

MONTGOMERY COUNTY
MENTAL HEALTH COURT SERVICES
2245 N. First Street
Conroe, Texas 77301

MENTAL HEALTH TREATMENT COURT REFERRAL PACKET

In order for your client's case to be reviewed, **you must submit the completed four page Mental Health Treatment Court referral packet, including the MH Treatment Court Participation Application and return it to Mental Health Court Services.** The completed packet will then be sent to the Diversion 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 Treatment 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 Treatment Court must have a pending misdemeanor or felony case:

This defendant's charge(s): _____

Misdemeanor Class _____ Felony Level _____

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

Bipolar _____ Major Depressive Disorder _____ Schizophrenia _____ Schizoaffective Disorder _____

(PTSD and anxiety 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 competent. Is defendant competent? Y N

Exclusion Criteria:

The following issues will exclude defendants from participating in the MH Treatment 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

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
- Adhere to an Individual Treatment Plan (ITP), which may include mental health and substance abuse treatment
- Comply with terms of Pre-Trial Diversion/Bond Contract or Community Supervision Conditions
- Participate in 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 Diversion may result in the revocation of bond, deferred adjudication status or probation, and may result in a conviction and sentence up to the full range of punishment.

For questions regarding **general** eligibility, contact MH Court Services at 936-538-8131.

For questions regarding **legal** eligibility, contact the Montgomery County DA, Diversion Court Prosecutor at 936-539-7800.

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FOR USE BY MENTAL HEALTH TREATMENT COURT PERSONNEL ONLY

Date Form Received in MHTC Office: _____

Date Reviewed by DA MH Diversion Court Prosecutor: _____

Date Eligibility Confirmed or Referral Denied: _____

MENTAL HEALTH TREATMENT COURT PARTICIPANT APPLICATION

You have been given this Mental Health Treatment Court (MHTC) application because someone believes that participating in the MHTC would be beneficial for you. The MHTC is a problem solving court in which defendants living with mental illness participate in mental health treatment, engage in MHTC appearances before the Judge and maintain regular visits with a MHTC Clinician and/or Case Manager and specially trained Community Supervision Officer (Probation officer). As a participant, you will be in the MHTC program for a period of 12- 24 months for misdemeanors and 18- 36 months for felonies; however the timeframe is dependent on how well you progress through the MHTC program. The agreed probation term may last *beyond* the time of graduation from the MHTC.

As a MHTC participant, you will be expected to:

- Plead guilty
- Attend monthly court appearances
- Follow all Probation/Pretrial Diversion requirements and MHTC 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 MHTC:

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

I would like to be a Mental Health Treatment 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 TREATMENT COURT

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

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

Signature of Defendant

Signature of Defense Attorney

Printed Name (Defendant)

Printed Name (Defense Attorney)