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THE SUPREME COURT OF TEXAS

THE TEXAS COURT OF CRIMINAL APPEALS

# Judicial Commission on Mental Health

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August 13, 2021  
Meeting Notebook



**August 13, 2021  
Meeting Notebook**

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**TAB 1**  
**AGENDA**



**Texas Judicial Commission on Mental Health**  
**Virtual Meeting, Zoom Conference**  
**August 13, 2021**  
**AGENDA**

9:00	<b>Welcome</b>	Hon. Jane Bland Hon. Barbara Hervey
9:10	<b>Announcements</b> Congratulations to Mike Maples New Collaborative Council Members New JCMH Staff Introduction	Hon. Barbara Hervey
9:20	<b>Executive Director Report</b> Report to the Commission Budget Grants <ul style="list-style-type: none"><li>• Community Diversion Coordinator Pilot Project</li><li>• Denton County SIM Mapping</li></ul>	Kristi Taylor Patrick Passmore
9:40	<b>2021 JCMH Committees</b> Bench Book Committee Juvenile Bench Book Committee Summit Curriculum Committee Legislative Research Committee Forms Committee Long-Term Planning Committee Data Committee	Hon. Jane Bland Hon. Camile DuBose Hon. Cyndi Wheless Hon. Brent Carr Hon. Bill Boyce Hon. Dave Jahn Hon. John Specia Dr. Connie Almeida
10:10	<b>Break</b>	
10:20	<b>Commissioner Input</b>	Hon. Barbara Hervey
	<b>Collaborative Council Announcements</b>	
12:00	<b>Adjourn</b>	Hon. Jane Bland Hon. Barbara Hervey

**TAB 2**  
**EXECUTIVE COMMITTEE**  
**COMMISSIONERS &**  
**COLLABORATIVE COUNCIL**

**JUDICIAL COMMISSION ON MENTAL HEALTH**  
**Executive Committee & Commissioners**

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**Executive Committee**

**Hon. Jane Bland, Co-Chair**

*Justice*  
Supreme Court of Texas

**Hon. Barbara Hervey, Co-Chair**

*Judge*  
Texas Court of Criminal Appeals

**Hon. Bill Boyce, Vice-Chair**

*Justice (Former)*  
Fourteenth Court of Appeals  
Alexander, Dubose & Jefferson, LLP

**Hon. John Specia, Jr.**

*Judge (Ret.)*  
Plunkett, Griesenbeck & Mimari, Inc.

**David Slayton**

*Administrative Director*  
Office of Court Administration

**Commissioners**

**Dr. Connie Almeida**

*Director of Behavioral Health*  
Fort Bend County Behavioral Health  
Services

**Camille Cain**

*Executive Director*  
Texas Juvenile Justice Department

**Hon. Cory Carlyle**

*Justice*  
Fifth Court of Appeals, Dallas

**Hon. Brent Carr**

*Judge*  
Tarrant County, Criminal Court No. 9

**Hon. Francisco X. Dominguez**

*District Judge*  
El Paso County, 205th Judicial District  
Court

**Hon. Camile DuBose**

*District Judge*  
Medina County, 38th Judicial District

**Dr. Melissa Eshelman**

*Associate Professor*  
University of Texas at Austin Dell  
Medical School

**David Evans,**

*Chief Executive Officer*  
Integral Care

**Dr. Tony Fabelo**

*Senior Fellow for Justice Policy*  
Meadows Mental Health Policy  
Institute

**Alyse Ferguson**

*Chief Counsel*  
Collin County Mental Health Managed  
Counsel

**Sonja Gaines**

*Deputy Executive Commissioner for  
Intellectual and Developmental  
Disability and Behavioral Health  
Services*  
Texas Health and Human Services  
Commission

**Kevin Garrett**

*Peer Support Expert*  
Austin, Texas

**Dr. Courtney Harvey**

*State Mental Health Coordinator &  
Associate Commissioner*  
Office of Mental Health Coordination,  
Texas Health and Human Services  
Commission

**Hon. Bonnie Hellums**

*District Judge (Ret.)*  
Harris County, Texas

**JUDICIAL COMMISSION ON MENTAL HEALTH**  
**Executive Committee & Commissioners**

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**Courtney Hjaltman**  
*Policy Advisor*  
Office of the Governor

**Hon. Yolanda Huff**  
*Judge*  
Bexar County Court at Law No. 12

**Hon. Joan Huffman**  
*Texas Senate*  
Senator, District 17

**Hon. Dave Jahn**  
*Judge*  
Denton County Criminal Court No. 1

**Hon. Oscar Kazen**  
*Probate Judge*  
Bexar County Probate Court No. 1

**Dr. Andrew Keller**  
*President and CEO*  
Meadows Mental Health Policy  
Institute

**Adrienne Kennedy**  
*Immediate Past President*  
National Alliance on Mental Illness

**Hon. M. Sue Kurita**  
*Judge*  
El Paso County Court at Law No. 6

**Beth Lawson**  
*Chief Executive Officer*  
StarCare Specialty Health System

**Major Mike Lee**  
*Mental Health & Jail Diversion Bureau*  
Harris County Sheriff's Office

**Hon. Elizabeth Byer Leonard**  
*District Judge*  
Midland County, 238th District Court

**Hon. Pam Liston**  
*Municipal Judge*  
Rowlett Municipal Court

**Mike Maples**  
*Deputy Executive Commissioner for  
Health and Specialty Care System*  
Texas Health and Human Services  
Commission

**Dr. Octavio N. Martinez, Jr.**  
*Executive Director*  
Hogg Foundation for Mental Health

**Hon. Stacey Mathews**  
*District Judge*  
Williamson County, 277th District  
Court

**Beth Mitchell**  
*Supervising Attorney*  
Disability Rights Texas

**Hon. Joe Moody**  
*Representative, District 78*  
Texas House of Representatives

**Hon. Nathaniel Moran**  
*County Judge*  
Smith County

**Hon. Tamara Needles**  
*District Judge*  
Travis County, 427th Criminal District  
Court

**Hon. Roxanne Nelson**  
*Justice of the Peace*  
Burnet County, Precinct 1

**Denise Oncken**  
*Bureau Chief*  
Harris County District Attorney's  
Office  
Mental Health Bureau

**JUDICIAL COMMISSION ON MENTAL HEALTH**  
**Executive Committee & Commissioners**

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**Lee Pierson**

*Chief Mental Health Prosecutor*  
Dallas County District Attorney's  
Office

**James Rasmussen**

*Chief Public Defender*  
Wichita County Public Defender's  
Office

**Hon. Renee Rodriguez-Betancourt**

*District Judge*  
Hidalgo County, 449th District Court

**Prof. Brian Shannon**

*Paul Whitfield Horn Professor*  
Texas Tech University School of Law

**Shelley Smith**

*Chief Executive Officer*  
West Texas Centers, Howard County

**Chief Stan Standridge**

*Chief of Police*  
San Marcos Police Department  
*Past-President*  
Texas Police Chiefs Association

**Hon. Charles Stephens**

*Judge*  
Comal County Court at Law No. 2

**Hon. Cynthia Wheless**

*District Judge*  
Collin County, 417th Judicial District  
Court

**Brandon Wood**

*Executive Director*  
Texas Commission on Jail Standards

**Wayne Young**

*Chief Executive Officer*  
The Harris Center

**April Zamora**

*Director*  
Reentry and Integration Division  
Texas Correctional Office on  
Offenders with Medical or Mental  
Impairments, Texas Department of  
Criminal Justice



# JUDICIAL COMMISSION ON MENTAL HEALTH

## Collaborative Council

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### **Collaborative Council**

**Hon. Devon Anderson**

*Chief Executive Officer*  
Justice Forward

**Trey Apffel**

*Executive Director*  
State Bar of Texas

**Hon. Mark Atkinson**

*Chief Executive Officer*  
Texas Center for the Judiciary

**Amy Befeld**

*Legislative Consultant*  
Texas Association of Counties

**Dr. Virginia Brown**

*Assistant Professor*  
Dept. of Population Health  
Dell Medical School,  
The University of Texas at Austin

**Sonja Burns**

*Mental Health Advocate*

**Hon. Nelda Cacciotti**

*Mental Health Magistrate Judge*  
Tarrant County

**Angel Carroll**

*Emerging Adult Policy Associate*  
Lone Star Justice Alliance

**Armando E. Colombo**

*President & CEO*  
The Menninger Clinic

**Leah Davies**

*Project Manager*  
Strategic Health Alliance  
Texas Center for Disability Studies  
University of Texas at Austin

**Hon. Rex Davis**

*Justice*  
Tenth Court of Appeals

**Scott Ehlers**

*Special Counsel*  
Texas Indigent Defense Commission

**Lesli Fitzpatrick**

*Attorney*  
The Law Office of Lesli R. Fitzpatrick

**Gilbert Gonzales**

*Director*  
Department of Behavioral and Mental  
Health  
Bexar County

**Krishnaveni Gundu**

*Co-Founder & Executive Director*  
Texas Jail Project

**Greg Hansch**

*Executive Director*  
NAMI Texas

**Elizabeth Henneke**

*Executive Director*  
Lone Star Justice Alliance

**Colleen Horton**

*Policy Program Officer*  
Hogg Foundation for Mental Health

**Angelita Hunter**

*Municipal Court Supervisor*  
City of McKinney Municipal Court

**Trina K. Ita**

*Associate Commissioner*  
Medical & Social Services Division,  
Behavioral Health Services  
Texas Health and Human Services  
Commission

# JUDICIAL COMMISSION ON MENTAL HEALTH Collaborative Council

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**Lee Johnson**

*Deputy Director*  
Texas Council of Community Centers,  
Inc.

**Windy Johnson**

*Program Manager*  
IGR  
Texas Conference of Urban Counties

**Louise Joy**

*Attorney/Partner*  
Joy & Young, LLP

**Hon. Evelyn Keyes**

*Justice (Former)*  
First Court of Appeals

**Chris Lopez**

*Assistant General Counsel*  
State Hospital  
Health and Human Services  
Commission

**Mike Lozito**

*Judicial Services Director*  
Bexar County

**Jennifer Yip Marshall**

*Survivors of Trafficking Empowerment  
Program (STEP) Supervisor*  
Refugee Services of Texas

**Hon. Lela Mays**

*Presiding Judge*  
Dallas County, 283<sup>rd</sup> Judicial District  
Court

**Trish McAllister**

*Executive Director*  
Texas Access to Justice Commission

**Joanna Mendez**

*Community Wellness Counselor*  
Refugee Services of Texas

**Hon. Kirk D. Noaker, Sr.**

*Magistrate Judge*  
Burnet County

**Hon. Rita Noel**

*Justice of the Peace, Pct. 4*  
Grayson County

**Dr. Susan Palacios, Ph.D., LPC**

*Community Mental Health Program  
Administrator*  
Texas Juvenile Justice Department

**John Petrila**

*Senior Executive VP of Policy*  
Meadows Mental Health Policy  
Institute

**Hon. Daphne Previti-Austin**

*Judge (Former), 289th District Court*  
The Law Office of Shawn C. Brown,  
P.C.

**Officer Terry Qualls**

*Crisis Intervention Coordinator*  
McKinney Police Department

**Janis Reinken**

*Chief Clerk*  
House Committee on Corrections

**Michelle Romero**

*Associate Director*  
Texas Medical Association

**Deputy Joe Ross**

*Mental Health Deputy*  
Grayson County Sheriff's Department

**Rachel Samsel**

*Deputy Associate Commissioner  
Strategic Initiatives & Policy*  
State Hospital System  
Health and Human Services  
Commission

# JUDICIAL COMMISSION ON MENTAL HEALTH

## Collaborative Council

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**Melissa Schank**  
*Executive Director*  
Texas Criminal Defense Lawyers  
Association

**Jonas Schwartz**  
*Program Manager*  
Texas Workforce Commission

**Melissa Shearer**  
*Director*  
Travis County Mental Health Public  
Defender Office

**Brigid Sheridan**  
*Associate General Counsel*  
University Health System

**Dr. Jennie Simpson**  
*Forensic Director*  
Health and Human Services  
Commission

**Matt Smith**  
*Assistant Executive Director/  
Director of Mental Health Services*  
Williamson County Juvenile Services

**Dr. Jonathan Stevens, M.D., MPH**  
*Vice President of Growth & Innovation,  
Medical Director, Outpatient Services &  
Admissions*  
The Menninger Clinic

**Lt. Scott Soland**  
*Lieutenant*  
Fort Bend County Sheriff's Office

**Gloria Terry**  
*Chief Executive Officer*  
Texas Council on Family Violence

**Haley Turner**  
*Associate Commissioner for  
Intellectual and Developmental  
Disabilities Services*  
Health and Human Services  
Commission

**Rick Thompson**  
*Senior Legislative Manager*  
Texas Association of Counties

**Hon. Ryan Kellus Turner**  
*Executive Director*  
Texas Municipal Courts Education  
Center

**Sally Uncapher**  
*Attorney*  
Bexar County District Attorney's  
Office

**Julie Wayman**  
*Mental and Behavioral Health  
Manager, Interagency Liaison*  
Texas Education Agency

**Nicole Weaver**  
*Health Specialist*  
Child Protective Services Mental  
Texas Department of Family and  
Protective Services

**Thea Whalen**  
*Executive Director*  
Texas Justice Courts Training Center

**Hon. Deborah Wigington**  
*Judge*  
Comal County Court at Law No. 3

**Sheriff Dennis Wilson**  
*Limestone County*  
Sheriff's Association of Texas

**Steve Wohleb**  
*Senior Vice President/General Counsel*  
Texas Hospital Association

**TAB 3**

**APRIL 2021 COMMISSION MEETING MINUTES**

**JUDICIAL COMMISSION ON MENTAL HEALTH  
MINUTES OF MEETING  
APRIL 23, 2021  
VIRTUAL MEETING**

**ATTENDEES:**

Hon. Jane Bland, **Chair**, *Justice, Supreme Court of Texas*

Hon. Barbara Hervey, **Chair**, *Judge, Court of Criminal Appeals of Texas*

Hon. Bill Boyce, **Vice-Chair**, *Former Justice, Fourteenth Court of Appeals; Partner, Alexander, Dubose & Jefferson*

Hon. John J. Specia, Jr., **Jurist in Residence**, *Judge (Ret.); Plunkett, Griesenbeck & Mimari, Inc.*

David Slayton, *Administrative Director, Office of Court Administration*

Dr. Connie Almeida, *Director, Fort Bend Co. Behavioral Health Svcs.*

Hon. Cory L. Carlyle, *Justice, Fifth Court of Appeals*

Hon. Brent Carr, *Judge, Tarrant Co. Criminal Court No. 9*

Hon. Camile G. DuBose, *Judge, 38<sup>th</sup> Judicial District, Real Co. & Uvalde Co.*

Dr. Melissa Eshelman, *Associate Professor, UT at Austin, Dell Medical School*

David Evans, *Chief Executive Officer, Integral Care*

Alyse Ferguson, *Chief Attorney, Collin Co. Mental Health Managed Counsel*

Sonja Gaines, *Deputy Executive Commissioner for Intellectual Developmental Disability and Behavioral Health Svcs.*

Kevin Garrett, *Peer Support Advocate*

Dr. Courtney Harvey, *Associate Commissioner, Texas HHSC*

Hon. Bonnie Hellums, *Judge (Ret.), 247<sup>th</sup> District Court, Harris Co.*

Hon. Dave W. Jahn, *Judge, Denton Co. Criminal Court No. 1*

Hon. Oscar J. Kazen, *Judge, Bexar Co. Probate Court No. 1*

Dr. Andy Keller, *President and CEO, Meadows Mental Health Policy Institute*

Adrienne Kennedy, *Immediate Past President, NAMI National*

Beth Lawson, *Executive Director, StarCare Specialty Health System*

Maj. Mike Lee, *Harris Co. Sheriff's Office*

Hon. Elizabeth Byer Leonard, *Judge, 238<sup>th</sup> Judicial District Court, Midland Co.*

Hon. Pam Liston, *Presiding Judge, City of Rowlett Municipal Court*  
Mike Maples, *Deputy Executive Commissioner, Texas HHSC*  
Hon. Stacey Mathews, *Judge, 277<sup>th</sup> District Court, Williamson Co.*  
Beth Mitchell, *Senior Attorney, Disability Rights Texas*  
Hon. Tamara Needles, *Judge, 427<sup>th</sup> District Court, Travis Co.*  
Hon. Roxanne Nelson, *Justice of the Peace, Burnet Co. Pct. 1*  
Lee Pierson, *Chief of Mental Health Division, Dallas Co. District Attorney's Office*  
James Rasmussen, *Chief Public Defender, Wichita Co. Public Defender's Office*  
Hon. Renee Rodriguez-Betancourt, *Judge, 449<sup>th</sup> District Court, Hidalgo Co.*  
Prof. Brian Shannon, *Paul Whitfield Horn Distinguished Professor, Texas Tech University School of Law*  
Shelley Smith, *Chief Executive Officer, West Texas Centers*  
Chief Stan Standridge, *Chief, San Marcos Police Department*  
Hon. Charles A. Stephens, *Judge, Comal Co. Court at Law No. 2*  
Brandon Wood, *Executive Director, Texas Commission on Jail Standards*  
Hon. Cynthia Wheless, *Judge, 417<sup>th</sup> District Court, Collin Co.*  
Wayne Young, *Chief Executive Office, The Harris Center*  
April Zamora, *Director, Reentry and Integration Diversion/Texas Correctional Office on Offenders with Medical or Mental Impairments, Texas Department of Criminal Justice*

The following Commissioners were not present:

Dr. Tony Fabelo, *Meadows Mental Health Policy Institute*  
Courtney Hjaltman, *Policy Advisor, Office of the Governor*  
Hon. Joanne Huffman, *State Senate, Dist. 17*  
Dr. Octavio Martinez, *Hogg Foundation for Mental Health*  
Hon. Joe Moody, *Texas House of Representatives, Dist. 78*  
Denise Oncken, *Mental Health Bureau Chief, Harris County District Attorney's Office*

## ***MINUTES OF THE MEETING***

### **WELCOME AND ANNOUNCEMENTS**

Justice Jane Bland, Co-Chair, opened the meeting and welcomed the attendees.

#### **Remembering Dr. Floyd Jennings, Ph.D., J.D. 1940-2021**

Justice Bland offered her sincere condolences to the family and friends of Dr. Floyd Jennings, who passed away earlier this month. Dr. Jennings served as a Harris County Public Defender since the inception of the office in January 2011. He held a Ph.D. in psychology and earned his J.D. from the University of Houston Law Center. Dr. Jennings was a long-term adjunct faculty member at the UT Medical School in Houston. He authored over 35 publications in mental health law, assisted the Commission in its formation, and served as a trusted advisor to several Commissioners. Dr. Jennings' work is the foundation that the Commission builds upon, and he will be remembered as an energetic, compassionate, and irreplaceable friend and colleague to the JCMH.

#### **Welcome and New Staff Introductions**

Hon. Barbara Hervey, Co-Chair, welcomed the attendees and recognized and thanked the members of the Collaborative Council. Judge Hervey reiterated the Collaborative Council's mission to assist the Commission by making recommendations and sharing information about issues that affect judicial and court practices in cases involving persons with mental illness and intellectual and development disabilities. Judge Hervey also welcomed 3 new Commission staff members:

*Willette Sedwick*, Staff Accountant. Ms. Sedwick has over 12 years of experience working in state government. Ms. Sedwick will be working on the budget and grant proposals for JCMH.

*Dan Herron*, Communications Manager. Mr. Herron has over 20 years of experience in marketing, graphic design, social media, and public outreach, in both the private and public sectors.

*Michael Sipes*, Legal Assistant. Mr. Sipes brings to JCMH over 15 years of experience as a paralegal in civil as well as state and federal criminal law.

After new staff introductions, Judge Hervey directed attendees to the Meeting Notebook and gave a brief overview of the meeting's agenda. Judge Hervey introduced Executive Director, Kristi Taylor, who gave the Executive Report.

### **EXECUTIVE REPORT & JCMH UPDATE:**

Kristi Taylor briefly discussed the minutes from the previous meeting (March 23), specifically the introductions and highlights of the new Commissioners. She asked that attendees report any mistakes to the JCMH staff, so that the minutes can be revised. Ms. Taylor then gave an overview of the following sections of the Meeting Notebook:

**Strategic Plan:** Ms. Taylor mentioned that a new Long Term Planning Committee will review the strategic plan and advise if and/or when adjustments are needed. Ms. Taylor also directed Commissioners to the citations used in creating the [Strategic Plan](#). She recommended that

Commissioners, especially new Commissioners, review those publications to familiarize themselves with the sources used to construct the Strategic Plan.

**Budget:** Ms. Taylor advised the Commission that there is currently and ending balance of approximately \$86,000.00. This balance may be reduced due to additional grant offerings, which will be made before the end of the fiscal year.

**Commissioner Survey Responses:** Ms. Taylor referenced Tab 6, a chart created from 2020/2021 Commissioner survey responses. Ms. Taylor informed the Commission that all JCMH projects were rated very high perceived effectiveness. The JCMH Summit and Bench Books were rated as the most effective projects, with 100% of responding Commissioners stating that these projects were effective or very effective. She noted that JCMH local grants have a lower rating, although still above 70%, she opined that this may be because the grant results are not widely publicized, and perhaps Commissioners are not familiar with the programs and offerings. Ms. Taylor reiterated that even though local grants and scholarships are targeted to specific communities, the Executive Committee asks those communities to create blueprints from programs and initiatives that were launched because of the grants. The Executive Committee hopes that these blueprints can be used statewide.

Ms. Taylor then introduced David Slayton so that he could give an update on relevant legislation.

#### **LEGISLATIVE UPDATE: DAVID SLAYTON**

Mr. Slayton discussed the Commission's legislative recommendations for proposed bills:

1. The 11 recommendations from the Commission's Legislative Research Task Force are included in [House Bill 4212](#). This bill was voted out of the House Corrections Committee on April 15<sup>th</sup> and is headed to the Calendars Committee; it is expected that the Bill will be heard soon on the House floor. H.B. 4212's companion bill, [Senate Bill 1739](#), was referred to the Senate Criminal Justice Committee and it is believed that that committee is waiting for H.B. 4212 to come over from the House before proceeding in the Senate.
2. The Omnibus Courts Creation Bill, [House Bill 3774](#), and companion bill [Senate Bill 1530](#), includes a recommendation that Municipal Courts and Justice Courts ensure competency prior to a defendant entering a plea. Both the House version and the Senate version were voted out of their respective committee and are moving forward.
3. Three of JCMH's Legislative Task Forces' recommendations are contained in [Senate Bill 1511](#) and companion bill [House Bill 3977](#). S.B. 1511 has been referred to the Senate State Affairs Committee, but it has seen significant opposition. There are concerns in expanding the list of medical professionals who can file an Application for Emergency Detention, as well as the seizure of firearm provisions contained in the Bill. Mr. Slayton is working to see if a consensus can be reached, and perhaps the agreed provisions can be included in H.B. 4212.

Mr. Slayton and the Commission are still working to progress other recommendations by inserting them into bills that are moving. Mr. Slayton lastly informed the Commissioners that both the House and the Senate have continued to fund the JCMH.



Commissioner Maples asked Mr. Slayton about the source of opposition to S.B. 1511. Mr. Slayton informed the Commission that the opposition to the Bill has come from members of the Senate State Affairs Committee, specifically Sen. Hughes.

Before Mr. Slayton concluded, Justice Bland expressed her gratitude for Mr. Slayton's and Megan LaVoie's hard work on advancing JCMH's recommendations.

Information on JCMH legislative recommendations can be found here: <http://texasjcmh.gov/publications/resources/87th-legislative-session-jcmh-legislative-summaries/>

### **GRANT PROJECTS UPDATE:**

Ms. Taylor next introduced Patrick Passmore, JCMH Finance Manager, who gave an overview of current grant projects:

Grantee program reports were presented in the last meeting. There are currently 11 grantees, most of whom received awards in FY 2020. Due to the pandemic, most grantees requested an extension to expend grant funds until 2021 and complete their projects. Many of the grantees' projects were intended to be in-person trainings and collaborations, which were not possible given the pandemic. The grantees have been given extra time to complete their projects. Mr. Passmore attributed the low rating for the grant programs in the commissioner survey to the projects being local and the delay in getting results from the various projects. Mr. Passmore referred to the budget and the end balance of \$86,670. JCMH hopes to use these remaining funds to extend the mental health technology grant initiative. The opportunity was advertised earlier in the year, but the response was slow, so the JCMH is again offering the opportunity. The Application and Guidelines for the Grants can be found at <http://texasjcmh.gov/jcmh-grants/>. JCMH is also finalizing the RFA for the Community Diversion Coordinator. Ms. Taylor will provide additional information on that position. Mr. Passmore also informed the Commission that Long-Term Grant applications will go live on April 30<sup>th</sup>. JCMH will send out additional information on those grants soon.

Ms. Taylor reiterated that there are 2 different sets of grants and there will be long-term grants for next fiscal year. Because there is currently an end balance in JCMH's budget, JCMH is providing additional opportunities for short-term technology grants that will need to be committed by September 2021.

### **COMMUNITY DIVERSION COORDINATOR PROJECT**

Ms. Taylor thanked all of the advisors for their assistance in shaping the program, especially Judge Kazen, Judge Carr, and Judge Jahn who provided insight on court procedures and participation. The Community Diversion Coordinator Project is a pilot project in which the JCMH will fund a Diversion Coordinator in two different communities. The Coordinator will help connect the LMHA and the courts, and specifically help with the process of using protocols found in the Code of Criminal Procedure to divert people with mental health needs who are charged with nonviolent misdemeanors out of the criminal justice system and into the civil system through the probate court. Williamson County currently employs someone acting in a similar capacity, who will advise

on best practices. JCMH is partnering with HHSC on this project, and they will be providing technical assistance, training, and SIM mapping.

### **HHSC OUTPATIENT COMPETENCY RESTORATION STUDY**

Ms. Taylor informed the Commission that Dr. Courtney Harvey of the HHSC led a workgroup that created the [Outpatient Competency Restoration Standards](#). Those standards have been published and the JCMH is helping to spread the word about this important publication.

### **JCMH COMMITTEES**

Ms. Taylor concluded the Business Report and Justice Bland continued with an overview of the JCMH Committee structure.

#### **Executive Committee, Justice Jane Bland, Co-Chair**

The Executive Committee is composed of Justice Bland, Judge Hervey, Justice Boyce, David Slayton, Kristi Taylor, and Judge John Specia. The Executive Committee meets regularly six to seven times per year. The Executive Committee evaluates the work of the various JCMH projects and Committees. The Executive Committee also creates new JCMH committees when they think it is necessary.

Justice Bland asked each Committee Chairperson to give a brief overview of their work.

#### **Bench Book Committee, Judge Camile Dubose, Chair**

The Bench Book Committee meets about three times per year in the spring and the summer. They advise on the contents of the bench book and serve as editors. This year the Bench Book Committee will create the 3<sup>rd</sup> edition of the book, which will contain a breakdown on the laws concerning insanity as well as Intercept 4, Re-Entry. The Bench Book is a resource for judges and lawyers and who handle these issues every day. Judge DuBose asked that any Commissioners who are interested in joining the Bench Book Committee to email the JCMH staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

#### **Juvenile Bench Book Committee, Judge Cynthia Wheless, Chair**

JCMH staff attorney Molly Davis gave the Juvenile Bench Book Committee update for Judge Wheless. The Juvenile Bench Book Committee meets three times. Committee members advise on the contents of the bench book and serve as editors. The focus for this year's edition will be on lack of responsibility and on confinement in TJJD. Ms. Davis asked that any Commissioners who are interested in joining the Committee, or who would like to recommend someone to the Committee, to email the JCMH staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

#### **JCMH Summit Committee, Judge Brent Carr, Chair**

The JCMH Summit Committee is busy preparing for the upcoming Summit this Fall. Judge Carr reminded Commissioners who want to suggest a speaker or a speaking topic to submit those proposals as soon as possible. Judge Carr also asked any Commissioners who are interested in

joining the JCMH Summit Committee to contact JCMH staff soon so that the full committee can begin holding planning meetings. This year's Summit will include a variety of topics including a forecast of the future of mental health planning and treatment, IDD, Autism, the utilization of the AOT provision, and lived experience testimony. This year's Summit will be a hybrid of remote and in-person. Commissioners who would like to join the JCMH Summit Curriculum Committee can email the JCMH staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

### **Legislative Committee, Justice Bill Boyce, Chair**

The Legislative Committee will resume their meetings soon after the current legislative session ends. During that time, the Committee will examine particular issues and broader statutes that could be affected by legislative proposals. Currently, several of our proposals have been approved by the Texas Judicial Council. Justice Boyce anticipates that there will be a continuing process of identifying legislative changes, proposing them, and bringing in stakeholders from a wide range of disciplines and perspectives. Justice Boyce asked that any Commissioners who are interested in joining the Legislative Committee to email the JCMH staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

### **Forms Committee, Judge Dave Jahn, Chair**

The Forms Committee is working to provide standardized forms for use for emergency detention, temporary commitments, extended commitments, and authorization to administer psychoactive drugs in both the civil commitment process and the forensic commitment process. The Committee will also provide guidance on 16.22 magistration and related documents to secure mental health interviews under that process, and to standardize the IDD long-term commitment paperwork. The Committee will also be working on the 46B documents for criminal proceedings. The Committee has created two sets of forms. Most of the forms are tailored from Travis County Probate Court or Denton County Probate Court models. Each model is created to address the specific needs of both urban (Travis Co.) and rural (Denton Co.) courts and their relationships to their regional partners. The forms that have been created should be able to be used by any jurisdiction in the state. The next goal for the Committee is the creation of 46B forms. The Committee's final report to the Commission is due in August.

### **Long Term Planning Committee, Judge John Specia, Chair**

This is a new Committee of the JCMH. The goal of the Long-Term Planning Committee is to examine past work of the JCMH in light of current trends and issues that arise and to plan future programs. The Committee will work to establish strategic goals that will benefit the entire state. Committee meetings will begin in the summer. Judge Specia asked that any Commissioners that are interested in joining the Long-Term Planning Committee email the staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

### **Data Committee, Dr. Connie Almeida, Chair**

The Data Committee is a new committee of the JCMH. The Committee will examine what types of data are available, how to collect meaningful data, and how best to apply that data. The Committee will focus on data collection regarding jail and prison populations and how to determine how many individuals in jail and prison have a serious mental illness, how many of those individuals get connected to mental health services, as well as recidivism rates and improving

outcomes for people with mental illness. Dr. Almeida asked that any Commissioners who are interested in joining the Committee to contact the JCMH staff at [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov).

To conclude the committee overview Justice Bland reiterated that all the committees work to fulfill the three prongs of the Commission's mission to collaborate, educate, and lead. The Commission strives to have every committee project advance one of those goals. Justice Bland asked that any Commissioner who has a project idea to bring that idea to the Executive Committee or to the JCMH Staff.

Judge Hervey also stated that all ideas are welcome and encouraged the Commissioners to bring their ideas to the Commission and to Staff. Judge Hervey also thanked JCMH staff attorneys Kama Harris and Molly Davis for all their hard work.

## **STATE AGENCY REPORTS**

Judge Hervey then began the community reports and introduced Sonja Gaines, who gave the HHSC Community Report.

### **HHSC Community Report, Sonja Gaines, Deputy Executive Commissioner, IDD & Behavioral Health Services**

Ms. Gaines began with a legislative update.

- [S.B. 454](#): this bill will help HHSC work with rural LMHAs, law enforcement, and state hospitals to coordinate care and intervention for people with mental illness.
- [H.B. 3088](#): this bill will allow HHSC to take a closer look at their matching grants. The bill will create a lower match requirement, which will help make the grants more consistent and will improve their ability to fund smaller rural communities. The bill also removes the restriction for the Urban Healthy Community Collaborative initiatives and allows them to continue to apply for procurements.
- [H.B. 4571](#): this bill will allow HHSC to create a statewide IDD coordinating council, which would then develop an IDD strategic plan.

Ms. Gaines then gave a budget update and informed the Commission that the current IDD/BH base budget remains intact in both the House and Senate budgets. Additional funding from both the Senate and House are also expected, which will allow HHSC to maintain increases in the rates paid for substance use treatment services that were received last legislative session. Also, since COVID, HHSC has had difficulty with access to inpatient hospitalization and services, particularly at the community level. However, both the House and Senate have approved approximately \$30 million for the biennium for inpatient hospital beds for mental health services.

Ms. Gaines then gave an overview of programs, initiatives, and plans that have been created with funds received from the Federal Government's Coronavirus Response and Relief Supplemental Appropriation ([H.R. 133](#)). This funding is coming from SAMHSA and includes \$74 million for mental health and \$135 million for substance abuse. The funding will help meet the goals of the strategic plan and includes the following programs, initiatives, and plans:

- The creation of step-down services for individuals who have had long-term state hospital stays.
- Developing a homeless support hotline.
- Increased focus on rural crisis response and diversion, including jail diversion services and mental health deputy services. There is a high demand for these types of services in our rural communities and HHSC is working to meet that demand.
- Continued expansion of outpatient mental health services, with a focus on adults on children. This will allow HHSC to mitigate waitlists. Currently the waitlist for children is at 0 and for adults is at approximately 50. This is a vast improvement from when the waitlist was approximately 3,000 in 2017.
- Expansion of coordinated specialty care that focuses on young adults who have psychosis. There has been a lot of success with the program so far and HHSC will be able to expand to include sites that have greater need.
- Increased peer services by enhancing clubhouses and consumer operated programs.
- For the substance abuse side there are exciting initiatives in public awareness, community development, and overdose prevention. For the first time HHSC will be working on a medically assisted treatment program for alcohol and other substance use disorders.

HHSC is also expecting another round of Federal funding through the American Restoration Act. Funding is expected to be approximately \$200 million.

Ms. Gaines concluded by informing the Commission that work continues on COVID relief efforts across the state. Ms. Gaines thanked all of the LMHAs for their work. Thousands of people have been served by the LHMA's. Ms. Gaines also thanked the Harris Center for the work that they have done with the COVID support line, which has taken over 13,000 calls from across Texas.

**HHSC State Hospital Update, Mike Maples, Deputy Executive Commissioner for Health & Specialty Care System, HHSC**

Mr. Maples gave an update on the efforts to expand capacity at the state hospitals and to make better use of that capacity. On the capacity side, funding has been approved by the House to finish the expansion of the Austin State Hospital and the San Antonio State Hospital and to begin planning for a new hospital in the Dallas area. In both the Senate and House budgets, there is an expected increase of approximately 350 beds in the hospital system. Also, the funding for the additional 40 beds for the San Antonio State Hospital has been approved and the ribbon cutting for that unit took place last week.

Mr. Maples also touched on the use of the expanded capacity. Currently there is a bill ([H.B. 1824](#)) that will help to make more efficient use of beds related to the process for compelling of medication orders for individuals who are transferred from the IDD system to the state hospital system. The bill also includes provisions for doing specialty care within the state supported living centers to try to avoid transfer individuals with significant behavioral and/or psychiatric needs to the state hospital system.

Mr. Maples gave an update on the issue of time needed to restore an individual to competency. He stated that, according to the science and literature, eighteen (18) months is the standard window of time to restore individuals to competency. In light of this information, and looking at data, he

determined that 17% of individuals in the state hospital system have been there for two to 10+ years attempting restoration on a 46B Order. This is an issue that Mr. Maples hopes the JCMH will continue to examine and talk about, as well as other options regarding individuals who have been in the hospital system for an extended period.

For outpatient competency restoration, there are still 80 people on the waiting list who have been charged with misdemeanors. Mr. Maples is exploring outpatient and jail-based competency restoration to divert them from the state hospital system.

Mr. Maples concluded by reiterating the importance of expanded and efficient capacity of the state hospital system. He hopes that the waiting lists will begin a downward trend and will continue to update JCMH on the progress.

Judge Hervey then introduced Sean Grove of the Texas Juvenile Justice Department

**Texas Juvenile Justice Department, Sean Grove, Chief of Staff for Camile Cain**

Mr. Grove began by stating that the TJJD appreciates their state partners, especially HHSC. Mr. Grove spoke to the invaluable benefit of being able to communicate with HHSC regarding juveniles who are in active crisis to place them in a bed for care.

Mr. Grove then gave an update on the TJJD [Texas Model Plan for Reform](#), which was implemented in 2019. The Texas Model is a plan for the next steps in the reform for the Texas Juvenile Justice System, with a current focus on identifying specific mental health needs youth and to provide adequate treatment for those needs. TJJD emphasizes the importance of adverse childhood experiences (ACEs) so that they can accurately document childhood trauma. There are ten ACEs assessed by the PACT assessment and a questionnaire. The information is used to understand the state of the youth that are served by the TJJD. The CDC estimates that about 12.6% of the population has an ACE score of 4 or more. For the TJJD population, approximately 86% of the girls and 53% of the boys have 4 or more of the 10 ACEs. The population of youth at TJJD has steadily decreased, but also during that time the percentage of the youth with intense mental health needs has increased. In 2014, approximately 21% of the youth that went through the TJJD intake and orientation assessment unit were identified with significant mental health needs. In 2020, that number has increased to 60% of the youth.

TJJD continues to build on the implementation of trauma informed methodology such as the [trust based relational intervention](#) by developing curriculum and training staff. This past March (2021), over 100 members of TJJD staff were engaged in TBRI practitioner training and the training opportunity was also extended to TJJD's county partners. TJJD has transitioned away from dorm-based treatment options to focus on integrated concurrent treatment. The integrated concurrent treatment method allows TJJD to build healthy relationships with the youth and therefore prevent major incidents. The integrated concurrent treatment method has improved positive connection between the youth and staff.

TJJD introduced a new classification system to effectively utilize their campuses until they are able to move into smaller, more stable, facilities. TJJD is transitioning away from the institutional correctional model and into smaller, more targeted, facilities. This transition includes moving the

TJJD mental health treatment program to the Giddings facility, in the hopes of pulling resources within the Austin metro area into the Giddings programs. The Giddings facility also houses the TJJD crisis stabilization unit for youth that are in present crisis, which require highly acute intervention and enhanced supervision. TJJD continues to use the Willoughby House in Fort Worth for the most vulnerable youth, including those with mental health treatment needs and IDD. The Willoughby House is also TJJD's primary step-down facility.

TJJD has also created an enterprise level method for tracking youth on suicide alert, monitoring how long that they have been on increased alert status to ensure their physical safety. TJJD began utilizing the Neurosequential Model of Therapeutics (NMT) Assessment, which helps identify a youth's neurodevelopment history and helps develop specific treatment recommendations.

Regionalization and coordination with local departments remains the prime focus of TJJD. Most of the youth in the juvenile justice system will never come to TJJD and are treated at the county level, either in residential facilities or active probation. It is a priority of the TJJD to treat youth at the lower levels of the system and closer to home, and TJJD provides resources to county partners to assist with that priority. Grants that have been provided to probation departments have been allocated for broadly recognized practices, such as the Positive Assessment Change Tool (PACT assessment), Evidence Based Practices in Community Supervision (EPICS), and Kids at Hope programs.

Mr. Grove emphasized the progress that has been made but also stressed that more work is needed. Mr. Grove informed the Commission that there is a very small segment of individuals with complex mental health issues coupled with extremely violent behavior. This segment of the population is not being addressed by any existing paradigm in the state, including the state hospitals. Expanding resources and having a conversation about that segment of youth is a TJJD priority moving forward. Continuing collaboration with the TEA and local school districts to ensure that the youth can progress their education, as a means to reduce revictimization and recidivism, also remains a priority for the TJJD. TJJD is also tracking pending legislation and monitoring the budget. In the spring and the fall, the TJJD issued their [Plan for Reform](#), which covers TJJD's plans for assessments, probation resources, smaller facilities, continuing funding for body worn cameras, and continuing funding for risk and needs assessment.

Mr. Grove concluded his report by asking if any Commissioners had questions.

Dr. Almeida asked a question regarding the collection of data on providing wrap around supports by TJJD and Mr. Grove confirmed that TJJD actively collects data regarding their wrap around support programs. Mr. Grove stated that he would be happy to provide a more detailed answer to the question at the next commission meeting.

Dr. Alemida also asked Mr. Grove if there is any special attention given to youth who are in both the TJJD system and the DFPS system. Mr. Grove affirmed that TJJD staff have been and continue to attend the [Dual Status Task Force](#) Children's Commission Meetings. Mr. Grove also stated that TJJD works to properly identify youth that have been through the DFPS or who are currently in the DFPS system. Mr. Grove emphasized the importance of communication between the two agencies.

Judge Hervey then introduced April Zamora with the Texas Corrections Office for Offenders with Medical or Mental Health Impairments.

**Texas Correctional Office for Offenders with Medical or Mental Impairments (TCOOMMI), April Zamora**

Ms. Zamora gave the following updates on the following TCOOMMI programs and relevant pending legislation:

- [H.B. 1045](#): TCOOMMI has oversight of the wrongfully imprisoned program and H.B. 1045 allows those who are wrongfully imprisoned to add their spouses and dependents on state sponsored benefits. This is important so that the spouses and dependents of the wrongfully imprisoned can access mental health treatment, which is often needed by the families of those who are wrongfully incarcerated. H.B. 1045 recently passed the House and will move onto consideration by the Senate.
- Tele-health within TCOOMMI programs during the COVID pandemic: TCOOMMI's LMHA contractors have come up with tele-health plans, so TCOOMMI has been issuing funding recommendations to them and adding to their budgets when they have funding available. Many of them are going through the process of purchasing tablets or smaller laptops so that they can go out into the community. Ms. Zamora noted the innovative work being done by their contractor in El Paso. They exclusively use tablet computers and are able to do a lot of on-site work with the probation department and local jail. TCOOMMI continues to support the tele-health infrastructure.
- Programs within the prison system: The Strive Women's Program has been shifted to TCOOMMI due to a high number of women in the program with mental health diagnoses. The program utilizes trauma informed care and engages the women with the LMHA before they are released. The program also works with their families and gets them enrolled in parenting classes, if needed.
- TCOOMMI will be opening a veteran's dorm, which will focus on issues related to PTSD. TCOOMMI already has programs like this in the State Jail Facilities, but this one would be the first in the TDCJ System. This upcoming veteran's dorm will be located at the Coffield Unit and will house those individuals who will be re-integrated into the community within the next 180 days. The dorm is expected to open in mid-May.
- TCOOMMI is working to partner with the Judiciary Advisory Council to roll out a training for our Mental Health Initiative Officers. These are probation officers with special needs caseloads who partner with LMHAs that receive TCOOMMI funds. The officers are trained in crisis intervention and mental health first aid. Currently within the parole community the recidivism rate for the TCOOMMI caseload is about 10.9% and TCOOMMI hopes to reduce that within the probation community, which is running an approximate 20% recidivism rate.
- TCOOMMI Advisory Committee Chair Judge Robb Catalano (Tarrant Co. Criminal District Court No. 3) made a recommendation for a juvenile sub-committee of the TCOOMMI Advisory Committee. He appointed some gubernatorial appointees from the



TCOOMMI Advisory Committee to sit on the sub-committee, including Judge Roger Rodriguez, Casey O'Neill, and JCMH Commissioner, Denise Oncken. The sub-committee also includes state agency representatives, Marquis Butler, Dr. Susan Palacios, Liz Pearson, and Dr. Jennie Simpson. The sub-committee is particularly interested in efforts that educate and inform the judiciary about youth interaction with TCOOMMI.

Ms. Zamora concluded her report and asked for any questions.

Judge Renee Rodriguez-Betancourt asked Ms. Zamora about efforts to properly train probation departments to utilize TCOOMMI at the beginning of a child's case and not as a last resort. Judge Rodriguez-Betancourt also asked about criteria for children who are considered for TCOOMMI programs.

Ms. Zamora stated that the sub-committee that was recently established is working to create a standard criterion for placement and working to make sure that placement happens at the onset of a case.

Judge Hervey introduced Chief Stan Standridge of the Texas Police Chiefs Association.

### **Texas Police Chiefs' Association, Chief Stan Standridge**

Chief Standridge gave an update on [S.B. 64](#). S.B. 64 was passed out of the Senate and referred to the Homeland Security and Public Safety Committee. This bill would establish the first statewide Texas First Responder Peer Network and would create six hubs to provide peer intervention services for all Texas peace officers. The Texas Police Chief's Association continues to focus on closing the front door by trying to add layers of mental health clinicians in 911 centers. If the clinician cannot be in the actual 911 center, then MOUs can be created to allow the 911 center to divert calls to the off-site clinician. The Texas Police Chiefs' Association is also creating Multi Discipline Response Teams (MDRTs). Chief Standridge believes that it is the best practice for a MDRT unit to consist of a police officer, paramedic, and mental health clinician in the same vehicle. This unit would work to prevent mental health crisis and hopefully create an upstream intervention.

Emergency Detentions: Due to Covid and hospital policies, officers are spending an inordinate amount of time in emergency rooms doing medical clearances before taking the patient to receive mental health treatment.

Co-Occurring Mental Health with Substance Use: Chief Standridge expressed concern with the absence of dialogue regarding co-occurring mental health with substance use disorders. He hopes the Commission can help in creating a substance use disorder first mentality regarding treating individuals with substance use disorders and mental health issues. As it is now, if the police encounter an individual who is actively under the influence of a substance, then they must wait until that individual is cleared of that substance before addressing any underlying mental health issues.

Comprehensive Police Reform: The Texas Police Chiefs' Association is pushing for mandated participation in the National Use of Force Database. The Police Chiefs' Association wants to

develop national standards for discipline and termination of officers, and to mandate participation in a national peace officer decertification database. The Association also wants to enhance their ability to implement effective discipline. Chief Standridge shared with the Commission that approximately 70% of all peace officers that are fired in Texas are then employed by another agency within three to six months.

Judge Hervey thanked all the Commission's partners for their important updates. Judge Hervey then asked for updates from the Commissioners.

### **COMMISSIONER UPDATES**

- Judge Brent Carr informed the Commission that with grant funding Tarrant County is creating a community trauma informed dashboard. He asked that anyone with a template or experience in creating such a dashboard to email him.
- Judge Camile DuBose reported that there is a specialty court graduation on April 27, 2021, which is an example of the positive effects that this Commission has on individuals.
- David Evans stated that he is likely joining the Data Committee.
- Kevin Garrett thanked Justice Boyce for allowing him to serve on the Legislative Research Committee again.
- Dr. Courtney Harvey wanted to make sure that the Commission is aware that HHSC updated the data exchange process that HHSC has with the Department of Public Safety for the continuity of care query. The Continuity of Care Query allows for a 3-year lookback to see if an individual has received services in a state hospital, LMHA, or a private psychiatric facility. In the past, the data exchange was not capturing individuals with IDD, so last year HHSC was able to update that data exchange process to include capturing individuals with IDD. Dr. Harvey also gave an update on the 988-planning grant. Last year Federal legislation authorized the 988 prefix to replace 800 for the national suicide prevention lifeline. HHSC received a grant from Vibrant Emotional Health, a non-profit administrator of the National Suicide Prevention Lifeline, which is going to allow HHSC to do some planning for the implementation of the 988 prefix, which has to be in place by July 2022. Dr. Harvey concluded by giving an update on the forensic strategic plan. HHSC is partnering with several stakeholder groups to implement the State's first forensic strategic plan. Planning sessions were held with the statewide planning council last fall. Activities will continue over the spring and summer, and we are hoping that the plan will be executed by fall.
- Judge Bonnie Hellums continues to her involvement in programs that deal with the impacts of child placements and sex trafficking.
- Judge Yolanda Huff presides over County Court No. 12 in Bexar County. Her court has a mental health court. She is focused on educating the community on what the judiciary does

in regard to mental health. Judge Huff is honored to be on the Commission and is looking forward to working with various committees.

- Judge Dave Jahn informed the Commission that he is now the Judge of County Criminal court of Law No. 1 in Denton County. His court recently moved their first defendant/patient into the Court's new diversion program. Judge Jahn expressed an interest in participating in the upcoming Community Diversion Coordinator program. Judge Jahn concluded by thanking Justice Bland for travelling to Denton County to swear Judge Jahn into his current office.
- Dr. Andy Keller recently gave testimony to the Texas Senate Health and Human Services Committee on the impact of COVID. The testimony touches on the exorbitant impact that COVID has had on mental health. The testimony can be seen here: [https://tlcsenate.granicus.com/MediaPlayer.php?view\\_id=49&clip\\_id=15483](https://tlcsenate.granicus.com/MediaPlayer.php?view_id=49&clip_id=15483) (1:04:35).
- Adrienne Kennedy continues to work on the Criminal Justice Study Group and is focusing on trauma informed treatments and interventions. Ms. Kennedy is also working on stress management for 1<sup>st</sup> responders and the application of trauma informed stress management for 1<sup>st</sup> responders.
- Beth Lawson spoke briefly about the rescinding of the 1115 waiver and her work to mitigate any damage that might be incurred due to the rescission that waiver.
- Judge Elizabeth Leonard informed the Commission that the Texas Center for the Judiciary has held a trauma informed conference. The Conference should be available online soon.
- Judge Pam Liston had the opportunity to testify on behalf of [H.B. 4486](#), as the President of Texas Municipal Courts Association.
- Beth Mitchell had no additional updates, but Justice Bland informed the Commission that Beth Mitchell had recently been honored by the Texas Access to Justice Foundation for her outstanding work in the pro-bono space in particular her dedication to Disability Rights Texas.
- Judge Nathaniel Moran introduced himself to the Commission as this was his first meeting. Judge Moran presides over the County Court in Smith County. Judge Moran looks forward to building relationships with each Commissioner and working on committees.
- Judge Roxanne Nelson echoed the importance of [H.B. 4486](#), which would allow diversion under CCP 16.22 for Class C misdemeanors that come before Justice Courts and Municipal Courts and thanked Judge Liston and Judge Noaker for their testimony.
- Lee Pierson gave a brief update on the Dallas Deflection Center. Mr. Pierson informed the Commission that the security for the Deflection Center will be provided by philanthropist Mark Cuban. With that funding in place, the plans for the Deflection Center can move forward.

- Judge Renee Rodriguez-Betancourt recently attended a meeting of the Texas Association of Specialty Courts, in preparation for starting the inaugural Hidalgo County Juvenile Mental Health Court. She is also hoping to expand training opportunities for mental health court judges.
- Professor Brian Shannon informed the Commission that Lubbock County has funded a Meadows Needs Assessment which will help the community to improve their emergency crisis response.
- Wayne Young informed that the Harris County Sherriff's Office and the Harris Center received an Excellence Award for their CORE program, which placed tablets with the HCSO and in constable's cars so that they can reach a clinician remotely when they need mental healthcare support.

Judge Hervey asked that the Collaborative Council members to send updates and information to JCMH staff prior to the next meeting.

### **CLOSING:**

Justice Bland concluded the meeting by thanking Executive Director Kristi Taylor for her work and thanked the Commissioners for taking the time to attend the meeting. Justice Bland hopes that the August meeting will be in-person, but a final determination has not yet been made. As soon as that determination is made Commissioners will be notified.

Judge Hervey also thanked the Commissioners and stated that she looks forward to the meeting in August.

**TAB 4**  
**REPORT TO THE COMMISSION**



**REPORT TO THE COMMISSION**

August 13, 2021

[www.texasjcmh.gov](http://www.texasjcmh.gov)

## Report of the Executive Director

The mission of the Judicial Commission on Mental Health is to engage and empower court systems through [collaboration](#), [education](#), and [leadership](#), thereby improving the lives of individuals with mental health needs, substance use disorders, and intellectual and developmental disabilities. The following report will provide an overview of the projects the JCMH has undertaken to further these objectives.

### Collaboration

The JCMH has many initiatives created to bring together experts to solve systemic problems. The JCMH legislative committees are an example of multi-disciplinary stakeholders working together to create legislation recommendations for the Texas Judicial Council. Below are descriptions of the legislative committees as well as other collaborative efforts of the JCMH.

#### 1. Commission

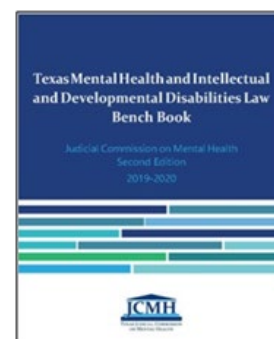
JCMH Commissioners provide a deep well of collaboration through their diverse backgrounds and experiences. Commissioners meet at least three times a year, providing information to promote best practices and improve the function of the judiciary for those with mental health, substance use, or IDD needs. The Commissioners often participate in additional collaborative events when needed. On June 25<sup>th</sup> and June 30<sup>th</sup>, JCMH judges participated in a focus group for the Arc of Texas to help identify what mental health resources are available for individuals with IDD. In July, JCMH Commissioners offered their thoughts in an HHSC listening session about the Statewide Forensic Strategic Plan.

#### 2. Collaborative Council

The Collaborative Council keeps the JCMH updated on emerging issues in the field. JCMH staff holds quarterly calls where the collaborative council members share their organization's conferences, projects, and best practices around the state. The remaining 2021 Collaborative Council calls will be held on September 7 and November 9 at noon. JCMH staff produce minutes from the calls that highlight upcoming trainings from partner organizations, as well as links to resources.

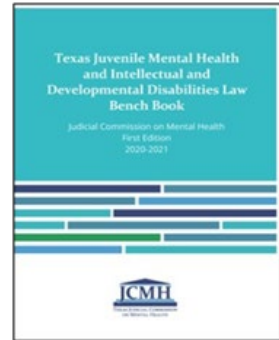
#### 3. JCMH Bench Book Committee

The JCMH Bench Book Committee is chaired by Judge Camile DuBose. The Committee began its work in early 2018 to develop the first edition of the Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book. This year, the Committee has worked diligently on a 3<sup>rd</sup> edition of the book, ultimately adding 72 pages of new information. The new content includes Intercepts 4 and 5, and additional sections on Risk Assessments, Insanity, and Expunctions/Non-Disclosures. The Committee has met their deadlines and are on track to publish the 3<sup>rd</sup> Edition in print and online before the 2021 Summit.



#### 4. Juvenile Bench Book Committee

The Juvenile Bench Book Committee is chaired by Judge Cynthia Wheless. The Committee began in 2020 to help launch the Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book (commonly called the Juvenile Bench Book). The Committee reconvened in 2021 to advise on content, provide editing, and offer feedback on the 2<sup>nd</sup> Edition. The last meeting of the Committee was on July 15, 2021. Plans to publish the 2<sup>nd</sup> Edition in print and online are underway.



#### 5. Summit Curriculum Committee

JUDICIAL SUMMIT ON MENTAL HEALTH	
<small>THE TEXAS JUDICIAL EDUCATION CENTER &amp; CONFERENCE CENTER</small> <small>CONCORDIA TEXAS</small>	
<b>OCTOBER</b> <small>14-15, 2021</small>	
<b>JCMH Summit 2021 AGENDA</b> <small>https://www.jcmh.org/summit</small>	
Pre-Conference: Wednesday, October 13, 2021 <small>8:00 am - 5:00 pm</small> <b>Forensic Mental Health Symposium</b>	
<b>Day 1: Thursday, October 14, 2021</b>	
<small>8:00 am - 8:00 am</small>	Check-In
<small>8:00 am - 8:30 am</small>	Breakfast
<small>8:30 am - 9:00 am</small>	The Future of Mental Health
<small>9:00 am - 9:30 am</small>	Mental Health Law Legislative Update
<small>9:30 am - 10:00 am</small>	BREAK
<small>10:00 am - 10:30 am</small>	Advances in Intellectual, Intellectual and Developmental Disabilities
<small>10:30 am - 11:00 am</small>	Advances in Juvenile Mental Health
<small>11:00 am - 11:30 am</small>	BREAK
<small>11:30 am - 12:00 pm</small>	Panel 1: Juvenile Justice
<small>12:00 pm - 12:30 pm</small>	BREAK
<small>12:30 pm - 1:00 pm</small>	Panel 2: Responding to Acute and Ongoing Trauma (IDD)
<small>1:00 pm - 1:30 pm</small>	Panel 3: Health Services and System Reform (IDD)
<small>1:30 pm - 2:00 pm</small>	Emergency Detention: Working for Law Enforcement and Local Judiciary: A Collaboration Between the JCMH & IJD
<small>2:00 pm - 2:30 pm</small>	BREAK
<small>2:30 pm - 3:00 pm</small>	High-Accessible Overview
<small>3:00 pm - 3:30 pm</small>	Virtual Initiative for Protection From the Criminal Justice System

The Summit Curriculum Committee, chaired by Judge Brent Carr, advises on speakers and curriculum for the Summit. The Committee started its work in early 2018 and is composed of representatives from several judicial education agencies, including the Texas Association of Counties, and the Texas Municipal Courts Education Center, as well as representatives from the Texas Indigent Defense Commission and the Texas Criminal Defense Lawyers Association. The Committee works to ensure that the presentation topics promote the JCMH mission and lead the way in this ever-changing legal field.

The 2021 Summit will be held in person and virtual, on October 14-15, in Georgetown, Texas. In person attendance is limited to 400 registrants, but virtual attendance is unlimited.

#### 6. Legislative Research Committee

The current JCMH Legislative Research Committee now represents two task forces appointed in 2019. One task force was chaired by Justice Bill Boyce and the other was led by Judge Brent Carr. The work of the two task forces was submitted to the Texas Judicial Council and unanimously approved to be included in the [Texas Judicial Council’s Criminal Justice Committee’s 2020 Report and Recommendations](#) to the Legislature. In the 2021 regular legislative session, 10 of the 16 JCMH proposals were entered into law.

#### 7. Forms Committee

The Forms Committee is chaired by Judge Dave Jahn. The Committee was established in December 2019 and was tasked with examining common mental health forms with the goal of producing a set of standardized forms that could be used in any county in the state. The Committee met regularly in 2020 and has continued working into 2021, on forms related to Emergency Detention, Order of Protective Custody, Court-Ordered Mental Health and IDD services, Jail and Magistration, Incompetency, Psychoactive Medication, and Intellectual and Developmental Disabilities proceedings.



## 8. Long-Term Planning Committee

The Long-Term Planning Committee is chaired by Judge John Specia and focuses on long-term goal setting and offering input on possible new JCMH projects. The committee met on July 20<sup>th</sup> to discuss JCMH goals and had many suggestions to steer the work of the commission.

## 9. Data Committee

The Data Committee, chaired by Dr. Connie Almeida, will offer expertise on collecting and understanding the data collected, guided by the Stepping Up Initiative (a national initiative to reduce the number of people with mental illness in jails). The Committee will have its first meeting in September.



## 10. JCMH Executive Committee

The Executive Committee is comprised of Justice Jane Bland, Judge Barbara Hervey, Justice Bill Boyce, Judge John Specia, David Slayton, and Kristi Taylor. It meets at least quarterly, or more if needed, to advise on JCMH operations, projects, and policy.

# Education

The JCMH creates specialized training, resources, and tools for judges, attorneys, court personnel, and other stakeholders.

### 1. Annual Judicial Summit on Mental Health

The JCMH will host its fourth annual Judicial Summit on Mental Health, October 14 and 15, 2021. This year's Summit will be in person and virtual. Attendees will include judges from all levels of the judiciary, academia, law enforcement, advocacy groups, prosecutors, defense attorneys, mental health and IDD service providers, representatives from various state agencies, policymakers, persons with lived experience, and many others. This year's topics include legislative updates, a competency restoration action plan, civil law and AOT, risk assessments, veteran initiatives, and will feature multiple innovative programs from across the state. Agenda and speakers are now published, and registration is open, [here](#).

### 2. Texas Mental Health and Intellectual and Developmental Disabilities Law Bench Book

The Bench Book is a 165-page book for Texas judges hearing cases regarding persons with mental illness and/or IDD. Each section contains applicable statutory processes, relevant best practices and guidance, and cross-references to mandatory forms. The third edition of the Bench Book will add 72 pages of new content and is on track to be released at the 2021 Judicial Summit on Mental Health. The third edition will include Intercepts 4 and 5, and additional sections on Risk Assessments, Insanity, and Expunctions/Non-Disclosures. Print copies of the Bench Book and all other JCMH publications can be ordered by sending an email to [JCMH@txcourts.gov](mailto:JCMH@txcourts.gov), and a digital version of the 2<sup>nd</sup> Edition is currently available on the JCMH website, [here](#). The third edition is

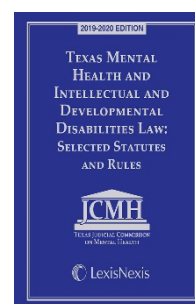
anticipated to be released in October 2021, and will cover insanity, re-entry, and community corrections.

### 3. Texas Juvenile Mental Health and Intellectual and Developmental Disabilities Law Bench Book

The Juvenile Bench Book is a 150-page book for Texas judges hearing cases regarding youth and adolescents with mental illness and/or IDD. Each section contains applicable statutory processes, relevant best practices and guidance, equity considerations, and suggested forms. The Juvenile Bench book was released at the Judicial Summit on Mental Health on November 9, 2020. The JCMH is currently distributing the initial run of 500 copies. The Juvenile Bench Book is also available in digital form on the JCMH website, [here](#). Plans for printing the second edition are underway, which will include a detailed section on lack of responsibility.

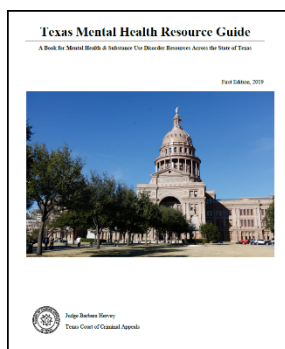
### 4. Mental Health Code Book

The JCMH, building on the work of Chris Lopez at HHSC, created the *Texas Mental Health and Intellectual and Developmental Disabilities Law: Selected Statutes and Rules*, a collection of Texas statutes related to mental health and IDD in one convenient volume. The digital version is available on the JCMH website, [here](#). The Mental Health Code Book will be updated following the 87th Legislative Session.



### 5. Texas Mental Health Resource Guide

Judge Barbara Hervey had a vision for a statewide, comprehensive resource guide with practical information to improve the lives of those in the criminal justice system who might be better served through alternatives to incarceration. With assistance from grantee organizations, the Court of Criminal Appeals brought this vision to fruition and released the [Texas Mental Health Resource Guide](#). The Resource Guide provides an explanation of mental health services and lists resources indexed by type, region, and county. The Resource Guide is intended to be continually updated, and information or resources for the benefit of those with mental health challenges can be sent to the Court of Criminal Appeals at [Mentalhealthresource@txcourts.gov](mailto:Mentalhealthresource@txcourts.gov).



### 6. Mental Health Law Forms

Currently, JCMH hosts an online sample forms bank from various Texas counties, available [here](#). When the work of the Forms Committee is completed, those forms will be submitted to the high court Rules Committees and will supplant the current forms bank.

### 7. Jurist in Residence Letters

Judge John Specia, Jr., Senior District Judge (Ret.) distributes letters throughout the year to keep judges, attorneys, and other stakeholders updated on relevant changes to the law and share helpful resources and tools. All previously released Jurist-in-Residence letters are available on our website, [here](#).

## **8. JCMH Website**

The JCMH developed and regularly updates the JCMH website, [www.texasjcmh.gov](http://www.texasjcmh.gov), to provide and share tools and resources on key concepts and court procedures related to mental health, substance abuse, and IDD. Currently, plans are underway for a new and improved website.

## **9. Legislative Materials**

The JCMH prepares tools and resources regarding mental health and IDD legislation. You can find summaries of the bills passed from JCMH proposals [here](#).

## **10. Scholarships**

The JCMH provides scholarships for judges, attorneys, Commissioners, and Collaborative Council members to attend national conferences. For example, in March 2021, the JCMH provided scholarships to six attorneys and judges to attend the virtual conference on juvenile law sponsored by the National Center for Juvenile and Family Court Judges. Future scholarship opportunities can be found on our [grants page](#).

## **11. Presentations to Partner Organizations**

JCMH leaders spoke at the 47th Annual TexasBarCLE on Advanced Criminal Law, including Judge Ryan Turner, Prof. Brian D. Shannon, and David Slayton. The conference also featured Court of Criminal Appeals Judges David Newell, Bert Richardson, and Jesse McClure. Also, Jurist in Residence Judge John Specia, Jr. (Ret.) spoke at a conference in Lubbock entitled: *Mental Health and Mediation: Promoting the Well-Being of involved Parties*.

# **Leadership**

The JCMH recognizes that judicial leadership is essential to furthering our mission and supports statewide and local initiatives to provide courts with the tools and resources they need.

### **1. Mental Health Court Grants**

The JCMH has granted 10 local court improvement grants for judicial training using the Sequential Intercept Model, for technology to assist with remote hearings, and for the purchase of case management software for better collaboration.

### **2. Texas Mental Health Courts and Resources Website**

Building on the success of the [Texas Court of Criminals Appeals' Texas Mental Health Resource Guide](#), the JCMH is designing a comprehensive website that will contain county-specific information regarding courts that hear mental health cases, mental health treatment courts, and diversion programs, for all 254 Texas counties. JCMH is developing local relationships to foster the supply and entry of local information. Training for local administrators will be provided.

### 3. Community Diversion Coordinator Pilot Project

The JCMH, in partnership with HHSC, is granting funds to three counties for a pilot project intended to divert individuals with mental illness who are charged with nonviolent misdemeanor offenses from the criminal justice system. The coordinator position will be funded by JCMH for at least two years, and JCMH will have the project evaluated by a third party. A Committee of judges and other stakeholders was convened in December 2020 to determine the direction and scope of the project. The Committee met twice per month, last meeting on February 24, 2021. Three test sites were selected for implementation: Denton County, Grayson County, and Smith County.

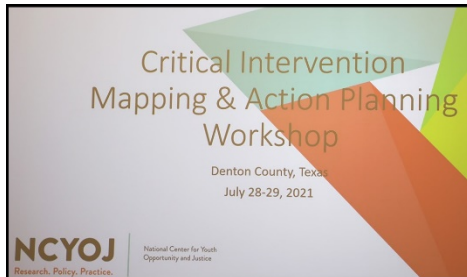


### 4. Round Table Series

Round Table discussions are designed to address key issues affecting mental health and IDD law and the courts that hear those cases. The discussions are usually a half-day program facilitated by a subject-matter and legal expert. The topics vary year to year and the number of Round Tables hosted each year also varies according to the interest of stakeholders and issues demanding attention.

### 5. Technical Assistance for Courts and Communities

In December 2021 JCMH will host another Train the Trainer for Sequential Intercept Mapping to allow JCMH staff, judges, and partner organizations to bring SIM mapping and hands-on training to local courts. This work was begun in December 2019, when JCMH staff and 15 partners from judicial training organizations, judges, and other stakeholders participated in a two-day training session facilitated by Policy Research Associates.



To bring this mapping work to the juvenile system, the JCMH hosted a virtual Critical Intervention Mapping in July of 2021 facilitated by the National Center for Youth Opportunity and Justice and JCMH. The

workshop assisted the Denton County juvenile system to help build capacity through collaboration and connection to best practices and underutilized resources.

**TAB 5**  
**BUDGET**

**Supreme Court of Texas - Court Improvement Projects**  
**Judicial Commission on Mental Health FY2021**  
**August 2021 Financial Report**

**FY2020-2021 Available Funds**

<b>FY2020-2021 State Appropriation</b>	
FY2020 A.1.1 (UB)	250,000
FY2020 Strategy B.1.2	1,000,000
FY2021 Strategy A.1.1	250,000
FY2021 Strategy B.1.2	1,000,000
<b>Total State Appropriation</b>	<b>2,500,000</b>

**FY2021 Budget vs. Actuals**

	<b>Actual</b>	<b>Budget</b>	<b>Balance</b>
Operating	\$ 545,940	\$ 599,187	\$ 53,246
JCMH Projects	\$ 26,415	\$ 197,090	\$ 170,675
Scholarships	\$ 7,410	\$ 11,288	\$ 3,878
Grants	\$ 549,518	\$ 628,200	\$ 78,682
<b>Total Expenditures</b>	<b>\$ 1,129,283</b>	<b>\$ 1,435,765</b>	<b>\$ 306,482</b>

**Financial Status as of August 2021**

<b>State Appropriation FY2020-2021</b>	
A.1.1	\$ 500,000
B.1.2	\$ 2,000,000
<b>FY2020-2021 Funds Available</b>	<b>\$ 2,500,000</b>
FY2020 Expenditures	\$ 888,604
FY2020 Committed Lapse	\$ 34,128
<b>FY2021 Funds Available</b>	<b>\$ 1,577,268</b>
FY2021 Expenditures to Date	\$ 1,129,283
<b>State Appropriation Balance</b>	<b>\$ 447,985</b>
FY2020-2021 Outstanding Obligations	\$ 435,303
<b>FY2021 Projected End Balance</b>	<b>\$ 12,681</b>

**TAB 6**  
**JCMH LEGISLATION**  
**PROPOSALS & RESULTS**



**JCMH LEGISLATIVE PROPOSALS AND RESULTS**  
87th Legislative Session

Before the commencement of the 87th Legislative Session the JCMH developed and submitted legislative proposals to the Texas Judicial Council. This review compares those proposals to the bills passed during the 87th legislative session.

**PASSED PROPOSALS & LEGISLATION**

Issue	Proposal	Result
<b>Acceptance of Plea in Justice and Municipal Courts</b>	Amend Chapter 45 of the Texas Code of Crim. Procedure to add Art. 45.0241, which would codify the requirement that a justice of the peace or municipal court judge may accept a plea of guilty or nolo contendere only if the defendant appears to be mentally competent.	<b>HB 3774, Section 3</b> , creates the recommended amendment to Chapter 45 of the Texas Code of Criminal Procedure and adds Art. 45.0241 which states, “A justice or judge may not accept a plea of guilty or plea of nolo contendere from a defendant in open court unless it appears to the justice or judge that the defendant is mentally competent, and the plea is free and voluntary.” ----- PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021
<b>16.22 Interview for a Defendant No Longer in Custody</b>	Amend subsection (a)(2) of Article 16.22 of the Code of Criminal Procedure to omit the requirement that a magistrate order a mental health interview for a defendant that is no longer in custody.	<b>SB 49, Section 1</b> creates the recommended amendment and subsection (a)(2) of Art. 16.22 of the Code of Criminal Procedure no longer requires an interview for a defendant who is not in custody. ----- PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021



<p><b>Oath and Promise to Appear for Persons with Mental Illness or IDD</b></p>	<p>Amend Art. 17.04 of the Code of Criminal Procedure to remove the oath requirement for defendants being released under art. 17.032, art.16.22(c)(5), and CCP Chapter 46(B) Competency.</p>	<p><b>SB 49, Section 3</b>, amends Code of Criminal Procedure Art. 17.04 by adding subsection (3)(b). This amendment is broader than the original JCMH proposal. This amendment precludes a personal bond oath if a magistrate makes a determination under 16.22 that the defendant has mental illness or IDD, if the defendant is released under art. 17.032, or if the defendant is found incompetency to stand trial in accordance with Chapter 46B.</p> <p>-----  PASSED: 5/31/2021  SIGNED: 6/18/2021  EFFECTIVE: 9/1/2021</p>
<p><b>Time Periods for Competency Orders</b></p>	<p>Amend Art. 46B.055 of the Code of Criminal Procedure to clarify the commencement of competency restoration, the triggering event being the latter of the date the order for restoration is signed by the Court or when the actual restoration services begin.</p>	<p><b>SB 49, Section 4</b> creates the recommended amendments and adds art. 46B.0735 which states, “The initial restoration period for a defendant under Art. 46B.0711, 46B.072 or 46B.073 begins on the later of (1) the date the defendant is: (A) ordered to participate in an outpatient competency restoration program; or (B) committed to a mental health facility, residential care facility, or jail-based competency restoration program; or (2) the date competency restoration services actually begin.”</p> <p><b>SB 49, Section 5</b>, also clarifies the issue and amends Art. 46B.080 by adding subsection (d), which states, “An extension under this article begins the later of: (1) the date the court enters the order under Subsection (a); or (2) the date competency restoration services actually begin pursuant to the order entered under Subsection (a).”</p> <p>-----  PASSED: 5/31/2021  SIGNED: 6/18/2021  EFFECTIVE: 9/1/2021</p>
<p><b>Jail-Based Competency Restoration Pilot Program and County Programs</b></p>	<p>Amend Art. 46B.090 of the Code of Criminal Procedure to adjust the pilot program to better align with a Jail-based competency restoration (JBCR) program established by a county.</p>	<p><b>SB 49, Section 6</b> creates the recommended amendments and sets standards and procedures for a JBCR program that is aligned with JBCR programs established by a county and also mandates a sunset provision of the HHSC pilot program, set for September 1, 2022.</p> <p>-----  PASSED: 5/31/2021  SIGNED: 6/18/2021  EFFECTIVE: 9/1/2021</p>

<p><b>Deadlines for Competency Evaluations and Timelines in Jail-Based Competency Restoration Programs</b></p>	<p>Amend Art. 46B.091 of the Code of Criminal Procedure to mandate the continuation of JBCR past the initial 60-day treatment period if the defendant is waiting an inpatient bed. Amend Art. 46B.091 to provide authority to the trial court to modify an order for JBCR by ordering outpatient competency restoration, when appropriate.</p>	<p><b>SB 49, Section 7</b> creates the recommended amendments to allow for extended periods of JBCR and for outpatient competency restoration for defendants who are determined not to be a danger to others.</p> <p>-----</p> <p>PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021</p>
<p><b>Possibility of a Step Down from Court-Ordered Inpatient to Outpatient Mental Health Services under 46B.105</b></p> <p>Modification of order following inpatient civil commitment placement</p>	<p>Add Code of Criminal Procedure art. 46B.1055 to allow for a step-down in the confinement of a defendant under an order of civil commitment with a finding of violence. The added article would allow a court to determine if an order for outpatient mental health services is an appropriate step-down of the defendant's civil commitment order. The article would also mandate consultation with the LMHA of LBHA prior to any hearing to determine a modification.</p>	<p><b>SB 49, Section 8</b> creates the recommended amendment to Chapter 46B of the Code of Criminal Procedure by adding Art. 46B.1055. The article creates a process to request a defendant's step-down in their civil commitment order, to include a transfer to outpatient treatment services.</p> <p>-----</p> <p>PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021</p>
<p><b>Expert Qualifications in Competency and Insanity Evaluations</b></p>	<p>Amend CCP art. 46C.102 to eliminate the 5-year legacy exception for qualifications of experts to determine insanity. Aligns the expert qualifications for insanity and incompetency.</p>	<p><b>SB 49, Section 9</b> creates the recommended amendment to Art. 46C.102 and eliminates the 5-year legacy exception for qualifications of experts to determine insanity.</p> <p>-----</p> <p>PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021</p>
<p><b>Psychiatric Stabilization at the Jail</b></p> <p>Continuity of prescription medications for care and treatment of prisoners with mental illness/psychiatric stabilization at the jail</p>	<p>Amend Section 511.009(d) of the Government Code to create subsection (d)(2), a provision that prisoners with mental illness be provided <i>access</i> to a necessary prescription medication.</p>	<p><b>SB 49, Section 10</b> creates the recommended amendment (but strengthens the language) by adding Section 511.009(d)(2), mandating that prisoners with mental illness <i>be provided</i> with each necessary medication that is prescribed by a qualified medical professional or mental health professional.</p> <p>-----</p> <p>PASSED: 5/31/2021 SIGNED: 6/18/2021 EFFECTIVE: 9/1/2021</p>

**PROPOSALS THAT DID NOT PASS**

Issue	Proposal	Result
<b>Good Time Credit for Defendants Released to Outpatient Competency Restoration Programs</b>	Amend art. 46B.009 of the Code of Criminal Procedure to allow good time credit for defendants who attend or participate in an outpatient competency restoration program.	This proposal was included in SB 1739 and HB 4212. SB 1739 did not make it past committee. HB 4212 did pass in the House of Representatives but was not taken up by the Senate.
<b>Clarification of Officer’s Duties Upon Presenting a Person for Mental Health Services</b>	Amend Section 573.012 of the Health and Safety Code to clarify that a peace officer has no duty or obligation to remain at a facility or emergency department after that officer has transported an individual for emergency mental health services with proper completed documentation.	Proposal was not included in any bill introduced during the legislative session.
<b>Expansion of Types of Professionals Who May Make an Electronic Application for Emergency Detention Warrant</b>	Amend Section 573.012 of the Health and Safety Code by adding subsection (h-2) that would allow a magistrate or judge to permit an application for emergency detention warrant from a licensed physician’s assistant, nurse practitioner, or a non-physician mental health professional.	This proposed amendment was included in SB 1511 (Sec. 2) and HB 3977 (Sec. 2). SB 1511 did not make it out of committee. HB 3977 also died in committee. The proposed amendment was not attached to any other bill.
<b>Seizure of Firearms in Possession of Person Taken into Custody by Warrant for Emergency Detention</b>	Amend Section 573.012 of the Health and Safety Code to add subsection (d-1), which would authorize a law enforcement officer to seize a firearm that is in the possession of an individual who is the subject of an emergency detention warrant.	This proposed amendment was included in SB 1511 (Sec. 2) and HB 3977 (Sec. 2). SB 1511 did not make it out of committee. HB 3977 also died in committee. The proposed amendment was not attached to any other bill.
<b>Authorization for Blood Draws to Monitor Blood Levels of Psychoactive Medications Involuntarily Administered to Patients in Accordance with Lawful Orders</b>	Amend Section 574.106 of the Health and Safety Code to add subsection (a-1) to allow mandatory blood draws for patients admitted to the state hospitals for involuntary psychoactive medication administration purposes.	This proposed amendment was included in SB 1511 (Sec. 3) and HB 3977 (Sec. 3). SB 1511 did not make it out of committee. HB 3977 also died in committee. The proposed amendment was not attached to any other bill.

<p><b>Defendant with Lack of Capacity in Justice and Municipal Courts</b></p> <p><b>Authority for Justices of the Peace and Municipal Court Judges to dismiss Class C misdemeanors when the defendant lacks capacity.</b></p>	<p>Add CCP art. 45.0214, which would allow a judge/justice, on a motion by the state, the defendant, or person standing in parental relation, or on the court's own motion, to determine if probable cause exists to believe that the defendant lacks the capacity to understand criminal proceedings or to assist in the defendant's own defense and is unfit to proceed. And if PC is found, to dismiss the Class C complaint.</p>	<p>This proposal was included in SB 1739 and HB 4212, section 3. SB 1739 did not make it past committee. HB 4212 did pass in the House of Representatives but was not taken up by the Senate.</p>
<p><b>Statutory Authority to Delay the Arrest of a Mental Health Patient Detained under an Emergency Detention or Order of Protective Custody, Who Engages in Conduct that May Subject the Patient to Arrest for an Assault or Other Low-Level Offense, until the Patient's Mental Health Condition has been Stabilized</b></p>	<ol style="list-style-type: none"> <li>1. Amend Chapter 15 of the Code of Criminal Procedure by adding new section 15A, which would create statutory authority to delay the arrest of a mental health patient until the patient's condition has been stabilized. and/or</li> <li>2. Amend Sec. 22.01 of the Penal Code to make an exception to the provisions regarding assault of a public servant and emergency service provider. Said exception would diminish the offense from a felony to a misdemeanor. and/or</li> <li>3. Allow an exception, defense, affirmative defense, or mitigation instruction in favor of a defendant charged with felony assault who was at the time under an order or protective custody or emergency detention.</li> </ol>	<p>Proposals were not included in any bill introduced during the legislative session.</p>

# 87TH TEXAS LEGISLATIVE UPDATE

## SPOTLIGHT: SB 49



Texas Judicial Commission on Mental Health

### **Texas Judicial Commission on Mental Health Legislative Summary of SB 49 SEN. JUDITH ZAFFIRINI / REP. ANDREW MURR**

*Relating to Procedures Regarding Defendants Who are or May Be Persons with Mental Illness or Intellectual Disability (IDD).*

#### **Section 1: 16.22 Interview for Out-of-Custody Defendant.**

*Issue:* The intent of Article 16.22 of the Texas Code of Criminal Procedure, including amendments in 2017 and 2019, “has been to identify (promptly) persons in custody who will likely need treatment intervention.”<sup>1</sup> The current law requires that when a magistrate determines that an arrestee has a mental illness or is a person with intellectual disability (ID), they shall order the local mental health provider to conduct a 16.22 interview by a qualified mental health professional. Currently, this interview is required even if a defendant bonds out of jail. This interview and collection of information from an out-of-custody defendant is a beneficial idea in theory; however, in practice, there is neither the capacity in the system to conduct the required number of assessments, nor the mechanism to monitor the assessment requirement of those released on bond.<sup>2</sup>

*SB 49:* This bill removes the requirement that a magistrate order a 16.22 interview if the defendant is no longer in custody. This bill amends the statute to focus on screening those individuals suspected of mental illness or ID who remain in the jail population, and not “out-of-custody” defendants. The judge, however, can still order assessments as deemed appropriate.

#### **Section 2: Production and Distribution of Written Report Regarding a Defendant Suspected of Having a Mental Illness or IDD.**

*Issue:* Article 16.22 only stipulates that a written report regarding the interview of a defendant with a suspected mental illness or IDD be distributed to the magistrate.

*SB 49:* This bill expands the individuals required (entitled) to receive the report to include defense counsel, the prosecuting attorney, the trial court, the sheriff, or other person responsible for the defendant’s medical records while they are in county jail, and, if applicable, the personal bond office.

#### **Section 3: Oath and Promise to Appear for Persons with Mental Illness and/or IDD.**

*Issue:* Included in the requirements for a release on personal bond, is that the defendant swears under oath that he or she will appear in court. A failure to appear can result in a contempt finding and other

consequences. Individuals released on bond, with treatment conditions or competency restoration requirements, due to their mental illness or intellectual disability may not comprehend the significance of their oath yet might face a contempt charge for failing to appear.

*SB 49:* This bill removes the requirement that certain individuals with MI or ID “swear under oath” that they will appear in court as part of their release on bond. This oath is waived as the qualifying individuals (individuals released under certain statutes involving MI, ID, or a finding of incompetent to stand trial).

#### **Sections 4 & 5: Clarification of Time Periods for Competency Orders.**

*Issue:* The law is not clear on when competency restoration orders technically begin, thereby creating confusion.

*SB 49:* These sections of the bill provide clarification for when competency restoration orders technically begin. This promotes consistency and assists in determining the period of competency restoration, with the triggering event being the latter of either the date the order is signed or when competency restoration services begin.

#### **Section 6: Jail-Based Competency Restoration Pilot Program and County Programs.**

*Issue:* The Legislature created two possible paths for establishing jail-based competency restoration (JBCR) programs: i) the JBCR Pilot Program to be operated by the Texas Health and Human Services Commission (HHSC), and ii) a JBCR program implemented by a county. However, the laws regarding the two types of JBCR programs are not aligned.

*SB 49:* This bill amends the pilot program language to better align with the language for a JBCR implemented by a county and allows the HHSC program to sunset in 2022 and be governed by the laws of the county implemented JBCR.

#### **Section 7: Deadlines for Competency Evaluations and Timelines in Jail Based Competency Restoration Programs.**

*Issue:* The jail-based competency restoration statute caps the maximum period for JBCR services at sixty days, although the general period for an order of competency restoration services is longer. The statute contemplates that if the defendant has not been restored by the end of the 60-day period of jail-based services, he or she will be immediately transferred ‘without unnecessary delay’ to an inpatient facility for the remaining authorized restoration period. While this statutory requirement is reasonable in theory, the practical concern is that given long waiting lists and backlogs at state inpatient facilities, immediate transfers simply do not happen.

*SB 49:* This section of the bill mandates the continuation of jail-based services while the defendant waits for an inpatient bed at a JBCR facility. As currently written, the statute can result in the defendant receiving 60 days of JBCR but with the competency clock then pausing and resuming only when the defendant reaches an inpatient facility. This amendment would allow continued services until an inpatient bed opens. This proposed change also provides the trial court authority to modify an order for JBCR to outpatient competency restoration, when appropriate.

*Issue:* The JBCR statute requires “at least two full psychiatric or psychological evaluations of the defendant during the [sixty-day] period the defendant receives competency restoration services in the jail.” These evaluations must occur by the twenty-first and fifty-fifth days, respectively, of the sixty-day period. The practical problem, however, is that it can take weeks for a forensic psychiatrist

or psychologist to prepare and submit a report of an evaluation. Accordingly, it is effectively impossible for a court to be able to receive a report on an examination conducted on or shortly before the fifty-fifth day prior to the completion of the sixty-day statutory period.

*SB 49:* This section also revises the deadline for competency evaluations in JBCR to match those required for 46B.079.

### **Section 8: Modification of Order Following Inpatient Civil Commitment Placement.**

*Issue:* The law currently allows a possible modification from an inpatient-hospitalization order for certain insanity acquittees to court-ordered outpatient or community-based care. Additionally, the law already provides the ability to transfer a civilly committed defendant from a maximum-security facility to a facility other than a maximum-security unit. The law, however, does not have a comparable provision for a defendant under an order of civil commitment with a finding of violence to modify to outpatient or community-based care, as the insanity-based commitments allow.

*SB 49:* This bill adds a statute to permit a court to consider a possible further step down in the placement of a defendant under an order of civil commitment with a finding of violence. Thus, making the procedures for a possible step-down for civil commitment comparable to those for an insanity-based commitment. This addition would allow a court to hold a hearing and determine if a step down to outpatient mental health services is appropriate in modifying the defendant's civil commitment order. The proposal also includes language to require consultation with the local mental health authority or local behavioral health authority before any court hearing.

### **Section 9: Expert Qualifications in Competency/Insanity Evaluations.**

*Issue:* The qualifications for insanity experts were enacted in 2005 and provide that experts in insanity cases must be qualified by board certification or by certain training or experience. This statute also included a "legacy exception" for psychiatrists or psychologists who had five years of experience in performing forensic evaluations prior to the enactment of the statute. This language mirrored a comparable "five-year experience" exception that originally was a part of the qualifications for experts for competency evaluations; however, the exception for experts for competency evaluations was eliminated in 2011. Given that almost 16 years have passed since the enactment of the insanity laws, any expert appointed to provide these services should now be otherwise qualified, and the confusing five-year experience exception should be eliminated.

*SB 49:* This section of the bill aligns the expert qualifications required for insanity evaluations with those required for competency evaluations.

### **Section 10: Continuity of Prescription Medications for the Care and Treatment of Prisoners with Mental Illness.**

*Issue:* Government Code § 511.009(d) requires the continuity of prescription medication for the care and treatment of prisoners.

*SB 49:* This section specifically requires that prisoners with a mental illness be provided with each prescription medication that a physician or mental health professional determines to be necessary for the care and/or stabilization of the prisoner.

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<sup>1</sup> BRIAN D. SHANNON & DANIEL H. BENSON, TEXAS CRIMINAL PROCEDURE AND THE OFFENDER WITH MENTAL ILLNESS: AN ANALYSIS AND GUIDE 31 (NAMI-Texas 6th ed. 2019).

<sup>2</sup> TONY FABELO, THE CHALLENGE OF IDENTIFYING, DIVERTING, AND TREATING JUSTICE-INVOLVED PEOPLE WITH MENTAL ILLNESS, at 42 (Dec. 3, 2018).

# 87TH TEXAS LEGISLATURE

## SPOTLIGHT ON: SB 1530 / HB 3774



Texas Judicial Commission on Mental Health

## SEN. JOAN HUFFMAN / REP. JEFF LEACH

Relating to the operation and administration of and practice and procedure related to proceedings in the judicial branch of state government

### **Article 3, Section 3.01: Acceptance of Defendant's Plea in Justice and Municipal Courts.**

*Issue:* Constitutional principles and case law dictate that judges only accept a plea when (i) a defendant is mentally competent, and (ii) the plea is given freely and voluntarily. This is codified for County and District Court Judges but is not yet codified for Justices of the Peace or Municipal Judges.

*SB 1530/HB3774:* This section of the bill mirrors the existing requirements for County and District Court Judges, requiring that Justice and Municipal Court Judges accept a plea only from a defendant who appears to be mentally competent, and that the plea be free and voluntary.



**TAB 7**  
**CCJ/COSCA TASK FORCE REPORT**

REPORT TO  
**Conference of Chief Justices  
&  
Conference of State Court Administrators**  
**2021 ANNUAL CONFERENCE**

Williamsburg, Virginia  
July 26, 2021





“

**There comes a point  
where we need to stop  
just pulling people  
out of the river.**

**We need to go upstream  
and find out why  
they're falling in.**

- Archbishop Desmond Tutu

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Dear friends and colleagues:

On behalf of the members of the Executive Committee of the National Judicial Task Force to Examine State Courts' Responses to Mental Illness, we are pleased to provide you with this update of our activities.

The Task Force was created by action of the CCJ and COSCA Boards of Directors in March 2020. Led by four chief justices and four state court administrators, joined by 40 additional judges and court and behavioral health experts, and funded by the State Justice Institute, the Task Force will spend the next year developing tools, resources, best practices and policy recommendations for the state courts. The Task Force will deliver its final report during the 2022 CCJ-COSCA Annual Meeting in Chicago.

Following our initial organization and appointment of all members, our early work focused on court responses to the difficulties presented by the pandemic when dealing with cases involving individuals with serious mental illness. This work was done with the support of and in collaboration with the CCJ-COSCA Rapid Response Team. Several on-line resources, the Behavioral Health Alerts newsletter, and a resource center – the “Behavioral Health Hub” – have been developed and can be found at <https://www.ncsc.org/behavioralhealth>.

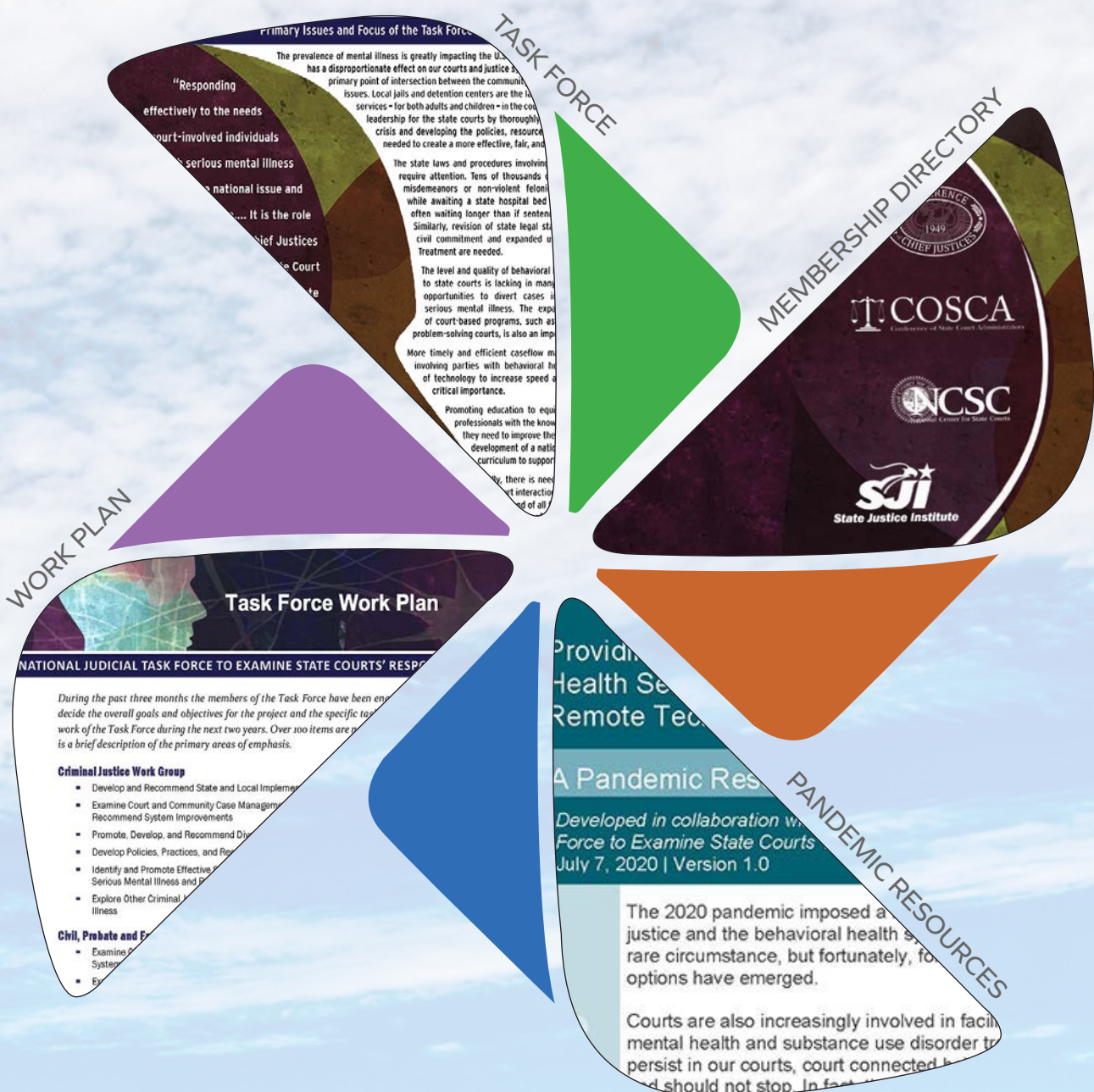
During our time in Williamsburg, you will hear a report about our work with SAMHSA, including a very successful series of meetings involving chief justices, state court administrators, and state behavioral directors from all states and territories. We are excited about the prospects for future collaboration with our federal partners.

Beginning later this year, state teams will be invited to participate in summits that will take place in the CCJ-COSCA Southern, Mid-Atlantic and New England regions. States in the Western and Midwest regions, who held summits prior to the pandemic, are currently receiving technical assistance from the Task Force to implement plans that they developed during their previous regional summits. We just received notice from the State Justice Institute that an additional grant has been approved that will provide technical assistance to participating states following the Southern, Mid-Atlantic and New England summits. We know that you join us in gratitude for the important role the State Justice Institute continues to play in the improvement of our state judicial systems.

In the report that follows, we have provided more detail about our future activities, resources that have already been developed and are available for your use, and ways in which members of CCJ and COSCA can engage in our work. We are honored that we were selected to lead the Task Force and are hopeful that these efforts can increase our understanding, improve our practices, and bring real and lasting change as we work to develop the policies, resources, tools and changes that we need to create a more effective, fair, and timely judicial response for all of those with serious mental illness.

Honorable Paul L. Reiber  
Chief Justice  
Supreme Court of Vermont

Honorable Lawrence K. Marks  
Chief Administrative Judge  
State of New York Unified Court System



WORK PLAN

### Task Force Work Plan

NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO THE 2020 PANDEMIC

During the past three months the members of the Task Force have been engaged in the process of identifying the overall goals and objectives for the project and the specific tasks to be completed in the work of the Task Force during the next two years. Over 100 items are included in the work plan. Below is a brief description of the primary areas of emphasis.

- Criminal Justice Work Group**
  - Develop and Recommend State and Local Implementation Plans
  - Examine Court and Community Case Management and Recommend System Improvements
  - Promote, Develop, and Recommend Diversion Programs
  - Develop Policies, Practices, and Procedures
  - Identify and Promote Effective Practices for Serious Mental Illness and Substance Use Disorder
  - Explore Other Criminal Justice Issues
- Civil, Probate and Family Work Group**
  - Examine Court and Community Case Management and Recommend System Improvements
  - Identify and Promote Effective Practices for Serious Mental Illness and Substance Use Disorder
  - Explore Other Civil, Probate and Family Issues

TASK FORCE

### Primary Issues and Focus of the Task Force

The prevalence of mental illness is greatly impacting the United States. Mental illness has a disproportionate effect on our courts and justice systems. Local jails and detention centers are the primary point of intersection between the community and the justice system. Local jails and detention centers are the primary point of intersection between the community and the justice system. Local jails and detention centers are the primary point of intersection between the community and the justice system.

"Responding effectively to the needs of court-involved individuals with serious mental illness is a national issue and... It is the role of the Chief Justices of the State Courts to lead the way in addressing this issue. The level and quality of behavioral health services to state courts is lacking in many areas. Opportunities to divert cases involving serious mental illness. The expansion of court-based programs, such as problem-solving courts, is also an important goal. More timely and efficient caseload management involving parties with behavioral health issues is a critical importance. Promoting education to equip professionals with the knowledge they need to improve the development of a national curriculum to support... there is need for interactive learning of all..."

MEMBERSHIP DIRECTORY

PANDEMIC RESOURCES

### Providing Health Services via Remote Technologies: A Pandemic Resource

Developed in collaboration with the National Judicial Task Force to Examine State Courts' Response to the 2020 Pandemic  
July 7, 2020 | Version 1.0

The 2020 pandemic imposed a rare circumstance, but fortunately, options have emerged.

Courts are also increasingly involved in facilitating mental health and substance use disorder treatment. As these issues persist in our courts, court connected health services should not stop. In fact...

# Justice . Safe

Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health

## CRIMINAL JUSTICE WORK GROUP

The Criminal Justice Work Group is developing a Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health

Needs which defines and organizes the criminal justice work.

Strengthen Community Responses and Minimize Criminal Justice System Involvement

Promote Early Intervention and Effective Management of Court Cases

Community Behavioral Health

Evidence-Based Practices

Institutionalization, Sustainability, and Funding

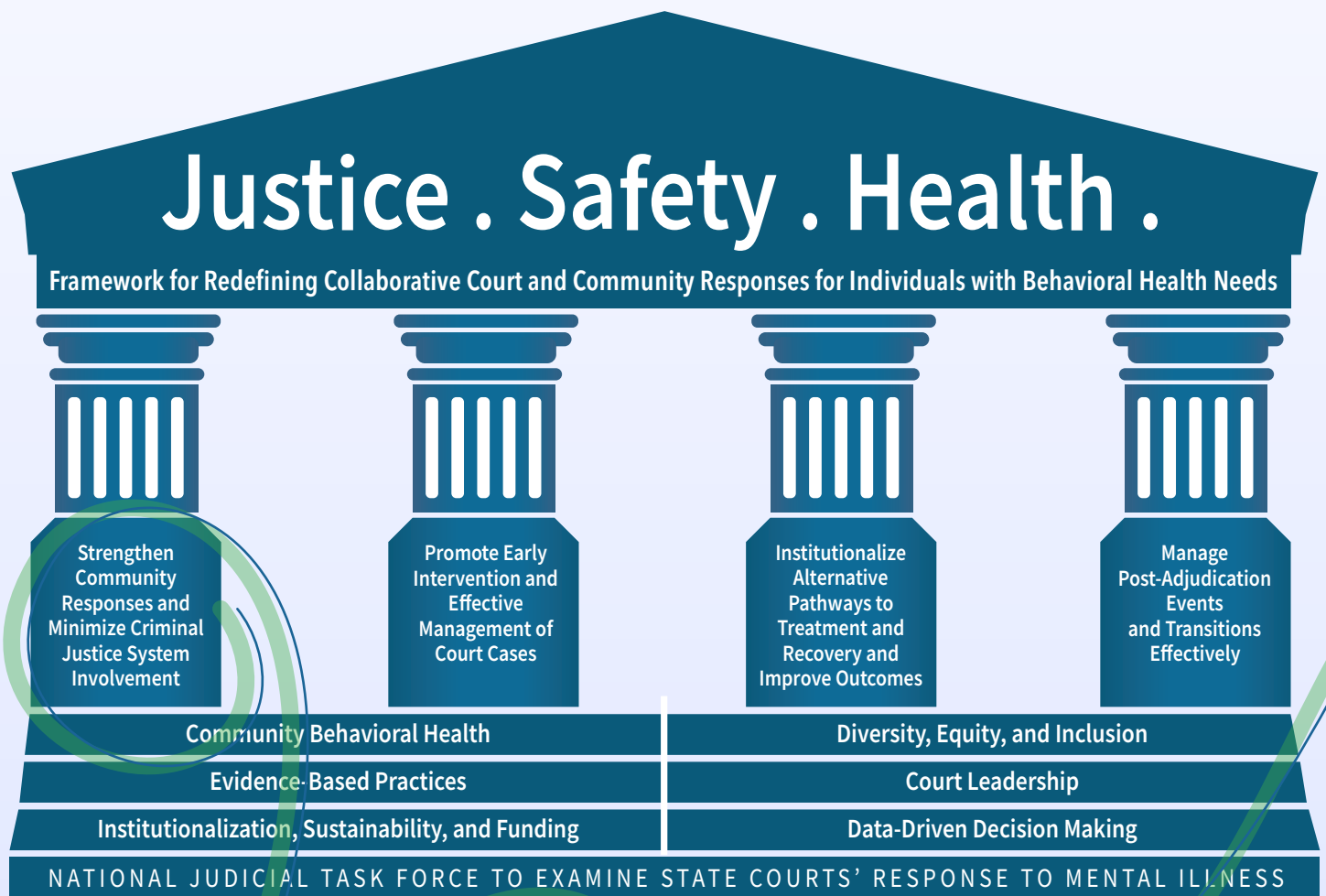
NATIONAL JUDICIAL TASK FORCE TO EXAMINE COURT

CRIMINAL JUSTICE

# FRAMEWORK FOR REDEFINING COLLABORATIVE COURT AND COMMUNITY RESPONSES FOR INDIVIDUALS WITH BEHAVIORAL HEALTH NEEDS

The Framework for Redefining Collaborative Court and Community Responses for Individuals with Behavioral Health Needs includes four pillars which provide support and structure for the entire framework. Each of the identified pillars include essential elements which are fundamental and integral to the overall framework.

Foundations support all of the work ensuring that certain concepts are embedded and considered throughout including Community Behavioral Health; Diversity, Equity, and Inclusion; Evidence-Based Practices; Court Leadership; Institutionalization, Sustainability, and Funding; and Data-Driven Decision Making.

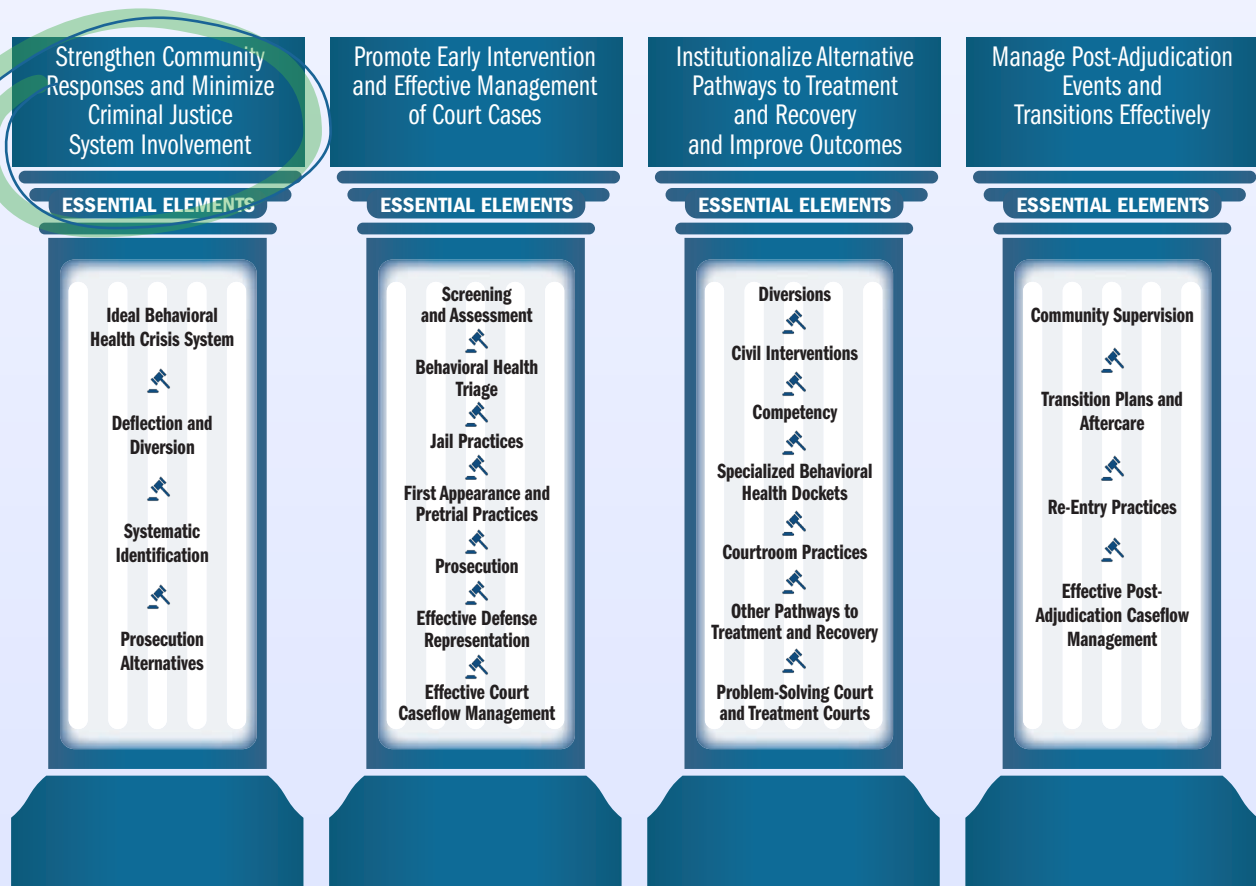


Additionally, solutions need to consider the many complexities at play and explicitly address any forces that perpetuate stigma, health inequities, and racism, including how they impact justice system interactions, decisions, outcomes, crisis response decisions, service structures, and service delivery.

Whenever possible, minorities, people of color, and individuals with lived experience should be involved in system planning to provide their perspectives on what it means to be a truly recovery-oriented, trauma-informed, and culturally responsive system.



The goal should be to ensure that all work is viewed with intentionality in intensifying the efforts to combat disparities, inequities, and explicit biases in the justice and behavioral health systems for individuals with a serious mental illness and to examine what system change is needed to make equality under the law an enduring reality for all.



Each of the identified pillars include essential elements which are fundamental and integral to the overall framework.



## COMPETENCY

The Subcommittee on Competency began with an examination of the [competency interim report](#) and other resources to develop and recommend state and local implementation strategies to improve competency proceedings. The recommendations fall into ten categories.



An interim report was developed detailing these ten recommendations, [Leading Reform: Competence to Stand Trial Systems, A Resource for State Courts](#), which includes a related brief checklist for state courts to use to facilitate a review of their existing practices and a link to a partner publication, [Just and Well: Rethinking How States Approach Competency to Stand Trial](#). The Council of State Governments (CSG) Justice Center prepared this report in partnership with the American Psychiatric Association Foundation (APAF), the National Association of State Mental Health Program Directors (NASMHPD), the National Center for State Courts (NCSC), and the National Conference of State Legislatures (NCSL) as a project of the Judges and Psychiatrists Leadership Initiative (JPLI).

## OTHER COMPETENCY RESOURCES

- ▶ [NCSC Competency Focus Group Discussion Summary](#)
- ▶ [Competence to Stand Trial Interim Report from the Advisory Committee](#)
- ▶ [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#) provides an overview of telehealth resources and options as they pertain to criminal justice related behavioral health interventions, including teleservices to provide behavioral health screening and assessment, behavioral health treatment, and competency evaluation and restoration.



## BEHAVIORAL HEALTH CRIMINAL CASEFLOW MANAGEMENT

A new comprehensive, collaborative approach is needed to create fair and effective criminal justice and caseflow management systems that meet the needs for timely justice, improve outcomes for individuals with behavioral health needs, and reduce recidivism. The Work Group is developing [Exploring Person-Centered Justice for Individuals with Behavioral Health Needs - A New Model for Collaborative Court and Community Caseflow Management: An Interim Report](#) and will further develop strategies and provide state courts nationwide with a roadmap, tools, and practical resources to use this NEW MODEL to improve responses to individuals with behavioral health needs.



## OTHER BEHAVIORAL HEALTH CRIMINAL CASEFLOW MANAGEMENT RESOURCES

- ▶ [Effective Criminal Case Management Project | NCSC](#)
- ▶ [Caseflow Management During a Pandemic](#)
- ▶ [Reducing Jail Populations During a Pandemic](#)
- ▶ [Improving Case Processing and Outcomes for People with Behavioral Health Needs - CSG Justice Center and NCSC](#)
- ▶ [Caseflow Management Interim Report](#)
- ▶ [Leading Change: The Courts' Collective Response to Individuals who Frequently Cycle Through Systems](#)
- ▶ [State Court Behavioral Health Data Elements Interim Report](#)

## BEHAVIORAL HEALTH DIVERSION

To address behavioral health needs in our courts and communities, appropriate community services and supports must be available and accessible to deflect individuals with behavioral health needs from entering the criminal justice system and diverting individuals with behavioral health needs throughout the criminal justice system at the earliest point possible. The justice system must also provide leadership to develop behavioral health diversions and ensure that they are being utilized.

Communities provide different types of treatment programs and services for individuals with behavioral health needs. The complete range of programs and services is referred to as the continuum of care. A continuum of care uses an interdisciplinary approach to provide opportunities for patient care through partnerships in community programs and services. These diverse community programs and services are necessary to provide appropriate treatment in the community and diversion opportunities from the justice system.

This Continuum of Behavioral Health Diversion has been divided into five areas based on where in the behavioral health system and justice system a person is located.

### FIVE AREAS OF BEHAVIORAL HEALTH DIVERSION



Every jurisdiction has different resources, programs, and services in their community, and how a community develops their behavioral health diversion continuum may vary, as may the terminology that is used. The importance is placed on having a robust set of services and diversion opportunities that meet the needs of individuals.

The overall goal is to promote, develop, and recommend diversion to treatment alternatives and system improvements. The Work Group is developing a Continuum of Behavioral Health Diversion which is discussed in [Collaborative Court and Community Diversion for Individuals with Behavioral Health Needs: An Interim Report](#).

## OTHER BEHAVIORAL HEALTH DIVERSION RESOURCES

- [Supporting Vulnerable Populations: Civil Interventions and Diversion for Those with Mental Illness](#) outlines civil interventions and diversions for those with mental illness.
- [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#) provides guidance on how courts can implement and leverage remote technologies regarding behavioral health screenings and assessments, competency determinations, and the provision of clinical services.

## CIVIL, PROBATE, AND FAMILY WORK GROUP

The work of the Civil, Probate, and Family Work Group is wide ranging and significant.

The impact of mental illness affects all court dockets – Civil, Juvenile Justice, Child Welfare, Domestic Relations, and Domestic Violence.

Following is a summary of the work underway.

### CHILD WELFARE



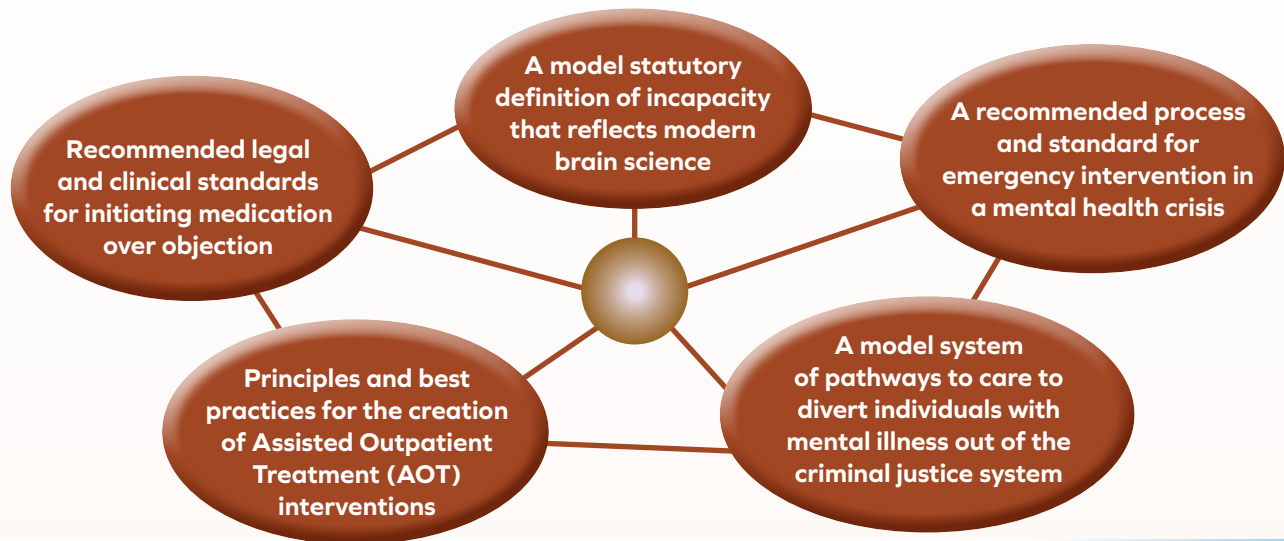
Building on the work of the National Judicial Opioid Task Force, the Civil, Probate, and Families Work Group and NCSC developed an interim report, [Upstream - Strengthening Children and Families through Prevention and Intervention Strategies: A Court and Community-Based Approach.](#)

Upstream serves as a conceptual framework for courts and communities to map specific community strengths, resources, and gaps and to identify points of prevention and intervention within the community, the child welfare system, and the courts. The goal is to maximize opportunities to divert children and families to behavioral health treatment and appropriate resources at the earliest opportunity.

A CCJ-COSCA Resolution is proposed to establish a national consortium to support and advance the Upstream model and other strategies to promote access to behavioral health treatment and additional resources to lead to better outcomes for children and their families.

## CIVIL RESPONSES

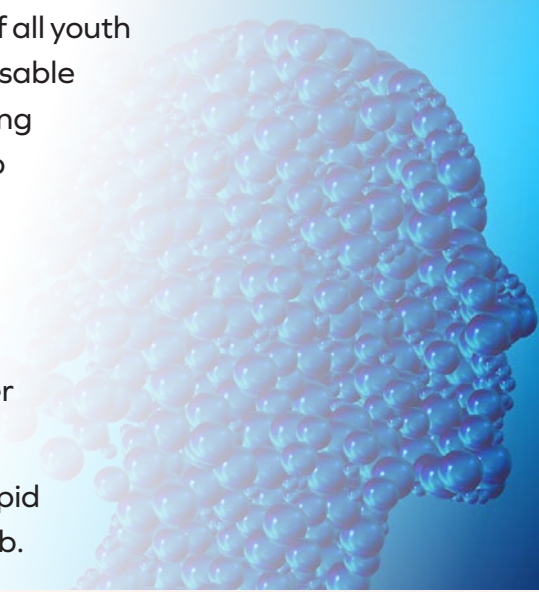
This subcommittee is actively working to identify a range of evidence-based responses that can be recommended to state courts and others. A distinguished group of psychiatrists, law professors, judges, and others convened by the Equitas Project and Mental Health Colorado will be recommending a number of products for consideration by the Work Group including:



## JUVENILE JUSTICE

There is a growing body of evidence that suggests that more than half of all youth who come into contact with the juvenile justice system have a diagnosable behavioral health disorder. This subcommittee is focused on developing recommended system changes and practices to divert young people to treatment at multiple points of contact – school, arrest, detention, pre-petition, post-petition, pre-adjudication, and post-adjudication. The goal is to develop trauma-informed practices, employ standardized behavioral health screens and assessment, and develop a continuum of evidence-based treatment and supportive resources, among other critical components.

The Subcommittee is also collaborating with the CCJ-COSCA Rapid Response Team (RRT) and will be offering a RRT Juvenile Diversion Lab.



## DOMESTIC RELATIONS AND DOMESTIC VIOLENCE



In partnership with the Cady Initiative for Family Justice Reform, this subcommittee is examining and will recommend court policies, procedures, and services that are trauma responsive, protect families from violence, and promote access to behavioral health treatment and supports. Recommendations will also address how judicial system responses may exacerbate or contribute to mental health issues. The intended outcome is to [promote the well-being of families, including implementation of trauma responsive practices for families throughout the life of the case and as the primary desired case outcome.](#)

## EDUCATION, PARTNERSHIPS, AND IMPLEMENTATION WORK GROUP

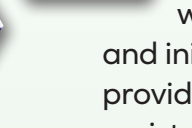
The Education, Partnerships, and Implementation Work Group is focused on four major efforts:

**1** Developing educational materials, curricula, and strategies to improve the education and training of the national court community on serious mental illnesses and improving state court responses

**2** Organizing national, regional, and state summits, workshops, and initiatives and providing technical assistance to state courts to improve responses to individuals with serious mental illnesses

**3** Developing and maintaining a repository of behavioral health and the courts' resources

**4** Developing strategic relationships and national priorities to improve state court responses to individuals with serious mental illnesses



## EDUCATIONAL STRATEGIES



The Judges and Psychiatrists Leadership Initiative (JPLI) agreed to collaborate with the Task Force to develop onsite and virtual training programs for state court judges and offer a train-the-trainer program to expand its educational capacity. CCJ and COSCA will be kept apprised of these developments and opportunities.

The Arizona Courts produced the [State Courts' Behavioral Health Series](#) available on the [Behavioral Health and the Courts website](#). The skills-based educational series teaches participants about mental health and substance use issues.

Thank you, Arizona Courts!



Thank you also to the [Addiction Policy Forum](#) for providing training modules on medications to treat opioid use disorders, the cascade of care framework and opioids, addressing the stigma of addiction, and re-entry best practices for individuals with substance use disorders.

[Behavioral Health Educational Resources](#) have been developed for educators and court personnel to use day to day as part of training and educational programs. These resources will be updated continually, so please forward additional resources as you become aware of them.



### REGIONAL SUMMITS

Three CCJ-COSCA Regional Mental Health Summits were delayed during the pandemic but are now being planned and scheduled. The summits combine educational sessions with opportunities for state team planning to improve system responses to individuals with mental illnesses. Chief Justices and State Court administrators appoint the state teams to attend the summits.

**Mid-Atlantic Region**  
November 3-5, 2021  
Brooklyn, New York

**Southern Region**  
April-May 2022  
Austin, Texas

**New England Region**  
May-June 2022  
Burlington, Vermont



### WORKSHOPS

A series of National Workshops is also being offered in 2021-2022 in Miami, Florida, Tucson, Arizona, and Los Angeles, California.

Stay tuned for registration information in upcoming Behavioral Health Alerts – sign up [HERE](#).

### TECHNICAL ASSISTANCE

The State Justice Institute has been generously supporting technical assistance to support implementation of state team priorities developed during the first two summits in the Western Region and Midwest Region.

## REPOSITORY OF BEHAVIORAL HEALTH AND THE COURTS' RESOURCES

The [Behavioral Health and the Courts website](#) is a one-stop clearinghouse for all [Task Force publications](#) and links to other [relevant resources](#) such as the NJOTF Opioid Resource Center, Regional Judicial Opioid Initiatives, and the CCJ-COSCA Behavioral Health Committee.

Of special interest is the [Behavioral Health Resource Hub](#) which is organized along the [Sequential Intercept Model](#) and the Leading Change Framework. The “Hub” is continually updated with important and timely resources and is nationally recognized for its content and value to state courts.

Sign up today for the [Behavioral Health Alerts](#), if you do not yet receive this twice monthly update of task force activities, resources, training opportunities, and news from across the nation. Chief Justices and State Court Administrators are encouraged to share them widely with judges and court personnel within their respective states.

The Mental Health and Well-Being of Judges and Court Personnel is another important area of focus for the Work Group, especially during and after the pandemic. See the webinar, [Addressing Court Workplace Mental Health and Well-being in Tense Times](#). The Work Group is also testing the services and resources of the [ONE MIND at WORK](#) with several states to see if that organization is a “good fit” for state courts.

[A Leading Change Guide for Trial Courts](#) was developed earlier, and a [Leading Change Guide for State Court Leaders: An Interim Report](#) is now available for further testing and innovation. Be sure to read Judge Steve Leifman’s summary of [What We Have Learned and What We Must Do!](#) before embarking in your state on the necessary reforms. An index of [State Commissions and Task Forces](#) is provided as a resource to your state leadership efforts to improve state court responses to mental illness.

The Work Group is committed to publishing Mental Health Facts in Brief from a clinical and research perspective and State Court Leadership Behavioral Health Briefs from a court administrative and legal perspective. [Four briefs](#) are available and more are in development. Ideas and suggestions for additional topic areas are encouraged.

The prevalence of mental health and substance use disorders is available to the [national court community](#) from key data sources and will be updated from time to time.



## STRATEGIC RELATIONSHIPS AND NATIONAL PRIORITIES

The Education, Partnerships, and Implementation Work Group has been proactive in reaching out to national organizations and foundations to maximize and leverage resources and to align strategic objectives. The initial effort has been to develop a network of partner organizations to identify common goals, available resources, and opportunities for collaboration. See the summary of [2020-2021 National Convenings](#) for emerging themes and additional information.

The Work Group is learning more about behavioral health organizations and systems, such as [Certified Community Behavioral Health Clinic \(CCBHC\) Success Center](#) and other opportunities to align state court needs with existing and new funding opportunities.

As mental health and substance use disorder funding opportunities become available, the Task Force is actively communicating with Chief Justices and State Court Administrators and encouraging the development of critical state relationships. A recent example involved significant funds provided through the Substance Abuse and Mental Health Services Administration (SAMHSA) to State Behavioral Health Authorities.

On the national level, the Task Force works closely with the CCJ-COSCA-NCSC Government Relations Committee to identify gaps and opportunities in access to treatment and to improve responses across all court docket types.

Of special note is the recent series of 10 regional meetings with Chief Justices, State Court Administrators, and Behavioral Health Authorities, co-hosted by the Task Force Executive Committee and the SAMHSA Regional Administrators.

[www.ncsc.org/behavioralhealth](http://www.ncsc.org/behavioralhealth)

