

GALVESTON COUNTY
MENTAL HEALTH COURT SERVICES
600 59th Street
Galveston, Texas 7551

GALVESTON COUNTY MENTAL HEALTH COURT REFERRAL PACKET

In order for your client's case to be reviewed, **you must submit the completed four page Galveston County Mental Health Court referral packet, including the MHC Participation Application and return it to Mental Health Court Services.** The completed packet will then be sent to the Mental Health Court Prosecutor in the District Attorney's Office.

Client Information:

Name: _____ Phone #: _____

Cause No.(s) _____

Home Court: _____ Defense Attorney _____

Referral Source:

___ADA ___Defense Attorney ___Judge ___Probation Department ___Law Enforcement ___Other

I am submitting the following documentation to the Mental Health Court Team:

___MH Court Screening/Referral Form ___MH Court Joint Request to be evaluated

___MH Court Order for Medical Records ___MH Court Client Application

Inclusion Criteria:

An eligible defendant for the MH Court must have a pending felony case including defendants currently on the GCCCSD's Mental Health caseload.

This defendant's charge(s): _____

Felony Level _____

An eligible defendant must have a **primary diagnosis** of:

Bipolar _____ Major Depressive Disorder _____ Schizophrenia _____ Schizoaffective Disorder _____

*(PTSD and anxiety disorder **as a secondary co-existing disorder** may be considered on a case by case basis. Defendant may also have a co-occurring substance abuse disorder, must be secondary)*

(The MHC Clinician will make a determination as to whether there is a link between the Defendant's mental illness and the current offense).

An eligible defendant must be mentally competent.

Is defendant mentally competent? Y N

Exclusion Criteria:

The following issues will exclude defendants from participating in the MH Court Program:

1. Past or current charge of a sex offense
2. Aggravated cases involving the use of guns or knives
3. Primary diagnosis of a substance abuse disorder
4. History of violent offenses

An eligible defendant must agree to the basic program requirements. This defendant is willing to:

___ Undergo a clinical evaluation and a risk/needs assessment

___ Plead guilty or sign a judicial confession for Pretrial Intervention (PTIP)

___ Adhere to an Individual Treatment Plan (ITP) and re-entry plan if applicable, which may include mental health and substance abuse treatment

___ Comply with terms of Pre-Trial or Community Supervision Conditions

___ Participate in weekly to monthly court appearances

Failure to follow the program requirements may result in sanctions, changes of conditions or termination from the program. Failure to comply with the terms of Community Supervision or Pretrial Intervention may result in the revocation of PTIP status, deferred adjudication or regular community supervision, and may result in a conviction and sentence up to the full range of punishment for deferred adjudication or PTIP or up to full term of regular community supervision.

For questions regarding **general** eligibility, contact MH Court Services at _____.

For questions regarding **legal** eligibility, contact the Galveston County DA, MHC Court Prosecutor at _____.

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FOR USE BY MENTAL HEALTH COURT PERSONNEL ONLY

Date Form Received in MHC Office: _____

Date Reviewed by DA MHC Prosecutor: _____

Date Eligibility Confirmed or Referral Denied: _____

GALVESTON COUNTY MENTAL HEALTH COURT PARTICIPANT APPLICATION

You have been given this Mental Health Court (MHC) application because someone believes that participating in the MHC would be beneficial for you. The MHC is a problem solving court in which defendants living with mental illness participate in mental health treatment, engage in MHC appearances before the Judge and maintain regular visits with a MHC Clinician and/or Case Manager and specially trained Community Supervision Officer (Probation officer). As a participant, you will be in the GCMHC program for at least 14 months for felonies. You may require a longer and more structured experience to help you fully benefit from the program and services. However, the GCMHC program length will never be more than the period of community supervision or deferred adjudication imposed. If you are placed on PTIP, you will be supervised by the GCMHC community supervision officer for a minimum period of fourteen (14) months for felonies to a maximum of twenty-four (24) months for felonies. If you are placed on regular community supervision or deferred adjudication and demonstrate early and continued adherence to Court requirements you may be considered for early termination once the minimum 14 months for felonies of successful participation in the Court has elapsed. On some occasions, you may complete the GCMHC program but still remain under the supervision of a Community Supervision Officer until the term of your community supervision or deferred adjudication is complete or the Judge early terminates your community supervision or deferred adjudication period.

As a MHC participant, you will be expected to:

- Plead guilty
- Attend monthly court appearances
- Follow all Community Supervision/Deferred Adjudication/PTIP requirements and MHC recommendations
- Participate in mental health treatment including medication compliance
- Attend community mental health support group at least once per month
- Participate in substance abuse treatment if recommended
- Abstain from drug/alcohol use and submit to random drug/alcohol testing
- Remain law-abiding

Please respond to the following statements regarding how you feel about participating in the MHC:

Participating in the Mental Health Court sounds good to me because.....

I would like to be a Mental Health Court participant because.....

I am looking forward to being compliant with mental health treatment AND resolving my criminal charges because.....

Defendant's Signature: _____ **Date:** _____

Defendant's Printed Name: _____

JOINT REQUEST TO EVALUATE DEFENDANT FOR MENTAL HEALTH COURT

I. Defendant's Request to be Evaluated for Mental Health Court

I, _____, request to be evaluated for the Mental Health Court. In support of this request, I agree to submit to such evaluation for purposes of determining my eligibility to participate in the Mental Health Court. I understand that the Mental Health Court will order copies of my medical and mental health treatment records from any treating physicians and/or any county jail or any entity where my mental health records may be located and that the information included in these records may contain information about substance abuse history and treatment. I further understand that the Mental Health Court will receive a copy of the evaluation and that, if I am declined by the Mental Health Court, the referring court may have access to the evaluation.

(SIGNATURE)
Defendant

(SIGNATURE)
Attorney for Defendant

(PRINT)
Defendant

(PRINT)
Attorney for Defendant

II. State's Affirmation

The State of Texas agrees that if this defendant is accepted into the Mental Health Court, **DEFERRED ADJUDICATION/Regular Community Supervision/PRE-TRIAL INTERVENTION** is an **APPROPRIATE RESOLUTION** to this case.

(SIGNATURE)
Assistant District Attorney, Galveston County

(PRINT)
Assistant District Attorney, Galveston County

III. Judge's Approval

The Court hereby approves and grants the Defendant's request to be evaluated for participation in the Mental Health Court.

PRESIDING JUDGE

DATE