

Appendix 1

GALVESTON COUNTY  
MENTAL HEALTH COURT SERVICES  
600 59<sup>th</sup> 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 GCMHC Participation Application and return it to Galveston County 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 Galveston County 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 GCCSD’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)*

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. More than one (1) previous DWI offense (will review on case by case basis)
3. Aggravated cases involving the use of guns or knives
4. Primary diagnosis of a substance abuse disorder
5. No link between the mental illness and current offense
6. Assaultive offenses will be considered on a case by case basis
7. Substantial history of violent offenses
8. Currently on parole

**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 GCMH Court Services at .

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

.....  
**FOR USE BY MENTAL HEALTH COURT PERSONNEL ONLY**

**Date Form Received in GCMHC Office:**

**Date Reviewed by GCMHC 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 GCZMHC 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 MHC program for at least 18 months. 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 MHC community supervision officer for a minimum period eighteen (18) months for felonies to a maximum of twenty-four (24) months. 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 18 months of successful participation in the Court has elapsed. On some occasions, you may complete the MHC 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 GCMHC:**

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

I would like to be a Galveston County 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**