

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 Jailer

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 <input type="checkbox"/> No <input type="checkbox"/> 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
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:	
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.

HANDBOUT 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

- cc: () Trial Court
- () Prosecutor
- () Defense Attorney

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

CERTIFICATION OF COMPLIANCE TO MAGISTRATE

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

Person performing examination

=====

CERTIFICATE OF DELIVERY BY MAGISTRATE TO COUNSEL

I, Roxanne Nelson, Justice of the Peace, Precinct 1/Magistrate, certify that a copy of the report has been forwarded to the following individuals as required by Article 16.22(b), Texas C.C.P., on the following date(s):

- () Trial Court ____ day of _____, 20__
- () Prosecutor ____ day of _____, 20__
- () Defense Attorney ____ day of _____, 20__

SIGNED THIS THE ____ DAY OF _____, 20__.

Justice of the Peace, Precinct _____
_____ County

**MENTAL ILLNESS ASSESSMENT
MAGISTRATE WRITTEN NOTIFICATION FORM**

<i>AUTHORITY: 85TH LEGISLATIVE SESSION, SENATE BILL 1326</i>	
Client Name:	
SID Number:	
Care Identification #:	
DOB:	
Last Four Digits of SSN:	
Previous Assessment (ANSA) or (CANS): LIDDA assessment: *To include but not limited to crisis assessment	
Previously recommended treatment:	
Most recent diagnosis(es):	(Date) <p align="center"><i>(Faint handwritten text)</i></p>
Is the client acutely (at time of assessment) decompensated, suicidal, or homicidal according to self-report?	Yes / No If yes, explain:
Other relevant information pertaining to Mental Health History:	
Current County or Municipality of Incarceration:	
Name of Person Submitting Form:	
Date of Submission:	
<p align="center">MAGISTRATE IS NOT REQUIRED TO ORDER THE COLLECTION OF INFORMATION IF THE DEFENDANT IN THE YEAR PROCEEDING THE DATE OF APPLICABLE ARREST HAS BEEN DETERMINED TO HAVE A MENTAL ILLNESS OR INTELLECTUAL DISABILITY BY THE LOCAL MENTAL HEALTH AUTHORITY, LOCAL INTELLECTUAL DEVELOPMENTAL DISABILITY AUTHORITY, OR ANOTHER MENTAL HEALTH OR INTELLECTUAL DISABILITY EXPERT.</p>	

Updated 9/1/17

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

Handout F

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

NO: _____

STATE OF TEXAS

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MAGISTRATE FOR

VS.

§

§

COUNTY, TEXAS

Respondent

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 (71 days 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 _____.

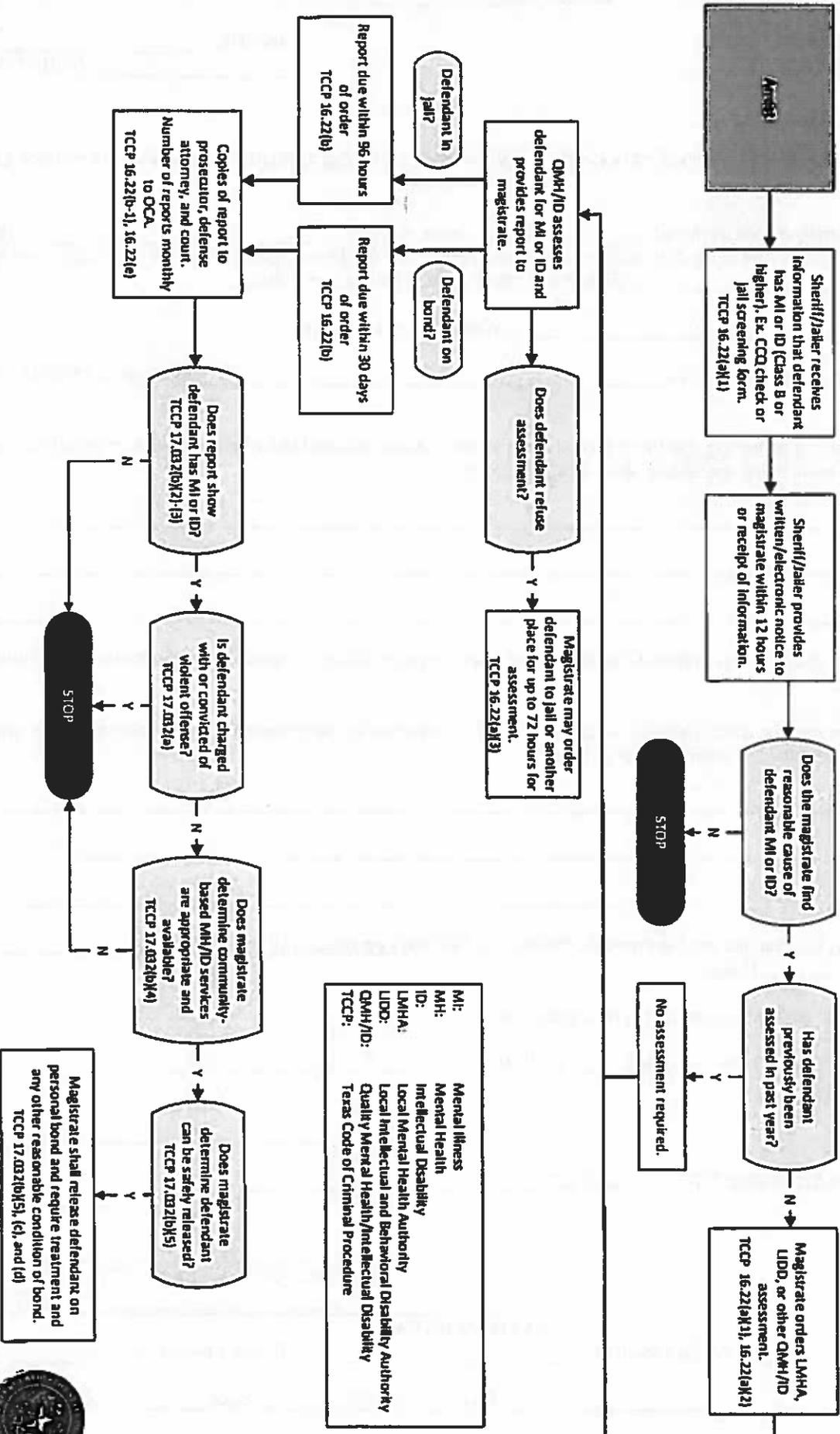
Date Executed: _____

By: _____

Health or Peace Officer

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

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
 QMH/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 inpatient 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. PARK ST. Zip Code: 75611 Telephone: (512) 756-8080.
BLINNET, TX

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 Healthcore**

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

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

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

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

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

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

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

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

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

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:

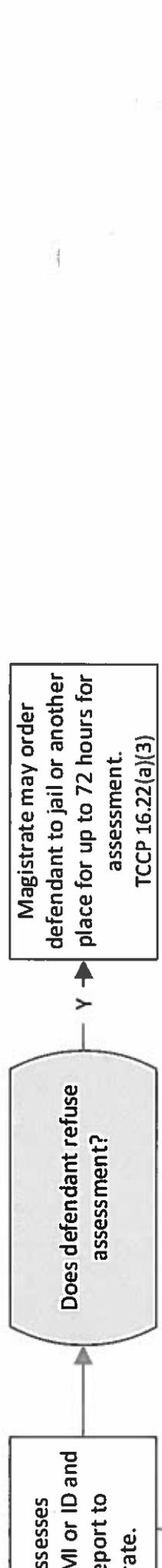
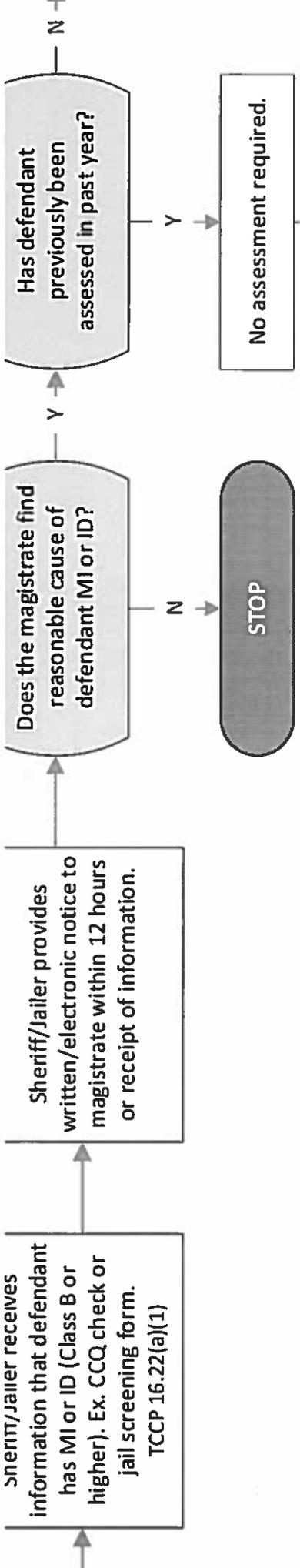
- The **magistrate** is required to provide copies of the assessment to the defense counsel, the attorney representing the state, and the **trial court** (district or county court).
- The **magistrate** should send the assessment to the custodian of the district or county court records—the **district 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.



- MI: Mental Illness
- MH: Mental Health
- ID: Intellectual Disability
- LMHA: Local Mental Health Agency
- LIDD: Local Intellectual and Developmental Disability
- QMH/ID: Quality Mental Health and Intellectual Disability
- TCCP: Texas Code of Criminal Procedure

