

SB 1326 Reporting Guidance

Q: What is a mental health/intellectual disability assessment? A written assessment ordered by the magistrate and **completed by the local MH/IDD authority or another qualified expert.**

The assessment **must be documented on the [form](#)** approved by the Texas Correctional Office on Offenders with Medical or Mental Impairments:

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

Updated 9/1/17

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

The assessment is NOT:

- A screening form/notice sent by the jail or sheriff about a potential mental health issue
- A magistrate notification form, or
- An order for an assessment to be completed.

Screening Form for Suicide and Medical/Mental/Developmental Impairments

County:	Date and Time:	Name of Screening Officer:
Inmate's Name:	Gender:	DOB:
If female, pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		
Serious injury/hospitalization in last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Currently taking any prescription medications? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what:		
Any disability/chronic illness (diabetes, hypertension, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Does inmate appear to be under the influence of alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
Do you have a history of drug/alcohol abuse? If yes, note substance and when last used		
* Do you think you will have withdrawal symptoms from stopping the use of medications or other substances (including alcohol or drugs) while you are in jail? If yes, describe:		
* Have you ever had a traumatic brain injury, concussion, or loss of consciousness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:		
* If yes, Notify Medical or supervisor immediately		
Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted		
YES <input type="checkbox"/> NO <input type="checkbox"/> *Yes* Requires Comments		
IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY		
Is the inmate unable to answer questions? If yes, note why, notify supervisor and place on suicide watch until form completed.		
1a. Does the arresting/transporting officer believe or has the officer received information that inmate may be at risk of suicide?		
1b. Are you thinking of killing or injuring yourself today? If so, how?		
1c. Have you ever attempted suicide? If so, when and how?		
1d. Are you feeling hopeless or have nothing to look forward to?		
IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted		
2. Do you hear any noises or voices other people don't seem to hear?		
3. Do you currently believe that someone can control your mind or that other people can know your thoughts or read your mind?		
4. Prior to arrest, did you feel down, depressed, or have little interest or pleasure in doing things?		
5. Do you have nightmares, flashbacks or repeated thoughts or feelings related to PTSD or something terrible from your past?		
6. Are you worried someone might hurt or kill you? If female, ask if they fear someone close to them.		
7. Are you extremely worried you will lose your job, position, spouse, significant other, custody of your children due to arrest?		
8. Have you ever received services for emotional or mental health problems?		
9. Have you been in a hospital for emotional/mental health in the last year?		
10. If yes to 8 or 9, do you know your diagnosis? If no, put "Does not know" in comments.		
11. In school, were you ever teased by teachers that you had difficulty learning?		
12. Have you lost/gained a lot of weight in the last few weeks without trying (at least 5 lbs.)?		
IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY		
13. Does inmate show signs of depression (sadness, irritability, emotional flatness)?		
14. Does inmate display any unusual behavior, or act or talk strange (cannot focus attention, hearing or seeing things that are not there)?		
15. Is the inmate incoherent, disoriented or showing signs of mental illness?		
16. Inmate has visible signs of recent self-harm (cuts or ligation marks)?		
Additional Comments (Note CCQ Match here):		
Magistrate Notification Date and Time: Electronic or Written (Circle)	Mental Health Notification Date and Time:	Medical Notification Date and Time:
Supervisor Signature, Date and Time:		

County Jail

Inmate Mental Condition Report to Magistrate

NAME _____ OFFENSE _____

ARRESTING AGENCY: _____

BOOKING OFFICER: _____ BOOKING TIME: _____ DATE: _____

The above inmates may have mental health issues based on:

Observation of law enforcement officer at time of arrest

CCQ return show possible match

Self admission by inmate at booking

Subject is violent and appears to be a danger to themselves or others

Medical evaluation by Emergency Room or other Medical Professional

Previous arrest/medical records of the jail

Observation of Jail Staff

No Indication/No Notification Made

Details: _____

As required below, this notification is made to the magistrate in reference to an observation or report of possible mental illness by the above listed means. It is required within 12 hours after receiving credible information of reasonable cause to believe that a defendant committed to the Sheriff's custody: 1) Has mental illness 2) is a person with mental retardation or 3) the observations of the defendant's behavior immediately before, during and after the defendant's arrest and the results of any previous assessment of the defendant for mental illness. (Arts. 16-22.1a)

MAGISTRATE SIGNATURE: _____

MAGISTRATE NOTIFIED AT _____ ON _____ BY _____

(Fax-Email-Direct)

OFFICER SENDING NOTIFICATION: _____

Q: What is a competency examination? An examination **ordered by the court** to determine whether the defendant is incompetent to stand trial. It is NOT an emergency mental health commitment ordered by a magistrate.

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

Mental health/intellectual disability assessments:

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

Role	Action Required to Report to OCA
Municipal or Justice Court Judges Serving as Magistrates, Justice or Municipal Court Clerks	Forward copy of MH/ID assessments to district clerk or county clerk (or both if necessary). If case is from another county, send to that county’s clerk.
All Other Magistrates	Forward copy of MH/ID assessments to district clerk or county clerk (or both if necessary). If case is from another county, send to that county’s clerk.

District and County Clerks	Report MH/ID assessments on the Judicial Council Monthly Court Activity Report
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Competency examination reports:

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

Role	Action Required to Report to OCA
District and County Clerks	Report competency examinations on the Judicial Council Monthly Court Activity Report

Q: When and where do I need to start reporting this information? Beginning with the **September 2017 Judicial Council Monthly Court Activity Reports**, changes will be made to the **Criminal – Additional Court Activity** section for the district and county courts **ONLY**:

Reporting Requirement	Change
Mental health/intellectual disability assessment	New field added
Competency examination report	Replaces current Competency Hearings category

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

Q: How are assessments to be reported when there has not been an indictment or filing of a complaint or information? A clerk may select the most convenient method of reporting for the office:

A. The assessment will not be reported until indictment or filing of a case. If there is no indictment or filing of a case, the assessment will not be reported.

OR

B. All assessments received by the clerk’s office will be reported, whether or not there is an indictment or information filed.

Q: What date should be used when reporting an assessment or competency examination?

Document	Event	Date
Mental health/intellectual disability assessment	Assessment received from magistrate prior to indictment/filing of complaint or information	Indictment/case filing date
	Assessment received from magistrate after filing of case	Date assessment received in the clerk's office
Competency examination report	Report received from evaluator	Date report received in the clerk's office

Q: How many assessments/competency examination reports should be reported when a defendant has multiple cases? Count the assessment or competency examination report in **each** of the defendant's cases. For example, if an assessment is issued for a person named in five separate indictments, count this as five assessments.

Q: How long should assessments be kept? Refer to your records retention plan.