

Handout A: Form filled out by jail before inmate sees magistrate.

_____ 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: _____

As required by law, this notification is made to the magistrate in reference to an observation or report of possible mental illness by the above listed means. It is required within 72 hours after receiving credible information of reasonable cause to believe that a defendant committed to the Sheriff's custody: 1) Has mental illness 2) Is a person with mental retardation or 3) the observations of the defendant's behavior immediately before, during and after the defendant's arrest and the results of any previous assessment of the defendant for mental illness. (Art. 16.22 (a))

MAGISTRATE SIGNATURE: _____

MAGISTRATE NOTIFIED AT _____ ON _____ BY _____
(Fax-Email-Direct)

OFFICER SENDING NOTIFICATION: _____

Handout B: Screening Form for Jail

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:
Inmate's Name:	Gender:	DOB:
If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:		
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Do you have a history of drug/alcohol abuse? 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, Notify Medical or Supervisor Immediately

Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted

	YES	NO	"Yes" Requires Comments
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IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY

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.			
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?			
8. Have you ever received services for emotional or mental health problems?			
9. Have you been in a hospital for emotional/mental health in the last year?			
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.			
11. In school, were you ever told by teachers that you had difficulty learning?			
12. Have you lost / gained a lot of weight in the last few weeks without trying (at least 5lbs.)?			

IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY

13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?			
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?			
15. Is the inmate incoherent, disoriented or showing signs of mental illness?			
16. Inmate has visible signs of recent self-harm (cuts or ligature marks)?			

Additional Comments (Note CCQ Match here):

Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:
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Supervisor Signature, Date and Time:

Handout C: Instructions for Jailer

Instructions for Suicide and Medical/Mental/Developmental Impairments Form

Basic Information

1. The Screening Form for Suicide and Medical and Mental Impairments was revised to achieve three main goals:
 - A. Create an objective suicide risk assessment with clear guidance for front-line personnel of when to notify superiors, mental health providers, and magistrates.
 - B. Assist sheriffs to meet all statute requirements such as Code of Criminal Procedure §16.22.
 - C. User friendly for the typical range of experience of a Texas county jailer
2. Intake screening is the first step and is crucial to determine which inmates require more specialized mental health assessment. "Unless inmates are identified as *potentially* needing mental health treatment, they will not receive it"¹.
3. The purpose of intake screening is for correctional staff to triage those who may be at significant risk for suicide; identify inmates who may be in distress from a mental health disorder/psychosis or complications from recent substance abuse; and assist with the continuity of care of special needs offenders.
4. Per Minimum Jail Standard §273.5, an intake screening form must be completed on all inmates immediately upon admission into the facility.
5. Additional screenings should be completed when staff has information that an inmate has developed a mental illness or the inmate is suicidal at any point during an inmate's incarceration. Additional screening forms must be maintained in the inmate's medical file.
6. For counties that will create an electronic copy or import the form into their software package, all questions from this form must be present along with required notifications.
7. For counties that will use a paper format, counties may insert blank space into the comments sections of the Word version of the form to create more writing space.
8. The form should be completed by a trained booking officer or medical/ mental health personnel.
9. Fill out the form completely and in its entirety.
10. If the inmate is unable to or refuses to answer questions, notify supervisor and place the inmate on suicide watch until a form can be completed. Notate the reason why the form cannot be completed. Complete a new form when the inmate is able to answer the questions.

1st Section-Basic Information and Medical Information

1. The first section consists of basic identifier information and medical information.
2. All applicable boxes should be checked. Provide additional information where required.
3. The below two medical questions require that a supervisor or medical personnel be

Instructions for Suicide and Medical/Mental/Developmental Impairments Form

notified if officers receive a "yes" answer:

- A. Do you think you will have withdrawal symptoms from stopping use of medications or other substances (including alcohol or drugs) while you are in jail?
 - B. Have you ever had a traumatic brain injury, or loss of consciousness?
4. Medical personnel or supervisors should assess and take appropriate action.

2nd Section-Self-report Questions

1. If the inmate is unable to answer questions, note the reason why, notify supervisor and place inmate on suicide watch until a form can be completed.
2. Questions 1a-d are strong indicators of inmates at high risk of suicide. Any "yes" answer requires notification to supervisor, magistrate and mental health immediately, and placement of inmate on suicide watch.
3. However, if for any reason an officer believes an inmate to be at risk of suicide regardless of the answer to 1a-d, an officer should place the inmate on suicide watch and notify a supervisor.
4. Inmates should only be removed from suicide watch after assessed by qualified mental health personnel.
5. Questions 2-12 include questions about mental health symptoms and risk factors that warrant supervisor/magistrate notification. Self-report symptoms relate to possible psychosis, schizophrenia, bipolar disorder, depression and PTSD. Question 11 also attempts to detect possible developmental disability.
6. If a screener receives a "yes" answer, please ask follow-up questions to gain a better understanding of the symptoms.

3rd Section-Observation

1. Make careful observations of the inmate's demeanor and appearance.
2. Look for cuts to the wrist, impressions around the neck, or any other evidence of self-harm.
3. Notate when applicable
4. A comment box is provided for any additional information that the screener believes is relevant including an exact or CCQ match. This completed form will likely be viewed by magistrates and mental health professionals so additional information will be beneficial.

4th Section-Notification

1. A "yes" answer to most questions on the form will require notification to a supervisor, magistrate, or mental/medical personnel.
2. Space is provided for each notification. Jailers shall notate when they make required notifications.

Instructions for Suicide and Medical/Mental/Developmental Impairments Form

3. In addition, magistrate notification shall include method of notification of either electronic or written notification. A completed copy of this form should be sent to the magistrate.

§CCP 16.22

Art. 16.22. EARLY IDENTIFICATION OF DEFENDANT SUSPECTED OF HAVING MENTAL ILLNESS OR MENTAL RETARDATION. (a) (1) Not later than 72 hours after receiving credible information that may establish reasonable cause to believe that a defendant committed to the sheriff's custody has a mental illness or is a person with mental retardation, including observation of the defendant's behavior immediately before, during, and after the defendant's arrest and the results of any previous assessment of the defendant, the sheriff shall provide written or electronic notice of the information to the magistrate...

¹ Steadman, Henry J., and Pamela Clark. *Developing and Validating a Brief Jail Mental health Screen for Women*. Research, National Institute of Justice, 2007.



HANDOUT D

STATE OF TEXAS

VS.

ORDER FOR MENTAL HEALTH OR INTELLECTUAL DISABILITY ASSESSMENT
ARTICLE 16.22, TEXAS C.C.P.

To: _____ (LMHA or LIDDA)

On this the ____ day of _____, 20____, the Magistrate has determined that there is reasonable cause to believe that _____ (Defendant), date of birth _____, has a mental illness or is a person with an intellectual disability.

The Defendant is incarcerated at the _____ County Jail, _____, Texas and is charged with:

IT IS THEREFORE ORDERED that _____ (Local Mental Health Authority or Local Intellectual and Developmental Disability Authority), or another qualified mental health or intellectual disability expert, perform an evaluation pursuant to Article 16.22, Code of Criminal Procedure, to determine whether the Defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with an intellectual disability as defined by Section 591.003, Health and Safety Code.

IT IS FURTHER ORDERED that a written assessment of the Defendant be submitted to the Magistrate pursuant to Art. 16.22, Code of Criminal Procedure.

SIGNED THIS THE ____ DAY OF _____, 20____.

Justice of the Peace, Precinct _____

County Magistrate

County, Texas

- cc: () County Attorney
- () District Attorney
- () LMHA
- () Attorney for Defendant

**ORDER FOR MENTAL HEALTH OR INTELLECTUAL DISABILITY EXAMINATION
PAGE TWO**

CERTIFICATION OF COMPLIANCE TO MAGISTRATE

I, _____, certify that a written report as required by Article 16.22(b), Code of Criminal Procedure, has been submitted to the Magistrate in compliance with the above stated Order for Examination on this the _____ day of _____, 20____.

Person performing examination

**ORDER FOR MENTAL HEALTH OR INTELLECTUAL DISABILITY EXAMINATION
PAGE THREE**

CERTIFICATE OF DELIVERY BY MAGISTRATE TO COUNSEL AND TRIAL COURT

I, _____, Justice of the Peace, Precinct __/Magistrate, certify that a copy of the assessment has been forwarded to the following individuals as required by Article 16.22(b), Code of Criminal Procedure, on the following date(s):

- () County Attorney _____ day of _____, 20__
- () District Attorney _____ day of _____, 20__
- () Attorney for Defendant _____ day of _____, 20__
- () Trial Court _____ day of _____, 20__

SIGNED THIS THE ____ DAY OF _____, 20__.

Justice of the Peace, Precinct __

County Magistrate

County, Texas

HANDOUT E

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

AUTHORITY: Art. 16.22, Code of Criminal Procedure & Sec. 614.0032, Health & Safety Code
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 available):

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:

- Defendant is a person who has a mental illness.
Defendant is a person who has an intellectual disability.
There is clinical evidence to support the belief that the defendant may be incompetent to stand trial and should undergo a complete competency examination under Subchapter B, Chapter 46B, Code of Criminal Procedure.
Any appropriate or recommended treatment or service:

None of the above.

Procedures Used to Gather Information:

SECTION IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

Name and Credentials of Person Submitting Form: Date of Submission:

Upon completion of this form, its contents remain confidential as applicable to Health and Safety Code Chapter 614.017

Approved February 2018

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

AUTHORITY: AUTHORITY: Art. 16.22, Code of Criminal Procedure & Sec. 614.0032, Health & Safety Code
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)

INSTRUCTIONAL GUIDELINES

This form is not to be confused or supplemented by the "Screening Form for Suicide and Medical/Mental/Developmental Impairments" as required by the Texas Commission on Jail Standards

Section I: DEFENDANT INFORMATION

- **Defendant Name** should be filled out by last name followed by first name.
- **Offense information** should include arresting offense information.
- **Date of Birth** and last four digits of social security number are to be obtained to assist in validating identity.
- **CARE Identification #** – *If available*, this number should be complimentary to the CCQ match.
- **SID or CID Number** – *If available*, this number should include the State Identification Number (SID) or the County Identification (CID) Number.
- List the **Current County or Municipality** of the current incarceration.
- **Date of Magistrate Order** should be the date the magistrate signed the order which initiates the timeframes for completing the collection of information (not later than 96 hours for a defendant in custody; not later than 30 days for a defendant not in custody).

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?**
 - *If Yes* – The Magistrate *is not required* to order the collection of information if the defendant *in the year proceeding* the defendant's applicable date of arrest has been determined to have a mental illness or to be a person with an intellectual disability by the local mental health authority, local intellectual and developmental disability authority, or another mental health or intellectual disability expert described.
 - *If No* – Further collection of information under this form will be necessary for applicable defendants.
 - *If Unknown* – Further collection of information under this form *may* be necessary for applicable defendants.
- **Previous Mental Health and/or Intellectual Disability Assessment Information and Date** - *If available*, collect information regarding whether the defendant has a mental illness as defined by Section 571.003, Health and Safety Code, or is a person with an intellectual disability as defined by Section 591.003, Health and Safety Code, including, if applicable, information obtained from any previous assessment of the defendant and information regarding any previously recommended treatment.

Note: Include source of information. Examples are self-report, CARE or CCQ match, or clinical records available from local mental health authority of local intellectual developmental disability authority.

Section III: CURRENT INFORMATION

- **Most Recent Diagnosis(es) and Date(s)** - *If available*, include information here.
- **Is the client acutely (at time of assessment or as indicated on the jail screening form for suicide and medical/mental/developmental impairments) decompensated, suicidal, or homicidal according to self-report?**
 - *If Yes* – select yes.
 - *If No* – select no.
 - *If Not Applicable* – Indicate the reason why here.

COLLECTION OF INFORMATION FORM FOR MENTAL ILLNESS AND INTELLECTUAL DISABILITY

**AUTHORITY: AUTHORITY: Art. 16.22, Code of Criminal Procedure & Sec. 614.0032, Health & Safety Code
Approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI)**

Note: This information may be helpful to the magistrate or judge, as it will allow the magistrate or judge to know the severity of the defendant's mental health status for prioritization purposes.

- **Other relevant information pertaining to mental health history and/or previous treatment recommendations** – Note: Examples may include the following:
 - Previous competency examination results or outcome of examination results;
 - Parole, Probation or Pre-Trial Supervision status;
 - Military history is applicable to treatment history;
 - If this section is not applicable, indicate as such.
- **Observations and Findings Based on Information Collected**– Select option as appropriate.

Note: Any appropriate or recommended treatment or service – Include whether the defendant warrants a competency examination, outpatient services, etc. Provide any recommendation for further assessment/evaluation by higher level clinical providers.
- **Procedures Used to Gather Information** – Include informational sources used to collect information. Examples may include: Sources of information such as, self-report, CARE or CCQ match, previous psychological evaluations, assessments or clinical records available from local mental health authority of local intellectual developmental disability authority.

Section IV: INFORMATION OF PROFESSIONAL SUBMITTING FORM

- **Name and Credentials of Person Submitting Form** – Person completing the form along with his or her credentials, is to be listed here. Note: This form is to be completed by the local mental health authority, local intellectual and developmental disability authority, or another qualified mental health or intellectual disability expert.
- **Date of Submission** – Include the date the form is submitted to Magistrate.

Handout F

WARRANT FOR MENTAL HEALTH/MENTAL RETARDATION EXAM - PERSON FAILING TO SUBMIT VOLUNTARILY (Art. 16.22, C.C.P.)

NO: _____

STATE OF TEXAS

§

MAGISTRATE FOR

VS.

§

Respondent

§

COUNTY, TEXAS

TO ANY HEALTH OR PEACE OFFICER OF THE STATE OF TEXAS - GREETINGS:

You are hereby commanded to apprehend the person _____ and transport same to _____, Texas for the purpose of:

- an examination to determine if the person has a mental illness as defined by Section 571.003, Health and Safety Code.
- an examination to determine if the person is a person with mental retardation as defined by Section 591.003, Health and Safety Code.

It is furthered Ordered, pursuant to Article 16.22(a), Code of Criminal Procedure, that the person be held in custody no more than _____ ~~days (72 hours maximum)~~ for the purpose of said examination.

HOURS (72 HOURS MAXIMUM)

Herein fail not, but of this writ make due return, showing how you executed same.

Given under my hand this ____ day of _____, 20__.

Magistrate
City of _____

County, Texas

OFFICER'S RETURN

Received the ____ day of _____, 20__, and executed by apprehending the person, _____, and transporting (him)(her) to _____.

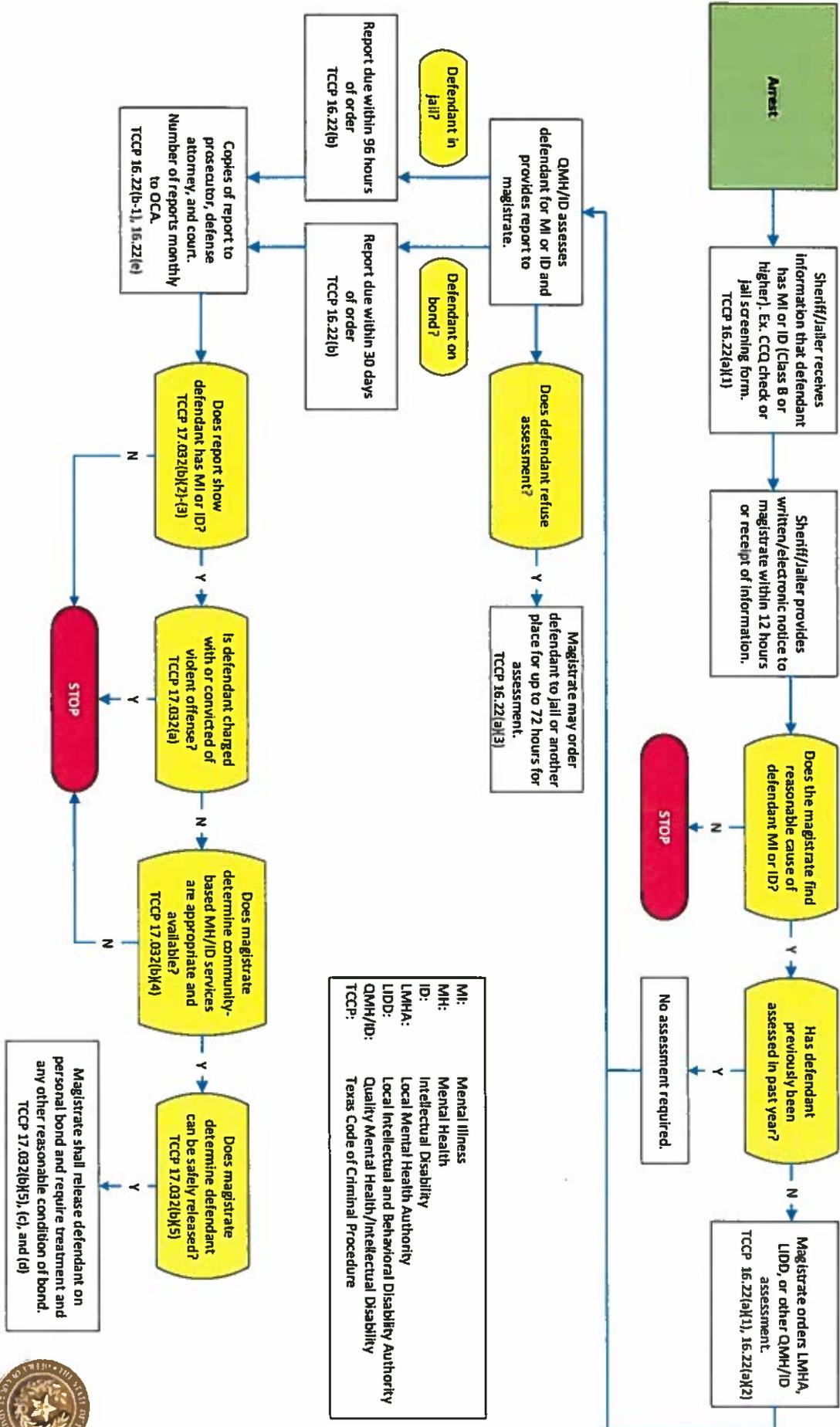
Date Executed: _____

By: _____
Health or Peace Officer

Time: _____ (a.m.)(p.m.)

HANNOU G

Screening/Assessment for Arrested Defendant with MI/ID



MI: Mental Illness
 MH: Mental Health
 ID: Intellectual Disability
 LMHA: Local Mental Health Authority
 LIDD: Local Intellectual and Behavioral Disability Authority
 QMHI/ID: Quality Mental Health/Intellectual Disability
 TCCP: Texas Code of Criminal Procedure



CAUSE NO. _____

IN THE INTEREST OF AND
FOR THE PROTECTION OF

IN THE _____ COURT
_____ COUNTY, TEXAS

**APPLICATION FOR MAGISTRATE'S ORDER AND WARRANT FOR IMMEDIATE APPREHENSION AND
DETENTION**

BEFORE ME, the undersigned Magistrate of _____ County, Texas, appeared _____ (hereinafter
"Applicant"), an adult person who being duly sworn made written application for the emergency detention of another, namely
_____, (hereinafter "the Proposed Patient") as follows:

I am _____, Applicant, an adult person.

I have reason to believe and do believe that _____, the Proposed Patient, evidences
mental illness.

I have reason to believe and do believe that the Proposed Patient evidences a substantial risk of serious harm to himself/herself, or to
others, with the risk of harm being specifically described as follows:

I have reason to believe and do believe that the risk of harm from the Proposed Patient is imminent unless the Proposed Patient is
immediately restrained.

My beliefs are based on specific recent behavior, overt acts, attempts, or threats by the Proposed Patient, which behavior, acts,
attempts or threats are described in specific detail as follows:

The relationship, if any, between me and the Proposed Patient is as follows: I am the on-call worker for _____ (LMHA)
in _____ County.

I have attached any other relevant information to this application.

SUBSCRIBED AND SWORN TO ON THIS THE _____ DAY OF _____, 20____.

APPLICANT
SWORN TO BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

JUSTICE OF THE PEACE, PCT. ___/MAGISTRATE
_____ COUNTY, TEXAS

PATIENT DATA

Date of Birth _____ Social Security # _____ Driver's License # _____

Address _____ City _____, State _____ Zip Code _____

Handout I

CAUSE NO. _____

IN THE INTEREST OF AND
FOR THE PROTECTION OF

IN THE _____ COURT
_____ COUNTY, TEXAS

MAGISTRATE'S ORDER AND WARRANT FOR IMMEDIATE APPREHENSION AND DETENTION

BEFORE ME, the undersigned Magistrate of _____ County, Texas, appeared _____ (hereinafter "Applicant"), an adult person who being duly sworn made written application for the emergency detention of another, namely _____, (hereinafter "the Proposed Patient"). Based upon such application, upon the testimony of the Applicant, and upon other credible evidence presented to this Magistrate, I hereby make the following findings of fact:

1. There is reasonable cause to believe and I find that the Proposed Patient is mentally ill.
2. There is reasonable cause to believe and I find that the Proposed Patient evidences a substantial risk of serious harm to himself/herself, or to others, with the risk of harm being specifically described as follows:

3. There is reasonable cause to believe and I find that the risk of harm from the Proposed Patient is imminent unless the Proposed Patient is immediately restrained.
4. There is reasonable cause to believe and I find that emergency detention is the least restrictive means by which the necessary restraint may be affected, and the necessary restraint cannot be accomplished without emergency detention.

Based upon said findings, it is accordingly ORDERED that the following warrant shall be issued:

TO ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS, GREETINGS:

YOU ARE HEREBY DIRECTED to immediately apprehend _____, wherever he/she may be found, and transport him/her to _____ or to the nearest appropriate in patient mental health facility, for a preliminary examination in accordance with the provisions of Subsection (c) of Section 26 of the Mental Health Code of the State of Texas. A copy of this application for warrant and the warrant itself are to be immediately transmitted to the facility and delivered with the person.

SIGNED ON THIS THE _____ DAY OF _____, 20_____.

JUSTICE OF THE PEACE, PCT. ____/MAGISTRATE
_____ COUNTY, TEXAS

OFFICER'S RETURN OF WARRANT

The above warrant came to hand at _____ a.m./p.m. on _____, 20_____, and was executed by apprehending the said _____ at a.m./p.m. on _____, 20_____, and delivering him/her to the _____ (attach a copy of the application for warrant and the warrant itself.)

SIGNED _____

AGENCY _____

Notification--Emergency Detention NO. _____ DATE: _____ TIME: _____

THE STATE OF TEXAS

FOR THE BEST INTEREST AND PROTECTION OF:

NOTIFICATION OF EMERGENCY DETENTION

Now comes _____, a peace officer with (name of agency) _____, of the State of Texas, and states as follows:

1. I have reason to believe and do believe that (name of person to be detained) _____ evidences mental illness.

2. I have reason to believe and do believe that the above-named person evidences a substantial risk of serious harm to himself/herself or others based upon the following:

3. I have reason to believe and do believe that the above risk of harm is imminent unless the above-named person is immediately restrained.

4. My beliefs are based upon the following recent behavior, overt acts, attempts, statements, or threats observed by me or reliably reported to me:

5. The names, addresses, and relationship to the above-named person of those persons who reported or observed recent behavior, acts, attempts, statements, or threats of the above-named person are (if applicable):

For the above reasons, I present this notification to seek temporary admission to the (name of facility) _____ inpatient mental health facility or hospital facility for the detention of (name of person to be detained) _____ on an emergency basis.

6. Was the person restrained in any way? Yes No

PEACE OFFICER'S SIGNATURE _____ BADGE NO. _____

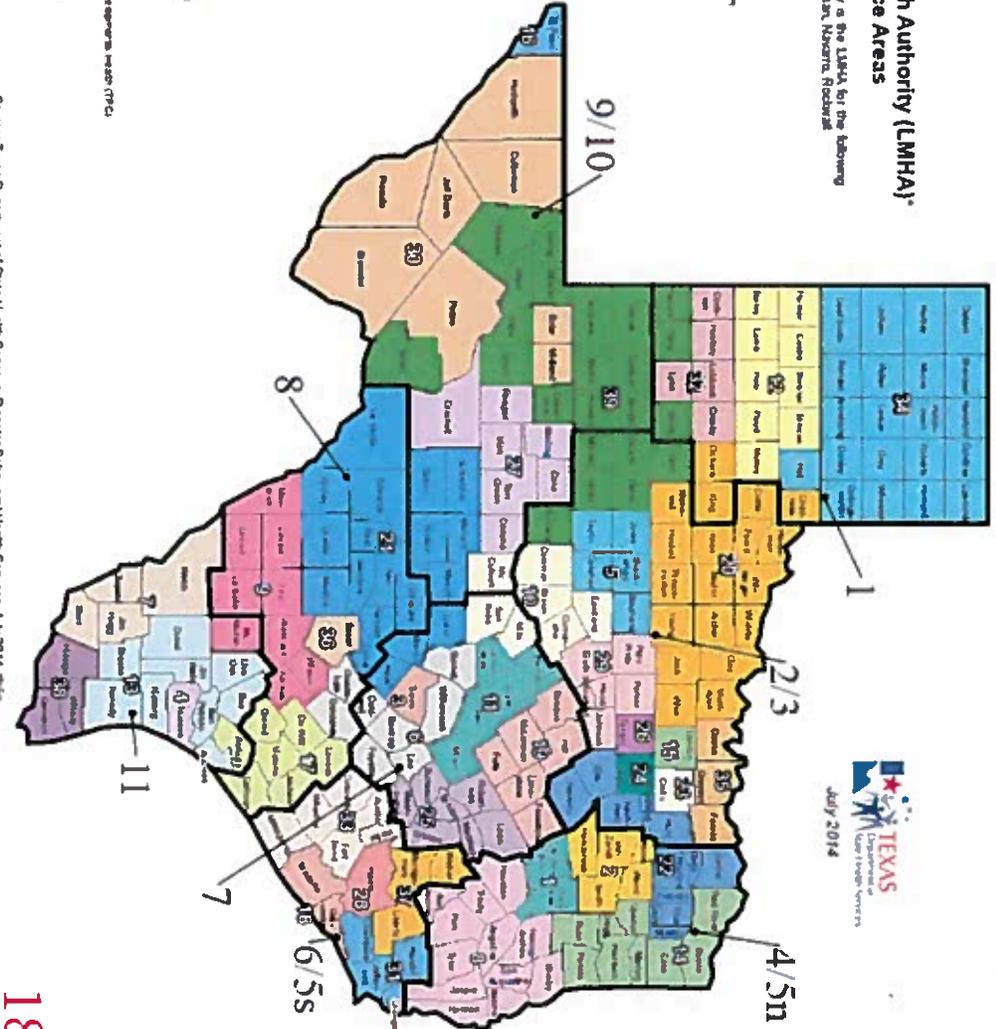
Address: 1601 E. PAIK ST. Zip Code: 75611 Telephone: (512) 756-8050
BURNET, TX

LMHA Contact Information (Handout J)

Texas Local Mental Health Authority (LMHA) Center Service Areas

North Texas Behavioral Health Authority is the LMHA for the following counties: Collin, Dallas, Ellis, Hunt, Kaufman, Rockwall, Redburn

- 1 ACESIS
- 2 Annet Center-Selwyns Healthcare System
- 3 Austin Third County Mental Health Center
- 4 Behavioral Health Center of Tarrant County
- 5 Betsy Stephens Center
- 6 Behavioral Health Community Services
- 7 Greater Region Behavioral Health Center
- 8 Lant Center
- 9 Central North Community Services
- 10 Center for UN Resources
- 11 Central Children Center for Learning
- 12 Center Point Center
- 13 Central Point Community Center
- 14 Community Resources
- 15 Denton County Mental Health Center
- 16 Emergency Mental Health Services
- 17 Our Good Center
- 18 Our Good Center
- 19 Heart of Texas Regional Mental Health Center
- 20 Inverness Center
- 21 Hill Country Mental Health Center
- 22 Inverness Center
- 23 L'Amorosi Center
- 24 L'Amorosi Center
- 25 L'Amorosi Center
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- 37 L'Amorosi Center
- 38 L'Amorosi Center
- 39 L'Amorosi Center



Source: Texas Department of State Health Services, Division Behavioral Health Services, July 2014. 8/16/14

18 X 12

List of Local Mental Health Authorities (LMHAs) – 2017

ACCESS

913 N. Jackson St.
Jacksonville, TX 75766
Crisis Phone: 800-621-1693
Main Phone: 903-586-5507
Website: <http://www.accessmhmr.org/>
Counties Served: Anderson and Cherokee

Andrews Center Behavioral Healthcare System

2323 West Front St.
Tyler, TX 75702-7747
Crisis Phone: 1-877-934-2131
Main Phone: 903-597-1351
Website: <http://www.andrewscenter.com/>
Counties Served: Henderson, Rains, Smith, Van Zandt and Wood

Austin Travis County Integral Care

1430 Collier St.
Austin, TX 78704
Crisis Phone: 512-472-4357
Main Phone: 512-447-4141
Website: www.integralcare.org/
Counties Served: Travis

Betty Hardwick Center

2616 S. Clack
Abilene, TX 79606-1545
Crisis Phone: 800-758-3344
Main Phone: 325-690-5100
Website: <https://bettyhardwick.org/>
Counties Served: Callahan, Jones, Shackelford, Stephens and Taylor

Bluebonnet Trails Community Services

1009 N. Georgetown St.
Round Rock, TX 78664
Crisis Phone: 800-841-1255
Main Phone: 512-255-1720
Website: <http://www.bbtrails.org/>
Counties Served: Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee, and Williamson

Border Region Behavioral Health Center

1500 Pappas St.
Laredo, TX 78041
Crisis Phone: 800-643-1102
Main Phone: 956-794-3000
Website: <http://www.borderregion.org/>
Counties Served: Jim Hogg, Starr, Webb and Zapata

Burke Center

2001 S. Medford Dr.
Lufkin, TX 75901-5699
Crisis Phone: 800-392-8343
Main Phone: 936-639-1141
Website: <http://myburke.org/>
Counties Served: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity and Tyler

Camino Real Community Services

19965 FM 3175 N.
Lytle, TX 78052
Crisis Phone: 800-543-5750
Main Phone: 210-357-0300
Website: <http://www.caminorealcs.org/>
Counties Served: Atascosa, Dimmit, Frio, La Salle, Karnes, Maverick, McMullen, Wilson and Zavala

The Center for Health Care Services

3031 IH 10 West
San Antonio, TX 78201
Crisis Phone: 800-316-9241 or 210-223-7233
Main Phone: 210-731-1300
Website: <http://www.chcsbc.org/>
Counties Served: Bexar

Center for Life Resources

408 Mulberry

Brownwood, TX 76801

Crisis Phone: 800-458-7788

Main Phone: 325-646-9574

Website: <http://www.cflr.us/>Counties Served: Brown, Coleman, Comanche,
Eastland, McCulloch, Mills and San Saba**Central Counties Services**

304 S. 22nd St.

Temple, TX 76501-4726

Crisis Phone: 800-888-4036

Main Phone: 254-298-7000

Website: <https://centralcountiesservices.org/>Counties Served: Bell, Coryell, Hamilton, Lampasas
and Milam**Central Plains Center**

2700 Yonkers

Plainview, TX 79072-1892

Crisis Phone: 800-687-1300

Main Phone: 806-293-2636

Website: <http://www.clplains.org/>Counties Served: Bailey, Briscoe, Castro, Floyd,
Hale, Lamb, Motley, Parmer and Swisher**Coastal Plains Community Center**

200 Marriott Dr.

Portland, TX 78374-2213

Crisis Phone: 800-841-6467

Main Phone: 361-777-3991

Website: <http://www.cpmhmr.org/>Counties Served: Aransas, Bee, Brooks, Duval, Jim
Wells, Kenedy, Kleberg, Live Oak and San Patricio**Community Healthcare**

107 Woodbine Place

Longview, TX 75601

Crisis Phone: 800-832-1009

Main Phone: 903-758-2471

Website: <http://www.communityhealthcore.com/>Counties Served: Bowie, Cass, Gregg, Harrison,
Marion, Panola, Red River, Rusk and Upshur**Denton County MHMR Center**

2519 Scripture

Denton, TX 76201

Crisis Phone: 800-762-0157

Main Phone: 940-381-5000

Website: <http://www.dentonmhmr.org/>

Counties Served: Denton

Emergence Health Network

1600 Montana

El Paso, TX 79902

Crisis Phone: 915-779-1800

Main Phone: 915-887-3410

Website: <http://emergencehealthnetwork.org/>

Counties Served: El Paso

Gulf Bend Center

6502 Nursery Drive, Suite 100

Victoria, TX 77904-1178

Crisis Phone: 877-723-3422

Main Phone: 361-575-0611

Website: <http://www.gulfbend.org/>Counties Served: Calhoun, DeWitt, Goliad, Jackson,
Lavaca, Refugio, and Victoria**Gulf Coast Center**

123 Rosenberg, Ste. 6

Galveston, TX 77550

Crisis Phone: 866-729-3848

Main Phone: 409-763-2373

Website: <http://www.gulfcoastcenter.org/>

Counties Served: Brazoria and Galveston

Heart of Texas Region MHMR Center

110 S 12th St.

Waco, TX 76703

Crisis Phone: 1-866-752-3451 or 254-776-1101

Main Phone: 254-752-3451

Website: <http://www.hotrmhmr.org/>Counties Served: Bosque, Falls, Freestone, Hill,
Limestone and McLennan

Helen Farabee Centers

1000 Brook St.

Wichita Falls, TX 76301

Crisis Phone: 800-621-8504

Main Phone: 940-397-3143

Website: <http://www.helenfarabee.org/>

Counties Served: Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise and Young

Hill Country Mental Health & Developmental Disabilities Centers

819 Water St., Ste. 300

Kerrville, TX 78028

Crisis Phone: 877-466-0660

Main Phone: 830-792-3300

Website: <http://www.hillcountry.org/>

Counties Served: Bandera, Blanco, Comal, Edwards, Gillespie, Hays, Kendall, Kerr, Kimble, Kinney, Llano, Mason, Medina, Menard, Real, Schleicher, Sutton, Uvalde, and Val Verde

Lakes Regional MHMR Center

400 Airport Road (P.O. Box 747)

Terrell, TX 75160

Crisis Phone: (877) 466-0660

Main Phone: 972-524-4159

Website: <http://www.lrmhmrc.org/>

Counties Served: Camp, Delta, Franklin, Hopkins, Lamar, Morris, and Titus

LifePath Systems

1515 Heritage Drive

McKinney, TX 75069

Crisis Phone: 1-877-422-5939

Main Phone: 1-877-422-5939

Website: <http://www.lifepathsystems.org>

Counties Served: Collin

StarCare Specialty Health System

904 Avenue O

Lubbock, TX 79408

Crisis Phone: 806-740-1414 or (800) 687-7581

Main Phone: 806-766-0310

Website: <http://www.LubbockMHMR.org>

Counties Served: Cochran, Crosby, Hockley, Lubbock and Lynn

MHMR Authority of Brazos Valley

1504 S. Texas Ave.

Bryan, TX 77802

Crisis Phone: 1-888-522-8262

Main Phone: 979-822-6467

Website: <http://www.mhmrbv.org>

Counties Served: Brazos, Burleson, Grimes, Leon, Madison, Robertson and Washington

MHMR Authority of Harris County

7011 Southwest Freeway

Houston, TX 77074

Crisis Phone: 866-970-4770 Main Phone: 713-970-7000

Website: <http://www.mhmraharris.org>

Counties Served: Harris

MHMR Center of Nueces County

1630 S. Brownlee

Corpus Christi, TX 78404-3178

Crisis Phone: 1-888-767-4493

Main Phone: 361-886-6900

Website: <http://www.ncmhmr.org/>

Counties Served: Nueces

MHMR of Tarrant County

3840 Hulen Tower North

Fort Worth, TX 76107

Crisis Phone: 800-866-2465

Main Phone: 817-569-4300

Website: <http://www.mhmrtc.org/>

Counties Served: Tarrant

MHMR Services for the Concho Valley

1501 W. Beauregard

San Angelo, TX 76901-4004

Crisis Phone: 800-375-8965

Main Phone: 325-658-7750

Website: <http://www.mhmrcv.org>

Counties Served: Coke, Concho, Crockett, Irion, Reagan, Sterling and Tom Green

Spindletop Center

655 S. 8th St.

Beaumont, TX 77701

Crisis Phone: 800-937-8097

Main Phone: 409-784-5400

Website: <http://www.stmhmr.org/>

Counties Served: Chambers, Hardin, Jefferson and Orange

North Texas Behavioral Health Authority (NTBHA)

9441 LBJ Frwy, Suite 350

Dallas, TX 75243

Crisis Phone: 866-260-8000

Main Phone: 1-877-653-6363

Website: <http://www.ntbha.org/index.aspx>

Counties Served: Dallas, Ellis, Hunt, Kaufman, Navarro, Rockwall

Texana Center

4910 Airport Ave.

Rosenberg, TX 77471

Crisis Phone: 800-633-5686

Main Phone: 281- 239-1300

Website: <http://www.texanacenter.com/>

Counties Served: Austin, Colorado, Fort Bend, Matagorda, Waller and Wharton

Texoma Community Center

315 W. McLain Dr.

Sherman, TX 75092

Crisis Phone: 877-277-2226

Main Phone: 903-957-4700

Website: <http://www.mhmrst.org/>

Counties Served: Cooke, Fannin and Grayson

Texas Panhandle Centers

901 Wallace Blvd

Amarillo, TX 79106

Crisis Phone: 800-692-4039 or 806-359-6699

Main Phone: 806-358-1681

Website: <http://www.texaspanhandlecenters.org/>

Counties Served: Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman and Wheeler

Pecan Valley Centers for Behavioral & Developmental HealthCare

2101 W. Pearl St

Granbury, TX 76048

Crisis Phone: 800-772-5987

Main Phone: (817) 579-4400

Website: <http://www.pvmhmr.org>

Counties Served: Erath, Hood, Johnson, Palo Pinto, Parker and Somervell

Tri-County Services

1506 FM2854

Conroe, TX 77304

Crisis Phone: 800-659-6994

Main Phone: 936-756-8331

Website: <http://www.tricountyservices.org>

Counties Served: Liberty, Montgomery and Walker

Permian Basin Community Centers for MHMR

401 E. Illinois, Ste. 403

Midland, TX 79701

Crisis Phone: 1-800-542-4005 or 877-475-7322

Main Phone: 432-570-3333

Website: <http://www.pbmhmr.com/>

Counties Served: Brewster, Culberson, Ector, Hudspeth, Jeff Davis, Midland, Pecos and Presidio

Tropical Texas Behavioral Health

1901 S. 24th Ave.,
Edinburg, TX 78540

Crisis Phone: 877-289-7199

Main Phone: 956- 289-7000

Website: <http://www.ttbh.org/>

Counties Served: Cameron, Hidalgo and Willacy

West Texas Centers

319 Runnels St.

Big Spring, TX 79720

Crisis Phone: 800-375-4357

Main Phone: 432-263-0007

Website: <http://www.wtcmhmr.org/>

Counties Served: Andrews, Borden, Crane, Dawson,
Fisher, Gaines, Garza, Glasscock, Howard, Kent,
Loving, Martin, Mitchell, Nolan, Reeves, Runnels,
Scurry, Terrell, Terry, Upton, Ward, Winkler and
Yoakum

Last updated March 30, 2017

SB 1326 Reporting Guidance

Q: Who is responsible for SB 1326 reporting? The magistrate, the trial court, and the district clerk or county clerk.

Mental health assessments:

- The **magistrate** is required to provide copies of the assessment to the defense counsel, the attorney representing the state, and the **trial court** (district or county court).
- The **magistrate** should send the assessment to the custodian of the district or county court records—the **district clerk or county clerk**—for inclusion in the defendant’s case file.
- The number of written assessments will be captured from district and county courts on Judicial Council Monthly District and County Court Activity Reports, submitted by **district clerks and county clerks**.

Competency evaluation reports:

- The **trial court** is required to report the number of competency evaluation reports received. The court should ensure that the **clerk** has the information necessary to report this information on the Judicial Council Monthly Court Activity Report.

Role	Action Required to Report to OCA
Municipal or Justice Court Judges Serving as Magistrates, Justice or Municipal Court Clerks	Forward copy of MH/ID assessments to district clerk or county clerk
All Other Magistrates	Forward copy of MH/ID assessments to district clerk or county clerk
District and County Judges, Court Coordinators	Ensure that the district or county clerk is getting the information that they need to report to OCA
District and County Clerks	Report MH/ID assessments and competency evaluations on the Judicial Council Monthly Court Activity Report

Q: My office has never received a mental health assessment. Those are done by the magistrates. How are we supposed to report the assessments on the Judicial Council Monthly District and County Court Activity Reports? The requirement for the magistrate to provide a copy of the assessment to the trial court is not new. SB 1326 only added a requirement that the assessment be on a specific form and that the number of assessments be reported to OCA. Given the now widespread awareness of the requirements, you should start receiving copies from the magistrates.

