



**Report on the  
Jail Based Competency Restoration Pilot  
Program  
Third Quarter Fiscal Year 2016**

**As Required By  
The 2016-2017 General Appropriations Act, H.B. 1, 84<sup>th</sup>  
Legislature, Regular Session, 2015 (Article II, Department of  
State Health Services, Rider 70)**



**Department of State Health Services  
May 2016**

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## **Introduction**

The 2016-2017 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015, (Article II, Department of State Health Services, Rider 70) requires the Department of State Health Services (DSHS) to develop and implement a Jail-Based Competency Restoration (JBCR) Pilot Program established under Article 46B.090 of the Code of Criminal Procedure with \$1.75 million in appropriated funds. In addition, DSHS is required to submit interim quarterly progress reports to the Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor no later than 15 business days after the end of each fiscal quarter. This third quarterly report provides a brief summary of activities for the JBCR Pilot Program.

## **Background**

Senate Bill 1475, 83<sup>rd</sup> Legislature, Regular Session, 2013 amended Article 46B.090 of the Code of Criminal Procedure to establish a JBCR pilot program. The 2014-2015 General Appropriations Act, H.B. 1, Regular Session, 2013 (Article II, Department of State Health Services, Rider 74) appropriated funds to DSHS. DSHS was required to develop and implement the pilot program in one or two counties in the state that choose to participate in the pilot program and implement with input from each participating county. DSHS was directed to adopt rules, in consultation with a stakeholder workgroup, to implement the pilot program. Additionally, Senate Bill 1475 directed DSHS to establish a stakeholder workgroup comprised of specific representatives.<sup>1</sup> The department was also directed to contract with a provider who met specific requirements, including but not limited to, providers who:

- Use a multidisciplinary team to provide clinical treatment;
- Employ or contracts for the services of at least one psychiatrist;
- Assign staff members to defendants participating in the program at an average ratio not lower than 3.7 to 1; and
- Provide weekly treatment hours commensurate to the treatment hours provided as part of the competency restoration program at an inpatient mental health facility.

Although the JBCR pilot was not implemented in the 2014-2015 biennium, DSHS is completing preparation activities for implementation in calendar year 2016.

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<sup>1</sup> The stakeholder workgroup was composed of one member who is a sheriff; one member who represents a local mental health authority; one member who is a county commissioner, county judge, or elected county officer; one member who is a district attorney or county attorney with criminal jurisdiction; one member who is a defense attorney; one member who is a judge of a district criminal court or county criminal court; two members who are mental health advocates; and any other member DSHS considers appropriate to appoint to the workgroup.

## **Program Development**

The JBCR Pilot Program, developed by DSHS, will provide jail-based competency restoration services to individuals with mental health or co-occurring psychiatric and substance abuse disorders (COPSD). JBCR services include behavioral health treatment services and competency education for individuals found incompetent to stand trial (IST), consistent with competency restoration services provided in state mental health facilities. In addition, DSHS established the following goals of the JBCR Pilot Program:

- Reduce the number of maximum security and non-maximum security defendants on the State Mental Health Program clearinghouse waiting list determined to be IST due to mental illness and/or COPSD issues;
- Provide prompt access to clinically appropriate JBCR services for individuals determined IST who do not qualify for the Outpatient Competency Restoration (OCR) program.
- Provide a cost-effective alternative to restoration in a state hospital;
- Minimize or ameliorate the stress of incarceration, to the extent possible, for participants in the JBCR Pilot Program; and
- Collect data to support the effectiveness and cost savings of the pilot.

## **Program Implementation**

DSHS adopted final rules that incorporated stakeholder feedback in January 2016.<sup>2</sup> DSHS distributed a revised Request for Proposals (RFP) that was aligned with the final adopted rules on January 13, 2016. During a vendor conference held on January 27, 2016, Local Mental Health Authorities and private organizations expressed interest in operating the pilot program. Interested entities submitted questions regarding the RFP and DSHS formally responded on February 26, 2016. Per the request of the interested entities, DSHS extended the deadline for the proposals by seven weeks. Proposals were due on March 4, 2016. DSHS received one proposal.

## **Conclusion**

Rules governing the provision of JBCR services were adopted in January 2016. At the writing of this report, the procurement is open.

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<sup>2</sup> Texas Administrative Code, Title 24, Part 1, Chapter 416, Subchapter C, [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=25&pt=1&ch=416&sch=C&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=416&sch=C&rl=Y).