021, 1067 people were admitted to the state hospital for inpatient CR services and 991 people were discharged back to the committing county jail and/or community. The average length of stay (LOS) at discharge for a person receiving CR services in a state hospital non-maximum security unit was 265 days and for those in a maximum security unit (MSU), the LOS was 231 days. The percentage of people discharged who were restored to competency was 77 percent in fiscal year 2021. **Figure 1** provides a map of state hospitals and facilities contracted with HHSC to provide competency restoration in Texas.

Figure 1. Texas State Hospitals

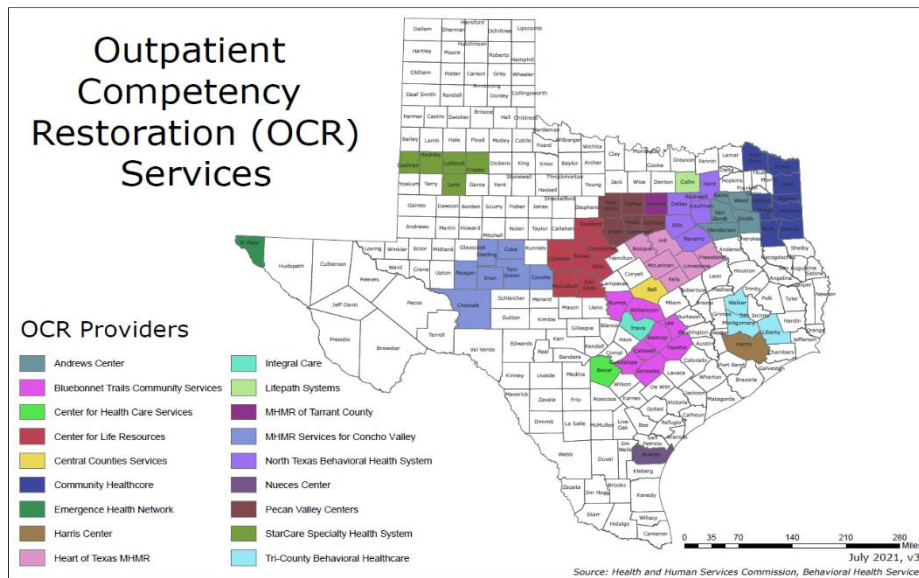


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Outpatient Competency Restoration

OCR programs provide community-based CR services, which include mental health and substance use treatment services, as well as competency restoration education for persons found IST. HHSC provides funding to 18 of the 39 LMHAs and LBHAs for OCR programs. **Figure 2** outlines a map of HHSC-funded OCR programs.

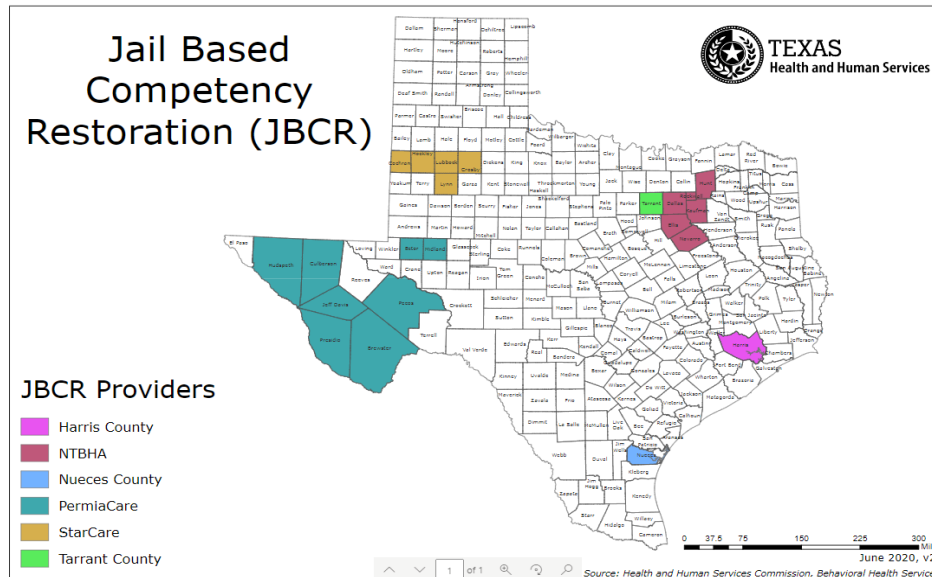
Figure 2. HHSC Funded OCR Programs



Jail-Based Competency Restoration

JBCR are services to persons in jail with mental health or co-occurring psychiatric and substance use disorders. Services include behavioral health treatment services and competency education for people found IST. HHSC provides funding to six Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) for JBCR programs. **Figure 3** outlines a map of HHSC funded JBCR programs.

Figure 3. HHSC Funded JBCR Programs



Discussion: CFTs should come prepared with questions about competency restoration options and completed OCR and JBCR worksheets.

Prep work:

- *OCR and JBCR Worksheets (if applicable)*

Resources:

- [Eliminate the Wait the Texas Toolkit for Rightsizing Competency Restoration Services](#), Texas Health and Human Services Commission and the Judicial Commission on Mental Health
- [Competency Restoration, OCR and JBCR](#), Texas Health and Human Services Commission
- [State Hospitals](#), Texas Health and Human Services Commission

Worksheet: Jail Based Competency Restoration Services

For CFTs **with existing JBCR programs**, please complete the following worksheet.

	Jail-Based Competency Restoration	
Program Goal		
Partners		
Eligibility Criteria		
Services Offered through JBCR		
Gaps		
Opportunities		
Data	Individuals Served FY 21	
	Average Length of Stay FY 21	
	Percent of Individuals Restored	

For CFTs **interested in JBCR programs**, please complete the following worksheet.

Jail-Based Competency Restoration		
Prospective Goals		
Potential Partners		
Proposed Eligibility Criteria		
Potential Funding Sources		
Other Considerations or Barriers to Implementation		
Making the Case	How many people are waiting inside of your county jail for inpatient competency restoration services?	
	How long have they been waiting?	
	What is the cost per bed per day for individuals inside the jail?	
	How many people in FY 21 could have potentially been eligible for JBCR had it been available in your county jail?	
	What additional costs might be associated with adding a JBCR program to your county jail?	
	What other data might be helpful to local stakeholders considering JBCR as an option for your county?	

Worksheet: Outpatient Competency Restoration Services

For county teams with **existing OCR programs**, please complete the following worksheet.

	Outpatient Competency Restoration	
Program Goal		
Partners		
Eligibility Criteria		
Services Offered through OCR		
Gaps		
Opportunities		
Data	Individuals Served FY 21	
	Average Length of Stay FY 21	
	Percent of Individuals Restored	

For county teams **interested in OCR Programs**, please complete the following worksheet.

Outpatient Competency Restoration	
Prospective Goals	
Potential Partners	
Proposed Eligibility Criteria	
Potential Funding Sources	
Other Considerations or Barriers to Implementation	
Making the Case	How many people are waiting inside of your county jail for inpatient competency restoration services?
	How long have they been waiting?
	What is the cost per bed per day for individuals inside the jail?
	How many people in FY 21 could have potentially been eligible based on your proposed eligibility criteria for OCR had it been available?
	What additional costs might be associated with adding an OCR program to your county jail?
	What other data might be helpful to local stakeholders considering OCR as an option for your county?

5. December Technical Assistance Call: Court Ordered Medications

Learning Objectives: Discuss the purpose of Court Ordered Medications (COMs), review statutory authority for COMS, and share best practices in operationalizing COMs.

Background: Provision of behavioral health services and medications while a person is incarcerated may increase the likelihood that a person's symptoms improve and reduce the potential for mental health deterioration. Per CCP Art. 46B.086(a)(2)(A), court-ordered medications can be considered for a defendant who has remained in jail for more than 72 hours following a finding of IST, but before a transfer to a facility or program for competency restoration services. COMs can also be considered for defendants after being restored to competency at a facility while they await further criminal proceedings per CCP Art. 46B.086(a)(2)(C).

Obtaining a court order for psychoactive medications for an individual determined IST may not only reduce the person's psychiatric symptomatology, but may result in the defendant being restored to competency without the significant wait for a state hospital bed.

Probate Court

HSC, Chapter 574, Subchapter G, and Chapter 592, Subchapter F, delineate the provisions for the application and the order for the administration of psychoactive medications when the defendant presents a danger to self or others in the correctional facility as a result of mental illness or IDD, or lacks capacity to make a decision regarding the administration of the proposed medication and treatment when the proposed medication is in their best interest.

Criminal Court

CCP, Art. 46B.086, delineates the provisions for a secondary process, after a probate court's denial of an application for court-ordered medication, or seeking an order for the administration of psychoactive medications to defendants who do not meet the lack of capacity or dangerousness criteria under HSC Chapter 574, Subchapter G, or Chapter 592, Subchapter F.

Evidence of Restoration to Competency before State Hospital Admission

If the court receives credible evidence that the defendant has been restored to competency at any time after the court's determination of incompetency but before

state hospital admission, CCP, Art. 46B.0755, sets forth the process by which the court can order an examination of the defendant and determine if the defendant has been restored to competency

Discussion: CFTs who are interested in utilizing COMs should come prepared with questions about COMs and complete the COMs worksheets.

Prep Work:

- COMs Worksheets

Resources:

- [Eliminate the Wait the Texas Toolkit for Rightsizing Competency Restoration Services](#), Texas Health and Human Services Commission and the Judicial Commission on Mental Health
- [Texas Mental Health and Intellectual and Developmental Disabilities Bench Book](#), Third Edition 2021-2022, Judicial Commission on Mental Health
- [Forms Bank](#), Judicial Commission on Mental Health
- [Prescribing a Balance: The Texas Legislative Responses to Sell v United States](#), Brian D. Shannon, St. Mary's Law Journal

Worksheet: Clarify Goals, Barriers, and Solutions for Implementing COMs

Goals, Barriers, Solutions

For county teams interested in utilizing COMs, articulate goals, key partners, existing barriers, and strategies for implementing COMs in your county jail.

	Court Ordered Medications
Goals for Utilizing COMs	
Key Partners	
Existing Barriers	
Strategies to Address Barriers	

Worksheet: Identifying Key Roles and Responsibilities for Implementing COMs

Points of Contact

CFTs who are interested in utilizing COMs should provide the names, titles, and telephone numbers of the staff who will serve as points of contact for implementing a COM process for people determined IST in county jails.

Role	Name	Title	Org.	Email	Phone
LMHA or LBHA Liaison					
Jail Admin.					
Jail Mental Health Provider					
Asst. County Attorney					
Asst. District Attorney					
Probate Court Judge					
District Court Judge					

Responsibilities

CFTs who are interested in utilizing COMs should clearly identify the responsibilities of each contact for implementing COMs. The pre-populated responsibilities are only suggestions and can be customized based on your county’s specific approach.

Contact(s)	Court-Ordered Medication Responsibilities
	Coordinate and schedule re-occurring meetings to determine who may be appropriate for COM
	Complete application for COM (physician must sign as applicant)
	File application with probate court or court with probate jurisdiction
	Prepare for hearing on COM and coordinate with any witnesses (e.g., physician who completed the application)
	Attend hearing on application for COM (30 days after filing)
	Transmit court order to appropriate parties (e.g., jail medical provider and LMHA)
	Determine whether to forcibly administer medication if COM application is granted
If COM application is denied, the following steps can be considered:	
	Notify Criminal Court of medication refusal (e.g. jail)
	Complete Motion to Compel Medication (no later than 15 days after probate court denial of order) (e.g., assistant district attorney)
	File Motion to Compel Medication in the Criminal Court
	Prepare for Criminal Court hearing on COM (requires testimony by 2 physicians)
	Attend Criminal Court hearing on COM
	Determine whether to forcibly administer medication if COM application is granted

Worksheet: Developing a COMs Implementation Checklist

Implementation Tasks

CFTs who are interested in utilizing COMs should provide a brief description of each major task required to **formalize and sustain** a process for COMs. Create action steps for achieving that task. Assign ownership of the task.

Task	Owner	Action Steps
Coordinate regular meetings to discuss COMs process and applicable cases. Ensure proper information sharing agreements are in place.		
Clarify COM roles and responsibilities		
If applicable, secure COM provider inside the jail		
Tailor COM applications and templates for responsible parties (e.g., see HHSC resources and JCMH Forms bank for examples)		
Document COM workflow (e.g., see Galveston County Process Chart and Bench Book for examples)		
If necessary, identify funding to cover additional costs that might be associated with COMs (e.g., securing a new provider if one is not available)		

6. January 1x1 Call with HHSC

Calls will be scheduled between HHSC staff and your CFT. County specific data and an agenda will be shared prior to the call.

Discussion: CFTs and the HHSC JIRLC team will meet to discuss local jail in-reach efforts.

Prep work: CFTs should come prepared with questions for HHSC related to the jail in-reach process and come prepared to discuss previously completed county worksheets:

- OCR and JBCR Worksheets
- COMs Worksheets

7. February Technical Assistance Call: Behavioral Health and Jails

Learning Objectives: Discuss minimum jail standards for mental health services, best practices for providing jail mental health and substance use services, and strategies to support people found IST awaiting admission to a state hospital and when returned from the state hospital to the jail after receiving competency restoration services.

Background: Sheriffs and jail administrators play a critical role in improving the competency restoration process. When appropriate, they can reduce further involvement with the criminal justice system and the need for competency restoration services by identifying individuals with mental illness (MI), substance use disorders (SUD), or intellectual and developmental disabilities (IDD) at jail booking and ensuring timely connection to treatment and services inside the jail. They can ensure correctional staff conduct the mandatory Texas Law Enforcement Telecommunications System (TLETS) Continuity of Care Query for every person at booking to see if the individual has a history of receiving mental health services or IDD services from state-funded MI/IDD programs.⁴ And for individuals who have been found IST, they can work collaboratively with the courts and local mental health authority to support active monitoring of individuals inside the jail, ensure access to medications, and help implement alternative restoration programs such as JBCR.

Mental Health Services Inside Jails

Chapter 273 of Title 37 of the Texas Administrative Code (TAC) (outlined below) describes minimum requirements for health services in Texas county and municipal jails.

37 TAC §273.5. Mental disabilities/Suicide Prevention Plan.

(a) Each sheriff/operator shall develop and implement a mental disabilities/suicide prevention plan, in coordination with available medical and mental health officials, approved by the Commission by March 31, 1997. The plan shall address the following principles and procedures:

⁴ For probable or exact matches, jails administrators can ensure there is a process in place for notifying their LMHA, LBHA, or LIDDA of the match to support connection to care both inside the jail and upon re-entry.

1. Training. Provisions for staff training (including frequency and duration) on the procedures for recognition, supervision, documentation, and handling of inmates who are mentally disabled and/or potentially suicidal. Supplemental training should be provided to those staff members responsible for intake screening;
2. Identification. Procedures for intake screening to identify inmates who are known to be or observed to be mentally disabled and/or potentially suicidal and procedures for compliance with Code of Criminal Procedure Article 16.22 and referrals to available mental health officials;
3. Communication. Procedures for communication of information relating to inmates who are mentally disabled and/or potentially suicidal;
4. Housing. Procedures for the assignment of inmates who are mentally disabled and/or potentially suicidal to appropriate housing;
5. Supervision. Provisions for adequate supervision of inmates who are mentally disabled and/or potentially suicidal and procedures for documenting supervision;
6. Intervention and Emergency Treatment. Procedures for staff intervention prior to the occurrence of a suicide and during the progress of a suicide attempt, or serious deterioration of mental condition;
7. Reporting. Procedures for reporting of completed suicides to appropriate outside authorities and family members; and
8. Follow-Up Review. Procedures for follow-up review of policies by the sheriff/operator and mental health and medical officials following all attempted or completed suicides.

(b) Screening Instrument.

An approved mental disabilities/suicide prevention screening instrument shall be completed immediately on all inmates admitted.

(c) Mental Health/Intellectual and Developmental Disabilities History Check.

Each jail shall:

1. check each inmate upon intake into the jail against the Texas HHSC CCQ system to determine if the inmate has previously received state mental healthcare or has a known IDD, 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/IDD system checks, to include notification to the magistrate and the Local Mental Health Authority or Local Intellectual and Developmental Disabilities Authority as per CCP 16.22(a)(1); and
3. include any relevant mental health or intellectual and developmental disability information on the mental health screening instrument and, if sentenced to the Department of Criminal Justice, on the Uniform Health Status form.

Substance Use Treatment and Services in Jail

While there are no minimum requirements for substance use treatment within the jail, many jails in Texas screen for substance use disorders (SUD) and provide substance use treatment and services in the jail. Substance use screenings should be conducted along with required mental health screenings at the earliest possible point after entry into the justice system. Evidence suggests that treatment for SUD must begin during incarceration and be sustained after release in order to be most effective. There is a significant risk of overdose for individuals with SUD upon release if they received no SUD treatment during incarceration. Once released, they likely return to same environment with a reduced tolerance and no treatment supports. Effective treatment for SUD among incarcerated people requires a comprehensive approach that should include behavioral therapies like cognitive behavioral therapy, medications (such as methadone, naltrexone and buprenorphine), wrap-around services upon release from the justice system, and overdose education.⁵ CFTs can work together to identify opportunities to improve SUD screening at jail booking as well as explore opportunities to incorporate SUD treatment in their county jail.

Discussion: CFTs should come prepared with questions about behavioral health services in jails and completed county jail worksheets.

Prep Work:

- County Jail Worksheet

Resources:

- [Eliminate the Wait the Texas Toolkit for Rightsizing Competency Restoration Services](#), Texas Health and Human Services Commission and the Judicial Commission on Mental Health
- [Current Minimum Standards](#), Texas Administrative Code, Title 37, Part 9
- [Mental Health Resources](#), Texas Commission on Jail Standards
- [Screen and Assessment of Co-Occurring Disorders in the Justice System](#), Substance Abuse and Mental Health Services Administration
- [Substance Use Disorders and Treatment Among Jail Populations](#), Bureau of Justice Assistance Comprehensive Opioid, Stimulant, and Substance Abuse Program
- [Jail-Based Medication-Assisted Treatment, Promising Practices, Guidelines and Resources for the Field](#), National Commission on Correctional Health Care and National Sheriffs' Association

⁵ Drug Facts. National Institute on Drug Abuse (2020, June). Retrieved from <https://nida.nih.gov/sites/default/files/drugfacts-criminal-justice.pdf>.

Worksheet: Behavioral Health Jail Service Inventory

Please work with your CFT to complete the following worksheets.

Question	Response
Identify the local jail facilities in your jurisdiction.	
When an individual is booked into jail, is the TLETS CCQ run, per 37 Tex. Admin. Code § 273.5? If yes, what is done with that information?	
<p>Identify the screening instruments used in the jail to identify people who may have a MI, SUD, and/or IDD. Please indicate who does this screening.</p> <p>If a person screens positive, is a further assessment conducted? Please indicate who does the assessment.</p>	
<p>What treatment and services are available inside the jail for people who screen positive for MI, SUD and/or IDD (e.g. medication management, counseling, detox, Medication Assisted Treatment (MAT) etc.)?</p> <p>Who provides those services? Is telehealth / telemedicine used? When are they available?</p>	
If MI or IDD is identified, does the jail inform a Magistrate, per CCP 16.22 of the mental health issue or IDD?	
Are additional services or supports available inside the jail for individuals waiting for inpatient competency restoration (CR)?	
Does the jail offer JBCR?	

Question	Response
Does the jail mental health provider meet regularly with correctional staff, court representatives, and LMHA or LBHA staff to discuss and monitor individuals inside the jail who have been found IST?	
Does the jail continue medication prescribed by the state hospital (SH) in order to maintain competency and/or coordinate with the SH to ensure continuity of care in treatment pending the determination of competency after receiving inpatient CR services?	
Does the LMHA or LBHA engage with all individuals who screen positive for mental illness at booking, both while the person is in jail and or when they return to the community?	
<p>Are jail re-entry services provided to people who return from the state hospital after CR services and have their case adjudicated with the result of returning to the community?</p> <p>Provide a brief description of these jail reentry services, including the organization(s) responsible for reentry coordination.</p>	
<p>Are jail re-entry services provided to all inmates who screen positive for MI, SUD, and/or IDD?</p> <p>Provide a brief description of these jail reentry services, including the organization(s) responsible for reentry coordination.</p>	

Worksheet: Jail Services Gaps and Opportunities

Based on answers to the previous worksheet, what are the gaps in services that currently exist and opportunities to enhance connection to care inside the jail and in the community?

Gaps	Opportunities

8. March Technical Assistance Call: Addressing Special Populations

Learning Objectives: Discuss strategies for addressing special populations on the forensic waitlist.

Background: The March TA Call will focus on special populations on the forensic waitlist, including individuals with neurocognitive disorders (NCD), traumatic brain injuries (TBI), and IDD, veterans, individuals who lack stable housing, and individuals with sexual-based offenses (SBO). Below is a brief description of each population and worksheets to help CFTs formulate strategies for their community.

NCD and TBI

NCD and/or TBIs are factors which contribute to individuals sometimes being opined as not likely to restore to trial competency. These cases are some of the more challenging cases to resolve as they are either not appropriate for competency restoration or will not be likely to restore in the foreseeable future. Many of these individuals admit to the State Hospital System and remain there for extended periods of time despite having no mental illness and not progressing towards trial competency.

IDD

Individuals with IDD may be more appropriate for competency restoration in a setting different from the State Hospital, such as the State Supported Living Center. Individuals with IDD are often not appropriate for Outpatient Competency Restoration/Jail Based Competency Restoration programs because the curriculum is not usually tailored for this population.

Veterans

Some statistics show that as many as one in five veterans experience mental health symptoms.⁶ If veterans are identified early, they may be eligible for Veterans Treatment Court (if available), competency restoration programs that serve primarily veterans (like the veterans unit at Terrell State Hospital), and upon release from jail, they can be referred to outpatient programs familiar with the specific needs of this population.

⁶ Improving the Quality of Mental Health Care for Veterans: Lessons from RAND Research. RAND Corporation (2019). Retrieved from https://www.rand.org/pubs/research_briefs/RB10087.html

Individuals without Stable Housing

Individuals who experience chronic homelessness can find themselves stuck in the criminal justice system. These individuals are often incarcerated and found IST for relatively minor charges, such as criminal trespassing. If committed to the state hospital for competency restoration, they will often time out on the charge before they are admitted. Even if they are considered for Outpatient Competency Restoration, stable housing is sometimes a requirement, making these individuals ineligible. This means their mental illness remains untreated and they are returned to the community without stable housing. The likelihood of recidivism is high.

Individuals with Sexual-Based Offenses

Individuals with SBOs present a unique challenge for competency restoration, treatment, and community placement. The nature of the offense can pose a barrier to other options, such as alternate disposition in the event that someone cannot be restored to competency. More notably, the nature of the offense can act as a barrier to accessing the services needed by the individual to be successful in the community as housing, outpatient treatment, and other community services will list SBO as exclusionary criteria.

Discussion: CFTs should come prepared with examples of their hardest-to-address cases to workshop with the team.

Prep Work:

- Hard-to-Address Cases Worksheet
- Resource Worksheet

Resources:

- [Determination of Intellectual Disability Best Practices Guidelines](#), Texas Health and Human Services
- [Ensure Civil Rights and Justice for All Texans with IDD](#), The Arc of Texas
- [Early Diversion: Addressing the Critical Need for Housing and Strategies to Overcome Barriers to Improve Housing Access](#), Substance Abuse and Mental Health Services Administration

Worksheet: Hard-to-Address Cases

With your CFT, please outline three case examples of hard-to-address special population cases.

9. April 1x1 Call with HHSC

Calls will be scheduled between HHSC staff and each county forensic team. County specific data and an agenda will be shared prior to the call.

Discussion: CFTs and the HHSC JIRLC team will meet to discuss local jail in-reach efforts.

Prep work: CFTs should come prepared with questions for HHSC related to the jail in-reach process, and come prepared to discuss previously completed county worksheets:

- County Jails Worksheet
- Special Populations Worksheet

10. May Technical Assistance Call: Data, Funding, and Sustainability

Learning Objectives: Discuss strategies for leveraging data to inform active waitlist monitoring and ongoing planning efforts as well as ideas for sustaining Jail In-Reach in participating counties.

Background: The final JIRLC TA call will focus on data, funding, and sustainability, three closely interrelated topics. Throughout the JIRLC, HHSC worked with CFTs to review and discuss waitlist data. Specifically, we sought to understand the full scope of challenges facing local communities and identify opportunities for changes in policies or practice that might impact local competency restoration processes. It is our hope that CFTs continue to review waitlist data to both actively monitor individuals currently on the waitlist and continue to discuss trends that could inform process and program improvements into the future.

Our hope is that this information is also helpful in sustaining jail in-reach efforts. This could include a commitment by local stakeholders to attend regularly scheduled meetings to discuss the waitlist, increase data sharing amongst CFTs, hire new in-reach staff to support coordination across partners, or even explore the development or expansion of restoration options through OCR and JBCR, data can help make the case for why sustained commitment of time and resources might be needed.

Discussion: CFTs should take a look at their waitlist data and come prepared to discuss trends and insights gained from their community. They should also begin to formulate plans for sustaining jail in-reach efforts.

Prep Work:

- Data Worksheets
- Funding and Sustainability Worksheet

Resources:

- [Form Z – Forensic Clearinghouse Monthly Report, Community Mental Health Contracts](#), Texas Health and Human Services Commission
- [Data Collection Across the Sequential Intercept Model: Essential Measures](#), Substance Abuse and Mental Health Services Administration
- [Stepping Up Initiative: Four Key Measures Case Studies](#), National Association of Counties

- [Just and Well: Rethinking How States Approach Competency to Stand Trial](#), Council of State Governments Justice Center
- [Community Toolbox from the University of Kansas: Toolkit 16: Sustaining the Work or Initiative](#), University of Kansas

Worksheet: Data Review

Building a data collection plan and measuring program performance is needed to help make data-informed decisions. CFTs should work together to develop a plan to assess trends and incorporate ongoing data collection and information sharing into local in-reach practices.

* Indicates data that will be provided by JIRLC team. All other data should be collected locally.

Historic Data Review	Non-MSU	MSU
Jail Population*		
• 2018		
• 2019		
• 2020		
• 2021		
Number of People on the Waitlist*		
• 2018		
• 2019		
• 2020		
• 2021		
For People Admitted in Designated Year, Average # of Days from Arrest to SH Notification*		
• 2018		
• 2019		
• 2020		
• 2021		
For People Admitted in Designated Year, Average # of Days from Placement on the Waitlist (SH Notification) to Admission to State Hospital*		
• 2018		
• 2019		
• 2020		
• 2021		

Monthly Data Review	#
Total people on the Non-MSU waitlist*:	
<ul style="list-style-type: none"> Average, median, and max wait: arrest to clearinghouse notification of order 	
<ul style="list-style-type: none"> Average, median, and max wait: placement on the waitlist to current date 	
Total people on the MSU waitlist*:	
<ul style="list-style-type: none"> Average, median, and max wait: arrest to clearinghouse notification of order 	
<ul style="list-style-type: none"> Average, median, and max wait: placement on the waitlist to current date 	
Number of felony cases where for the court ordered an initial competency evaluation during the previous month	
Number of misdemeanor cases where for the court ordered an initial competency evaluation during the previous month	
Number of people added to the waitlist during the previous month*	
Number of people removed from the waitlist during previous month*:	
<ul style="list-style-type: none"> Competency restored in jail 	
<ul style="list-style-type: none"> Charges dismissed 	
<ul style="list-style-type: none"> Medical issues 	
<ul style="list-style-type: none"> Alternate dispositions 	
<ul style="list-style-type: none"> Admitted to state hospital for inpatient competency restoration services 	
Number of people admitted to JBCR (if applicable) during the previous month.	
Number of people found CST in JBCR (if applicable) during the previous month.	
Number of people admitted to OCR (if applicable) during the previous month.	
Number of people found CST in OCR (if applicable) during the previous month.	
Non-MSU waitlist by offense type*:	
<ul style="list-style-type: none"> Misdemeanor A 	
<ul style="list-style-type: none"> Misdemeanor B 	
<ul style="list-style-type: none"> State Jail Felony 	
<ul style="list-style-type: none"> Felony 1 	
<ul style="list-style-type: none"> Felony 2 	
<ul style="list-style-type: none"> Felony 3 	
Top three charges on the Non-MSU waitlist*	
MSU waitlist by offense type*:	
<ul style="list-style-type: none"> State Jail Felony 	
<ul style="list-style-type: none"> Felony 1 	
<ul style="list-style-type: none"> Felony 2 	
<ul style="list-style-type: none"> Felony 3 	
Top three charges on the MSU waitlist*.	
Number of people who are authorized to receive any level of care following release over the last month	
<ul style="list-style-type: none"> For individuals authorized to receive follow up care from the LMHA, what is the amount of time between release and first appointment? 	

These are suggested data points that could help you assess the health of your local forensic-related processes when collected on a monthly or quarterly basis. **These are not required as part of the Learning Collaborative.**

Additional Data to Consider for Regular In-Reach Meetings	#
Number of individuals currently hospitalized on 46B.073 commitments (and the commitment timeframes)	
Number of individuals currently hospitalized on 46B.102 commitments (and the commitment timeframes)	
Number of people in jail awaiting inpatient competency restoration services on the last day of the month	
<ul style="list-style-type: none"> By person, number of days from arrest to order for competency evaluation 	
<ul style="list-style-type: none"> Number of people started on court-ordered medication for month 	
<ul style="list-style-type: none"> By person, number of days spent in jail (cumulative to present) for current charges/cause number 	
<ul style="list-style-type: none"> By person, number of days between SH notification to committing court and discharge from SH 	
<ul style="list-style-type: none"> By person, number of days between SH return and next court date 	
By person, number of days between court date upon return from SH and case disposition	
Number of individuals found CST at the SH who were again found IST on the same charge/case prior to court disposition	
Number of people removed from the waitlist due to a finding of competency based on evidence of immediate restoration while in jail	
Number of competency re-evaluations completed by SH Waitlist In-Reach Team	
Waitlist broken down by race, age, and gender	
Number of individuals authorized for LMHA services upon release from state hospital or jail after being found CST	
<ul style="list-style-type: none"> Average amount of time between release and first follow-up psychiatric appointment 	

Other data that could be helpful to collect that could be useful in understanding the prevalence of people with mental illness in jails:

- Number of TLETS CCQ probable and exact matches
- Number of positive mental health screenings at jail booking
- Number of mental health assessments completed for individuals who screen positive
- Number of 16.22 reports submitted
- Number of people with MI who receive reentry planning prior to release
- Number of individuals referred to LMHA after release
- Average time between release and first appointment for individuals referred
- Number of individuals who were homeless at the time of offense

Worksheet: Funding and Sustaining Jail In-Reach Efforts

CFTs should work together to discuss sustainability goals for their local jail in-reach efforts.

Sustainability Goal	Goal Owner(s)	Responsibilities	What non-financial resources are needed to achieve this goal?

While many jail in-reach activities can be implemented without additional funding, CFTs may identify somewhere financial resources are necessary. CFTs should work together to complete the following worksheet for any items that may require additional funding.

Funding Source	Specific Opportunity (e.g., grant, legislative session, etc.)	Activities Covered (e.g., OCR, JBCR, in-reach coordinator)	Lead Organization (e.g., person/org. responsible for pursuing funding)	Action Steps

11. June Technical Assistance Call

CFTs will present on Jail In-Reach Efforts.

Request Additional Technical Assistance

For additional support contact jailinreach@hhs.texas.gov.