

## 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.

**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: _____	
Inmate's Name: _____		Name of Screening Officer: _____	
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			
<b>Place inmate on suicide watch if Yes to 1a-1d or at any time jailer/supervisor believe it is warranted</b>			
		YES	NO
<b>IF YES TO 1a, 1b, 1c, or 1d BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</b>			
1. 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?			
<b>IF YES TO 2-12 BELOW, NOTIFY SUPERVISOR AND MAGISTRATE. Notify Mental Health when warranted</b>			
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 most of weight in the last few weeks without trying (at least 5lbs)?			
<b>IF YES TO 13-16 BELOW, NOTIFY SUPERVISOR, MAGISTRATE, AND MENTAL HEALTH IMMEDIATELY</b>			
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	
<b>Inmate Mental Condition Report to Magistrate</b>	
NAME _____	OFFENSE _____
ARRESTING AGENCY: _____	
BOOKING OFFICER _____	BOOKING TIME _____ DATE _____
The above inmates may have mental health issues based on:	
<input type="checkbox"/> Observation of law enforcement officer at time of arrest	
<input type="checkbox"/> CCQ return show possible match	
<input type="checkbox"/> Self admission by inmate at booking	
<input type="checkbox"/> Subject is violent and appears to be a danger to themselves or others	
<input type="checkbox"/> Medical evaluation by Emergency Room or other Medical Professional	
<input type="checkbox"/> Previous arrest/medical records of the jail	
<input type="checkbox"/> Observation of Jail Staff	
<input type="checkbox"/> No Indication/No Notification Made	
Details: _____	
_____	
_____	
_____	
As required by law, this notification is made to the magistrate in reference to an observation or report of possible mental illness by the above listed means. It is required within 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. (Art. 16.22 (a))	
MAGISTRATE SIGNATURE: _____	
MAGISTRATE NOTIFIED AT _____	ON _____ BY _____
(Fax/E-mail/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.

**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 <b>Competency Hearings</b> 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 <b>prior</b> to indictment/filing of complaint or information	Indictment/case filing date
	Assessment received from magistrate <b>after</b> filing of case	Date assessment received <b>in the clerk's office</b>
Competency examination report	Report received from evaluator	Date report received <b>in the clerk's office</b>

**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.