



Mental Health Court Referral Form

Thank you for your referral to Mental Health Court. Please be advised that all prospective Participants must meet all of the following criteria to be accepted into the program:

- Prospective Participants must have a documented mental health diagnosis from **within the past 12 months by a clinician or health care provider.**
 - If Prospective Participants have not received mental health treatment in the past year, the Mental Health Court team can help individuals obtain a new evaluation. The prospective participant must sign a Release of Information, allowing Mental Health Court to receive documentation of mental health diagnoses to determine their eligibility for the program.
- The Mental Health Court Team will accept only those participants who suffer from a significant mental illness or mental disorder as determined by the Washington State Access to care standards, 2006, and as such the illness or disorder may be a significant factor in their criminal history or behavior. Examples of significant mental illness include diagnoses of schizophrenia or other psychotic disorders, bipolar disorder, major depression, PTSD, or other disabling mental illnesses or disorders that affect judgment and cause erratic behaviors.
- Prospective Participants must be Spokane County residents.
- Prospective Participants must be willing to engage in treatment and other activities aimed at resolving individual challenges.

Exclusions include:

- Cases in which the defendant does not have a qualifying mental illness or mental disorder.
- Cases in which chemical dependency is the primary diagnosis without evidence of an underlying mental illness.
- Cases in which dementia, developmental disabilities, or brain injuries are the primary diagnosis without evidence of an underlying mental illness.
- Gang Affiliations: Due to the vulnerability of the MHTC participants, defendants with past or present gang activity or affiliations shall be excluded.
- Any prior convictions of serious violent offenses or sex offenses as defined in RCW 9.94A.030.

- Individuals who are currently charged or who have been previously convicted of an offense alleging substantial bodily harm or great bodily harm as defined in RCW 9A.04.100, or death of another person.

Instructions for Submitting a Mental Health Court Referral

- Please review the criteria to ensure your client meets preliminary qualifications for our program.
- Please complete and submit a signed Release of Information waiver to this referral form. Please select any treatment providers where the prospective Participant has received mental health treatment in the past year on the ROI.
- All forms can be scanned and emailed to MHTC@spokanecounty.org. Forms may also be faxed to (509) 477-2231.
- All forms must be received by Thursday at 12:00 p.m. to be considered by the team the following week.
- Any referrals that take longer than three weeks to gather information will be automatically declined. New referrals may be submitted after 90 days.
- For any questions, please call us at (509) 477-2230 or email us at the addresses listed above.

We look forward to reviewing your referral. The Mental Health Court Team reserves the right to determine who qualifies and does not qualify for Mental Health Court.

Name of Prospective Participant (Last, First, Middle Initial)

Date of Birth

Current Location (Jail, Geiger, Home Address, etc.)

Referral Date

Phone Number

<u>Check if DV</u>	<u>Check if DV</u>
Case 1 _____ <input type="checkbox"/>	Case 3 _____ <input type="checkbox"/>
Charge _____	Charge _____
Jurisdiction _____	Jurisdiction _____
Case 2 _____ <input type="checkbox"/>	Case 4 _____ <input type="checkbox"/>
Charge _____	Charge _____
Jurisdiction _____	Jurisdiction _____

Hearing Type: ___ Pre-Trial
 ___ Arraignment
 ___ Show Cause
 ___ Other: _____

Justification for referral: (Check all that apply)

- Possible suicide risk/danger to others
- Possible inability to care for self in or outside of the jail setting
- Possible evidence of mental disorder (e.g. psychosis, depression)
- Possible evidence of substance dependence/abuse **IN ADDITION TO** mental disorder
- Possible Sanity Commission (**Required:** Attach Certification of Counsel)
- Possible Felony Reduction (**Required:** Prosecutor and Defense attorney must sign below)
- Other: _____

Brief Summary of Reasons Justifying Referral:

Most Recent Evaluation (if applicable):

Provider _____

Approximate Date and/or Year of Evaluation _____

Diagnoses Received _____

Is the prospective Participant currently in engaged in treatment? If so, where?

Agency _____ Clinician _____

- Referred by:
- Judicial Officer
 - Prosecuting Attorney
 - Other
 - Law Enforcement
 - Treatment Provider
 - Jail
 - Defense Attorney
 - Probation

Referring Party – Please Print Name

Judge

Referring Party's Firm/Agency

Prosecuting Attorney (Required for Felony Reduction)

Referring Party's Telephone Number

Defense Attorney (Required for Felony Reduction and if not referring party)

Referring Party's Email Address

Thank you for your referral.

*Please contact the Mental Health Court team at (509) 477-2230 or
hcraver@spokanecounty.org with any questions.*