

**DELAWARE COUNTY MENTAL HEALTH/VETERANS COURT APPLICATION
AND REFERRAL FORM**

I am making application/ referral to the following treatment court

Mental Health Court

Veterans Treatment Court

DEFENDANT INFORMATION

Docket Number _____ **Inmate Number** _____

Request Date: _____	Social Security Number: _____
Client Name: _____	Phone Number: _____
Aliases/Maiden Name: _____	Date of Birth: _____
Current Location: _____	City: _____
Permanent (last known) address: _____	State: _____ Zip Code: _____
Sex: Male Female	Country: _____

REFERRAL SOURCE

Probation Officer: _____	Prison: _____	Judge: _____	Other: _____
Phone #: _____	Phone #: _____	Phone #: _____	Agency: _____
EMAIL: _____	EMAIL: _____	EMAIL: _____	Phone #: _____
			EMAIL: _____

IS COMPETENCY AN ISSUE: YES NO

DEFENDANT NEEDS:

Mental Health Treatment Drug and Alcohol Treatment Housing Placement

ISSUES SURROUNDING REQUEST

_____ Drugs	_____ Alcohol	_____ Mental Health	_____ Sexual Issues	_____ Abuse
_____ Medical Reasons	_____ Anger			

Briefly Explain Issues Checked Above: _____

History of Trauma? YES NO If yes, explain: _____

In a mental health crisis? YES NO If yes, explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Who else resides in the household:

NAME	RELATIONSHIP	CRIMINAL RECORD	+/- INFLUENCE

List those that are a Positive Influence in Your Life

NAME	RELATIONSHIP	ADDRESS	PHONE #

Are you a Veteran: YES NO

If yes, what were your dates of service? _____

What Branch of the Military did you serve? _____

What was your rank? _____

What was your military discharge? _____

Did you serve in combat? YES NO

Highest level of education completed:

11th Grade or below High School Grad GED College Grad

Other: _____

Current Plans for Education: _____

Need help obtaining GED: YES NO
(circle one)

Do you speak, read and write the English Language: YES NO

Are you a citizen of the United States: YES NO

Do you have a valid driver's license: YES NO

If YES, Operator's License Number: _____

If NO, has your license been suspended and why? _____

Occupation of Employee: _____

EMPLOYER	ADDRESS	PHONE #	SUPERVISOR

Are you in need of Job Training/Resume Building? YES NO

Financial Status:

DEBTS OWED	AMOUNT	ASSETS	AMOUNT

Marital Status: _____

Are you presently involved in a relationship? YES NO

If YES, with whom? _____ Date of Birth: _____

Address: _____

Are they in recovery? YES NO

How many children do you have?

NAME	AGE	PARENT OF CHILD	ADDRESS

Is the Office of Children and Youth involved? YES NO

If YES, who is your child's case worker and for which child? _____

Is there a custody order regarding your children? YES NO

If Yes, what County? _____

Do you have an AXIS I Diagnosis? YES NO

If YES, complete the following:

AXIS I DIAGNOSIS: _____ PHYSICIAN: _____

Attached Psychiatric Evaluation (completed within last 6 months is required for consideration)

Current Medications:

MEDICATION	DOSAGE	PRESCRIBING DOCTOR

CASE MANAGER

NAME: _____

AGENCY: _____

ADDRESS: _____

PHONE #: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

What is the name of your Health Insurance Company:

Insurance Policy Number: _____

Where have you attended treatment: (please list all inpatient, outpatient facilities, and halfway houses)

AGENCY	ADDRESS	THERAPIST/DOCTOR

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Substance Abuse:

SUBSTANCE	FREQUENCY	AGE WHEN I BEGAN USE	LAST USE

Do you use drugs or alcohol with anyone in your residence? YES NO
 If so, with whom? _____

Have you engaged in Twelve Step meetings: YES NO

If YES, do you have a sponsor and home group: YES NO

Name of Sponsor: _____

Name of Home Group: _____

Are you represented by counsel? YES NO

If YES, Counsel's name: _____

Address: _____

Phone #: _____

Have you ever been arrested, charged, convicted/adjudicated, cited (including Vehicle Code violations) or held by any law-enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been "sealed", expunged, or otherwise stricken from the court records on any occasion other than this arrest: YES NO

Are you presently on probation or parole: YES NO

If YES, where and who is your probation officer and assigned judge:

State/County: _____

P.O. Name: _____

Judge: _____

Current/Past Charges: _____

Number of violations of probation/parole/intermediate punishment: _____

Are you presently on bail or do you have any other outstanding criminal charges outside of Delaware County, what are the charges and from where: YES NO

Where do you think you would be in life (career, family, employment, etc...) if you had never had a substance abuse or mental health issue?

What do you think had lead to your most recent involvement in the criminal justice system? Any traumatic life events?

Why are you applying for a Mental Health/Veterans Court?

By signing, I have read or had read to me the Mental Health/Veterans Court description and acknowledge that I will commit my time and effort to create in me behavioral and

life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application

Signature: _____ Date: _____

If you need further assistance, please contact the following program coordinator:

Mental Health Court and Veteran's Court
Mary Ellen Hoffman Office 610-891-4782
Cell 267-319-2358

CASE MANAGER

Name: _____ Agency: _____

Address: _____ Phone #: _____

Please attach (if possible) any additional Mental Health information (Psychological/ Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

ELIGIBILITY CRITERIA

Mental Health Court is limited to residents of Delaware County who are 18 or older. In order to participate in Mental Health Court, the person must have a serious mental illness (SMI) diagnosis (schizophrenia, major mood disorder, psychoses NOS, borderline personality disorder) that contributed to the criminal behavior. Persons with co-occurring disorders (mental health and substance use disorder) will be evaluated for mental health court if they meet the criteria for serious mental illness. The court prefers to address non-violent offenses by other crimes will be taken into consideration on a case-by-case basis.

EXCLUSIONARY CRITERIA

While each case will be considered individually, the following offenses will typically be excluded from the court:

- Felony sex offenses
- Felony crimes of violence
- Felony crimes of violence committed with a firearm
- Felony drug offenses
- Defendants are considered ineligible if there are any unresolved, out of state charges. It is the responsibility of the offender's counsel to resolve any pending out of county charges or state parole violations before offenders can be accepted in the program.
- **Murder and Manslaughter will not be considered under any circumstances**

REFERRED TO MENTAL HEALTH COURT

YES _____ NO _____

SIGNATURE: _____ DATE: _____

**DELAWARE COUNTY MENTAL HEALTH COURT
GRADUATION REQUIREMENTS**

I understand the following requirements are necessary for my successful completion of Mental Health Court:

1. **DRUG AND ALCOHOL TESTS:** For the last six months of Mental Health Court, I will submit only negative test results.
2. **TREATMENT:** I will be successfully engaged in treatment; working with my treatment provider and have created goals with my treatment team.
3. **MEANINGFUL ACTIVITY:** I will be involved in a productive activity (i.e. employment, education, volunteering, connecting with family/significant others) for at least the last three months of Mental Health Court.
4. **HOUSING:** For the last three months of Mental Health Court, I will reside at an approved residence.
5. **FINANCIAL OBLIGATION:** I will maintain my payment arrangement for all court costs and fines.
6. **NEW CONVICTIONS:** I will not incur any new convictions while in Mental Health Court.
7. **SPECIAL CONDITIONS:** I will complete any and all special conditions ordered by Mental Health Court.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Mental Health Court.

Adult Probation Witness

Signature of Participant

Date

Date

COURT OF COMMON PLEAS OF DELAWARE COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA

: CP-23-CR

V.

MENTAL HEALTH COURT PROGRAM WRITTEN PLEA COLLOQUY

INSTRUCTIONS

TO DEFENDANT:

Read this statement carefully and review it with your lawyer. It is IMPORTANT that you understand, agree with and answer truthfully everything contained in this document. If you do not agree to all the terms and conditions set forth in this colloquy, then you will not be admitted into the Mental Health Court Program. If you understand and agree with what is written in a paragraph of this document, place your initials on the line provided. If you do not understand and agree with what is said in a paragraph, DO NOT PLACE YOUR INITIALS on the line provided, and tell the judge what you do not agree with or understand.

By placing my initials at the places provided, I am stating that I have read, understood and followed these instructions.

TO DEFENDANT'S LAWYER:

You must explain the content and meaning of this written colloquy to the defendant. If, after your explanation, the defendant does not understand or agree with something, he/she should not initial that paragraph and you must inform the judge of this fact.

Defendant's Signature

Defense Attorney's Signature

_____ 1. I understand that participation in the Mental Health Court Program is completely voluntary, and that I may withdraw from the Program at any time.

_____ 2. I understand that acceptance into and satisfactory completion of all Mental Health Court Program requirements will offer me an opportunity to avoid incarceration.

_____ 3. I understand that acceptance into and satisfactory completion of all Mental Health Court Program requirements offers me an opportunity to have other Delaware County criminal cases for which I am actively serving a sentence of probation and/or parole permanently closed.

_____ 4. I understand that my successful completion of all Mental Health Court Program requirements is a condition of any Delaware County case for which I am currently on probation and/or parole.

_____ 5. I understand that if for any reason I am terminated from the Mental Health Court Program for failure to successfully complete all program requirements, including my voluntary withdrawal from the program, then the following will occur:

(a) If my plea was tendered and taken under advisement, the Court will (i) accept my nolo contendere/guilty plea; and (ii) sentence me on the charges for which I pled nolo contendere/guilty; and (iii) find me in violation on the case(s) identified above in paragraph four (4) of this colloquy.

If my plea was tendered and I was sentenced, the Court will (i) find me in violation of the intermediate punishment sentence; (ii) re-sentence me on the charges for which I pled guilty; and (iii) find me in violation on the case(s) identified above in paragraph four (4) of this colloquy.

_____ 6. I understand that the sentence imposed as a result of my termination from the Mental Health Court Program shall be a term of incarceration up to the statutory maximum for each offense consecutive to each other, and consecutive to the cases listed above in paragraph four (4).

_____ 7. As a condition to my admission to the Mental Health Court Program, I hereby knowingly, voluntarily and intelligently waive my right to be sentenced within ninety (90) days of entering this plea.

_____ 8. As a condition to my admission to the Mental Health Court Program, I hereby knowingly, voluntarily, and intelligently waive my right to withdraw the nolo contendere plea and/or guilty plea should I be terminated from the Mental Health Court Program.

_____ 9. I understand that the primary purpose of the Mental Health Court Program is treatment and rehabilitation, and therefore any statements made by me with respect to my illegal use of controlled substances and/or alcohol while participating in this Program shall not be used against me in any subsequent related proceedings. These include statements made to the Mental Health Court staff, statements made in open Court during Court proceedings, statements made to the Office of Adult Probation/Parole and/or statements made to any treatment provider during the treatment phase of this Program. However, any statements made by me, which refer to, unrelated criminal activity and which are not related to participation in the Program may be admissible in other criminal proceedings.

_____ 10. I understand that I have the right to be represented by counsel while participating in the Mental Health Court Program. However, my right to counsel is limited to the following:

(a) My decision to apply and participate in this Program.

(b) Counsel may appear on my behalf at Mental Health Court team meetings and Court review sessions and/or hearings. No motions or legal argument may be presented at these Court review sessions and/or hearings. Counsel may assist me in communicating with the Judge and/or Master but may not speak for me. I am required to personally respond to questioning by the Judge and/or Master at all Court review sessions and/or hearings.

(c) Counsel may advise me as to whether to voluntarily withdraw from Mental Health Court Program and assist me in that process.

(d) Counsel may represent me at any Court review session and/or hearing where termination is being considered. Counsel may advocate for my continued participation in the Program.

(e) Counsel shall represent me at any sentencing hearing if I am removed from the Mental Health Court Program.

_____ 11. I understand that drug and alcohol test results obtained through the Mental Health Court Program will be used only to assist the Court and treatment providers in evaluating my progress, and may be used by Mental Health Court to determine whether I am progressing satisfactory, whether the treatment plan needs modification, whether to impose sanctions within the Program, and whether I should be terminated or graduate from the Mental Health Court Program. I understand that under no circumstances will such test results be used as evidence of a new crime, or in another manner not consistent with the treatment and rehabilitation goals of the Mental Health Court Program.

_____ 12. I understand that any adulterated test results will be considered as a positive test for alcohol or drugs, and I will be subject to a sanction/removal for that adulteration.

_____ 13. I understand that the Mental Health Court Program may test blood, urine, perspiration, saliva and/or breath for drugs and alcohol. These tests can include, but are not limited to, urine test strips, sweat patches, various breathalyzers (including portable breath tests) and various electronic monitoring devices.

_____ 14. I understand that part of the Mental Health Court Program is community supervision by local police. This means that law enforcement may be advised of my participation in the Program and asked to (i) confirm my compliance with curfew, and (ii) report any suspicious activity to the Court.

_____ 15. I understand that any tests and monitoring are conducted at the sole discretion of the Mental Health Court Program. No particular test or monitoring device may be requested by any participant. I agree that these tests and monitors are presumed valid, and with the exception of the challenge procedure contained in this colloquy. I agree that I will not appeal, or in any other way legally contest any test or monitor results. Should I disagree with any such result, with the exclusive exception of the challenge procedure set forth below; I agree that my only remedy is to withdraw from the Mental Health Court Program. **I UNDERSTAND THAT IF I OTHERWISE LEGALLY CONTEST OR APPEAL ANY TEST OR MONITOR RESULT THAT ACTION WILL CONSTITUTE GROUNDS FOR IMMEDIATE REMOVAL FROM THE PROGRAM.**

_____ 16. I understand that I may challenge the results of any drug or alcohol test performed by a Probation/Parole Officer by immediately requesting that the sample be tested by a laboratory designated by the Office of Adult Probation/Parole and paying a testing fee in the amount of fifty dollars (\$50.00). I understand that should the laboratory result confirm the test result, I will be subject to an additional sanction by the Court and/or removal from the Mental Health Court Program for my lack of honesty in failing to acknowledge the drug or alcohol use detected by the test. I understand that should the laboratory retest show the initial test result to be in error no sanction will be imposed and my testing fee will be returned or applied to outstanding fines/costs. **I UNDERSTAND THAT ONLY LABORATORY TEST AUTHORIZED BY THE COURT OR ADULT PROBATION WILL BE CONSIDERED IN THE MENTAL HEALTH COURT PROGRAM.**

_____ 17. I consent to the search of my person, my residence, and any electronic device that I utilize upon request/demand by the Office of Adult Probation/Parole.

_____ 18. I understand that if I am removed from the Mental Health Court Program and sentenced, I am not entitled to any sentence credits except actual time spent in custody in jail.

_____ 19. I understand that the Mental Health Court Program requires me to move through several phases of treatment and supervision. Depending on my ability to remain substance free and compliant with the Mental Health Court Program during these phases, I may complete the Program in eighteen (18) months.

_____ 20. If I am a Track I participant and I successfully complete the Mental Health Court Program, the Court will dismiss the charges for which my sentencing was held in abeyance pursuant to my nolo contendere/guilty plea. This means that I can never be charged with the same criminal incident again.

_____ 21. The conditions of the Mental Health Court Program include the imposition of sanctions and incentives designed to help motivate me to succeed in my recovery efforts. Possible sanctions include but are not limited to the following: community service, house arrest, curfew, writing essays, spending time in the jury box observing Mental Health Court proceedings, short-term incarceration, etc. I waive any and all due process rights I may have pertaining to the imposition of sanctions that do not result in my termination from the Mental Health Court Program.

_____ 22. I understand that, upon recommendation of the Mental Health Court Team, I may be terminated from the Mental Health Court Program at the discretion of the Court. I may have counsel with me to assist me at any sentencing proceeding.

_____ 23. I hereby waive any right to file a legal challenge to the Court's decision to remove me from the Mental Health Court Program or the removal procedure, provided that I have notice of the hearing and an opportunity to be represented by counsel at said hearing.

_____ 24. If I am removed from the Mental Health Court Program, I will be scheduled for a sentencing hearing at which time I will be sentenced in accordance with the applicable law. I hereby waive my right to have a Pre-sentence Investigation Report prepared in advance of sentencing.

_____ 25. I understand that, in addition to any Program requirements set forth in this colloquy, I must successfully complete (i) all Mental Health Court Program requirements set for by the Office of Adult Probation/Parole, (ii) any term or condition imposed by the Mental Health Court Judge and/or Hearing Master. **I UNDERSTAND THAT I MAY NOT FILE A LEGAL CHALLENGE OR APPEAL ANY CONDITION OR SANCTION IMPOSED BY THE COURT IN THE PROGRAM, OTHER THAN THROUGH THE CHALLENGE PROCESS FOR DRUG TESTING OR MONITORING SET FORTH HEREIN. I UNDERSTAND THAT MY ONLY REMEDY TO AVOID THE IMPOSITION OF A CONDITION OR SANCTION IS TO VOLUNTARILY WITHDRAW FROM THE PROGRAM AND BE SENTENCED ACCORDINGLY.**

_____ 26. I have had enough time to fully discuss my decision to enter Mental Health Court, and everything contained in this colloquy with my lawyer, and by placing my initials on all the lines provided, I am saying that I understand agree with, and answered truthfully everything contained within this colloquy.

Date

Signature of Defendant

STATEMENT OF DEFENDANT'S ATTORNEY

I represent the Defendant in the above-captioned case. I have explained the rights in this document to the defendant and I am satisfied that the Defendant understands these rights.

Date

Signature of Attorney ID #

**THE GENERAL RULES AND WAIVER OF RIGHTS
FOR MENTAL HEALTH COURT PROGRAM**

NAME: _____ **ADDRESS** _____

PHONE: _____

You have been accepted as a participant in the Delaware County Mental Health Court Program. You are therefore placed under the supervision of the Office of Adult Probation and Parole and must comply with the following rules and regulations.

1. You will report to your Probation/Parole Officer according to their instruction. You are not to attend any appointment with a Probation/Parole Officer or any Court ordered program under the influence of drugs and/or alcohol.
2. You will live at the address/phone number listed above, and you may not change your residence without permission from your Probation/Parole Officer. You will give consent to your Probation/Parole Officer to search your person, residence, vehicle and any and all personal electronic devices. The devices, including but not limited to, are cell phones, ipods, ipads, digital cameras, computers, etc. You must also give consent to your Probation/Parole Officer to view any and all social networks (facebook, twitter and/or emails).
3. You will comply with all Municipal, County, State and Federal criminal laws, and abide by any written instructions of the Mental Health Court Program or your Probation/Parole Officer. You must notify your Probation/Parole Officer within 72 hours if you are arrested, questioned or stopped by any law enforcement officers.
4. You must agree to sign any and all releases necessary to further the treatment goals of the Mental Health Court Program. You further agree to sign a release, which will allow the Mental Health Court Program team to review diagnostic, treatment and medical information. You will attend a recovery based support group on a regular basis.
5. Attendance at scheduled court sessions and or review hearings is mandatory. It is your responsibility to know the date and time of your next court session. You must arrive at the scheduled date and time. No changes in the court schedule will be allowed unless an emergency exists or you get prior approval through the Court. Lateness WILL NOT be tolerated.
6. You must dress appropriately for Court. Sunglasses are not to be worn inside unless medically necessary. Speak with the Mental Health Court Coordinator and/or your Probation/Parole Officer if you need assistance with your apparel.
7. You must obtain permission from your Probation/Parole Officer before leaving the Commonwealth of Pennsylvania.

8. You must make every effort to obtain and maintain employment. If you lose your job, you must notify your Probation/Parole Officer within 72 hours. If you are not gainfully employed, you must actively seek employment. The Court may also order attendance for employment counseling, a GED, or further education as part of the program and/or any treatment program or other condition deemed necessary by the Court.
9. You must support your dependents, if any and assume all your legal obligations for them.
10. You must not knowingly supply false information to Adult Probation/Parole and/or the Mental Health Court team.
11. You agree to participate in the Delaware County Mental Health Court Program for a period of time specified by the Court. This time period will be a minimum of twenty four (24) months. You must participate in any education, treatment and/or rehabilitation program ordered by the Court. You must abide by any additional terms or conditions as indicated by the Court and you must complete all treatment, medication compliance (if deemed necessary) and related programs to the satisfaction of the Court.
12. If your charges were held in abeyance, you must successfully complete the Mental Health Court Program in order to have your charges dismissed. If you are removed from the Mental Health Court Program your case will immediately proceed to sentencing/resentencing.
13. You must abstain from the use, unlawful possession, or sale of controlled substances, as defined within the Controlled Substance, Drug, Device and Cosmetic Act (35 P.S. Section 780-101 et.seq. as amended to date) and all mind-altering substances. You CANNOT take any medications prescribed and/or over the counter unless it is first approved by the Mental Health Court team. **You must submit to urine analysis and breathalyzer testing at times and dates deemed appropriate by the Court and your Probation/Parole Officer.** You shall not consume alcoholic beverages of any kind. You shall avoid all alcohol containing products, including alcohol in foods, hygiene products or over the counter medications containing alcohol; no communion wine, no topical gels or medications containing alcohol, eg. mouthwash, Nyquil, cough syrups or hand sanitizers. OBSERVED urine testing is mandatory. Testing is done to ensure compliance of treatment program and rules and regulations. You must be present and prompt at the appropriate testing time. You cannot go to unlawful or disreputable places, including but not limited to bars and liquor stores and cannot associate with disreputable individuals.
14. You cannot own or possess any firearm, deadly weapons, or offensive weapons.
15. If you dispute the drug testing results, you have the right to have the lab retest the sample by paying the retesting lab fee, \$50.00 dollars. The fee must be paid within twenty-four (24) hours of when you are notified of the positive test. . If the test is confirmed positive, you will face additional sanctions by the Court. If you attempt, at any time to submit a fake urine sample you can and will be prosecuted.
16. If you test positive for illegal drugs and/or alcohol, fail to appear in court as directed, fail to timely attend all treatment sessions, fail to abide by any term of these rules and regulations and any

other conditions imposed by the Court, or are arrested on new criminal charges, the Court can impose sanctions within the Mental Health Court Program and/or terminate you from the Mental Health Court Program.

17. If you are arrested on new charges after your entry into the Mental Health Court Program you will be terminated from the program.

18. You cannot make threats towards other participants or staff or behave in a violent manner. Violent or inappropriate behavior will not be tolerated and will be reported to the Judge. This may result in termination from the Mental Health Court Program.

19. You must pay all fines, costs restitution and a monthly supervision of \$40.00 a month.

20. If you successfully complete all program phases, live a law-abiding life, and demonstrate a successful reintegration into the community you are eligible to graduate.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions, rules and regulations of my Mental Health Court Program participation. I fully understand them and agree to follow them; and I fully understand the penalties involved should I, in any manner, violate them.

Witness

Signature of Probationer/Parolee

Date

Docket No.(s)

**Agreement to Participate in Mental Health Court Program
Delaware County, Pennsylvania**

Participant: _____

Address: _____ Phone: _____

I have worked with Adult Probation/Parole Office, a treatment provider and others to make a plan for living in the community. This plan is what lets me be part of the Delaware County's Mental Health Court Program (MHCP). I know that if I don't follow the plan that I agreed to, the Judge may decide I need to go to jail, be discharged from the program, or do other activities.

1. I will see my Probation/Parole Officer as often as I am required to. Sometimes they might come to my house and/or employment and sometimes I might have to go to their office. If I have a problem that keeps me from making an appointment I will call, before my appointment and inform them.
2. I must comply with all local, state and federal criminal laws. I will notify my Probation/Parole Officer immediately if I am arrested by and/or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without written permission from my Probation/Parole Officer. I will abide by the rules/regulations and conditions imposed by the Delaware County Adult Probation/Parole Department. I will conduct myself in a manner that will not create a danger to the community or myself.
3. I will live at my approved residence. I will contact my Probation/Parole Officer for approval before anyone is allowed to live with me or move into my residence. I will notify my Probation/Parole Officer before I change my address.
4. My daily travel is limited to the adjoining counties. Any travel beyond those counties, out of state or overnight travel must be approved seventy-two (72) business hours prior to the event. A travel permit must be obtained from my Probation/Parole Officer prior to my departure. Travel outside of the United States will require written approval from the visiting country's consulate, and fines, costs and restitution must be paid in full.
5. I will come to court whenever the Judge requires or as directed by my Probation/Parole Officer.

Client's Initials: _____ A.P.O. Initials: _____

6. I know that the treatment provider and/or designated agency/person is going to connect me with help in the community. I will meet as often as they tell me and make all appointments that are set up for me.
7. I will follow through with obtaining new benefits or getting my benefits back. If I need help, I will ask for it from my Probation/Parole Officer and/or treatment provider and/or designated agency/ person staff.
8. I will go to and participate in my approved treatment provider(s) and work with them. I know that getting help for my substance abuse, mental illness, and other issues is important to my recovery and I agree to follow the plans we make together. This includes going for therapy and/or meeting with my treatment provider and/or designated agency/person; taking my medicine as directed; signing confidential releases; seeing my psychiatrist; and complying with my treatment plan. My psychiatric medication is to be prescribed only by my psychiatrist.
9. I will not drink alcohol and/or use drugs as long as I am in Mental Health Court Program. I know that my Probation/Parole Officer or my treatment providers may ask me to give a urine specimen and/or breathalyzer test at any time. I will not go to bars, taverns and/or businesses that primarily serve alcoholic beverages.
10. I will request that my prescription medication be non-narcotic and non-addictive and will notify my Probation/Parole Officer and treatment team prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will notify my Probation/Parole Officer and/or treatment team if my medication(s) are changed.
11. I will not own, use, and/or possess any type of lookalike firearm, lethal weapon, explosives, and/or ammunition. I understand that hunting is prohibited.
12. I will notify my Probation/Parole Officer of the name, address and phone number of my employer. I will notify my Probation/Parole Officer within seventy-two (72) hours if I change my employment.

Client's Initials: _____ A.P.O. Initials: _____

13. I will dress appropriately in court, I will have performed proper hygiene before attending court, I will not talk during court proceedings, I will not bring food or drinks into the courtroom, I will stay until the Judge dismisses me, I will not use profanity and I will be on time.

14. I will be supervised by the Mental Health Court Program UNTIL FURTHER ORDERED BY THE COURT.

15. I understand the Office of Adult Probation/Parole has the authority to search my person, place of residence, or vehicle without a warrant, if the officer has reasonable suspicion.

16. Other special condition of the program:

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of the Mental Health Court Program, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them. I understand the Judge will be notified when I do not follow the foregoing conditions.

Signature of Participant

Date

Signature of Presiding Judge

Date

Signature of Court Coordinator

Date

DELAWARE COUNTY
MENTAL HEALTH COURT

POLICY AND PROCEDURE MANUAL

ESTABLISHED JANUARY 201

INTRODUCTION

In January 2014, the Delaware County Mental Health Court Program was established to more effectively address the needs of participants with serious mental illness cycling through the court and prison system. This court represents collaboration between the Court, Office of the Public Defender, Office of the District Attorney, Office of Behavioral Health, the George W. Hill Correctional Facility, Office of Probation and Parole and Community Based Providers.

MISSION

The mission of the Mental Health Court Program is to enhance public safety and reduce recidivism of participants with serious mental illness by connecting them with community treatment services and supports and to find appropriate dispositions to their criminal charges by considering the participant's mental illness and the seriousness of the offense.

GOALS

1. Connect court participants who suffer from serious mental illness to treatment and support services in the community.
2. Reduce time spent involved with the criminal justice system.
3. Decrease time spent in jail by moving participants with serious mental illness expeditiously into appropriate community based treatment settings.
4. Promote employment and other evidences of recovery among participants served by the Mental Health Court Program.

OUR PROGRAM

The Mental Health Court Program (MHCPP) will accept referrals after criminal charges have been filed and the case has been forwarded to the Delaware County Court of Common Pleas for further disposition. Referrals will also be accepted for participants who are before the Court of Common Pleas for alleged violations of existing probation/parole sentences(Gagnon's).

Participation in Mental Health Court Program is voluntary. Informed consent will be obtained for evaluation and consideration by the Court Team and again at the point of acceptance into Mental Health Court Program.

Once a referral is made, the participant will be classified as "under consideration" for acceptance into the Mental Health Court Program. During this initial consideration period, the primary mechanism for supervision and compliance with recommended treatment will be the imposition of bail conditions. When the participant is formally accepted into Mental Health Court, the participant must enter a plea to certain agreed-upon charges. Thereafter the participant will proceed through the three phases of engagement identified in the Terms of Participation section herein. Sentencing may be

Punishment may be imposed. Upon successful completion of the Mental Health Court Program, participants that entered the program by way of a diversion case may have their charges reduced or dismissed. Those that have entered the program as a recovery case may have their period of supervision terminated.

Eligibility

The Mental Health Court Program is limited to residents of Delaware County who are 18 or older. In order to participate in the Mental Health Court Program the person must have a serious mental illness (SMI) diagnosis (schizophrenia, major mood disorder, psychoses NOS, borderline personality disorder) that contributed to the criminal behavior. Persons with co-occurring disorders (mental health and substance use disorder) will be evaluated for Mental Health Court Program if they meet the criteria for serious mental illness. The Court prefers to address non-violent offenses but other crimes will be taken into consideration on a case-by-case basis.

Exclusionary Criteria

While each case will be considered individually, the following offenses will typically be excluded from the Program :

- Felony sex offenses
- Felony crimes of violence
- Felony crimes of violence committed with a firearm
- Felony drug offenses
- Participants are considered ineligible if there are any unresolved out of county charges. It is the responsibility of the participant's counsel to resolve any pending out of county charges.
- Murder and Manslaughter will not be considered under any circumstances

Competency

If a participant is referred to MHCP and there is a suspicion that the participant is not competent, a competency evaluation will be expedited. Once competent, individuals will then continue in the MHCP process. If a participant is deemed incompetent and fails to respond to any measures to restore competency, the participant may not be considered for Mental Health Court program.

Application and Referral Process

The Delaware County Mental Health Court Program receives referrals from a variety of sources including the participant, arresting officers, probation/parole officers, District Justices, District Attorneys, Delaware County Correctional Facility, and the defense bar. Referrals are categorized into two types:

Diversion cases

These are new cases to the criminal justice system. They require an admission of guilt to the charges prior to being admitted to the program. Sentencing is deferred pending successful completion of the program or an Intermediate Punishment sentence may be imposed; the charges may be reduced or dismissed.

Recovery cases

These are participants currently under the supervision of the Delaware County Adult Probation and Parole Department. Upon successful completion of the program, they may earn the termination of their period(s) of supervision if all program conditions are met and all financial obligations to the Court are satisfied.

There will be continual contact between the Office of Behavioral Health and the prison system so that persons with a history of SMI who are taken to prison will quickly be referred to Justice Related Services and potentially to Mental Health Court.

All applications and referrals should be directed to the Office of Adult Probation.

At the point where the application or referral is received, an initial screen will be done to gather baseline information to present to the team. All applications and referrals will be reviewed by the team. The referral form needs to be accompanied by a recent psychiatric evaluation. If one is not included, the participant's attorney will be responsible for obtaining the evaluation for the Mental Health Court Program. After this first level of eligibility is determined, the treatment providers will meet with the participant to begin to develop a Community Living Plan. During this meeting, consent from the participant will be obtained to allow the exchange of information between the members of the team and any identified service provider.

The Referral and Community Living Plan will be presented to the Mental Health Court Team for review. It will include the participant's life goals and an assessment of their capabilities and needs. As treatment plans are developed with the community-based provider, they will include both short term and long-term goals.

In addition to the Community Living Plan, the following documentation will be submitted to the MHCP team:

- Psychiatric evaluation(s)
- History of Mental health treatment
- Criminal background history
- Summary of charge(s)

After the plan is submitted to the team, it will be reviewed by the team and a determination will be made.

Reconsideration Policy

The Delaware County Mental Health Court Program will consider all appropriate referrals on a case-by-case basis. During the consideration process, a myriad of factors are considered. Major emphasis is placed upon the offense as charged, the impact of the participant's SMI in regards to the offense, nature of the offense, prior record, and likelihood of success. This information is derived from police reports, criminal history inquiries, prior treatment, psychological evaluations, contacts with arresting officers and probation/parole records.

If a relevant party to the participant's case (attorney, judge, treatment provider, police officer, etc.) feels the Mental Health Court Team failed to consider a particularly important factor, he/she may make a written request for the case to be reconsidered. The reconsideration request must be submitted in writing to the Office of the District Attorney. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

The decision by the Mental Health Court will be final.

ROLES OF THE MENTAL HEALTH COURT TEAM

Judge

The Mental Health Court Judge heads the collaborative team. The Judge regularly reviews the case status reports, leads the weekly team meetings and is the final arbiter in any decision on which there is not agreement of the team. During the court process the Judge administers graduated sanctions and incentives, based on input from the team, to increase each participant's accountability and to enhance the likelihood of long-term participation in treatment and recovery.

Court Coordinator

The Court Coordinator works in close consultation with the Judge. The Coordinator reviews all referrals to the court for initial eligibility and coordinates the assessment process. The Coordinator manages all information for new referrals to present to the court team and gathers relevant information for the weekly meetings of the team.

District Attorney

The District Attorney reviews all new cases concerning eligibility. The eligibility assessment includes a review of the participant's criminal history, consultation with victims legal eligibility and appropriate dispositions upon the participant's entry into

As part of the team, the District Attorney monitors the participant's progress and makes recommendations regarding sanctions and incentives. If a participant is re-arrested, the District Attorney investigates the new criminal charges and assesses the appropriateness of continued participation in the Mental Health Court Program.

Public Defender/Defense Counsel

The Public Defender/Defense Counsel represents and advises the participant in all court proceedings and protects the participant's constitutional rights and civil rights as a mental health consumer. The Public Defender/Defense Counsel seeks to find treatment solutions for the participant that minimize the participant's exposure to incarceration, reduce the risk of re-arrest or new charges, and mitigate the consequences of a criminal conviction.

Adult Probation

Specialized Probation Officers oversee participants in Mental Health Court Program. The Probation Officer works closely with participants and provides updates to the team regarding compliance with terms and conditions of probation. The Probation Officer focuses on community involvement, including meeting with clients in the field, interacting with community-based organizations, overseeing restitution, and networking with treatment providers.

Office of Behavioral Health

A representative from the Office of Behavioral Health participates in Mental Health Court Program proceedings to provide additional support and oversight, insuring the provision of recommended mental health services. The Behavioral Health representative works to facilitate collaboration between community provider agencies and Mental Health Court. Their role is to monitor the services Mental Health Court Program participants are receiving, to identify additional individual supports as needed, and to identify potential gaps in the service system that need to be addressed.

Treatment Providers

The Treatment Providers receive referrals from the Court Coordinator. They complete an initial assessment, community living plan, and obtain the appropriate releases to determine whether the participant meets the diagnostic eligibility criteria and where the participant will live. They present their findings to the team. Additionally, the treatment providers work with the participant to begin applications to all eligible programs.

Community Support Providers

Participants being served by Mental Health Court Program will receive their treatment services in the community provider system. These providers are responsible to work consistently with Adult Probation and treatment providers to provide updates on the participant's progress, challenges that have been encountered, and to keep the treatment providers and probation officer aware of any violation of the agreed upon plan for participating in Mental Health Court Program. Community Staff Providers will obtain necessary release of information forms from participants to allow their sharing of information.

Team Decision Making

The Mental Health Court Team will meet prior to each Mental Health Court Program session. At these meetings the team will review all cases on the docket for that day. The review will include a clinical report from the treatment provider for each case, as well as the reports from the Probation Officer and the Community Support Provider. The meeting is also used to assess the status of cases in which current treatment and supervision do not appear to be effective. Decisions are typically made by consensus.

Additionally, the team addresses administrative matters pertaining to program planning and administration, treatment and service delivery, training, policies and procedures, data collection, grants and special projects, and issues that may have arisen since the last meeting. Team members may also meet periodically to address treatment plans, community planning, funding and/or legislative processes, and to respond to problems that may arise. In addition, the team meets periodically for training and educational experiences.

TERMS OF PARTICIPATION

The Mental Health Court Team will meet weekly to review the status of participants scheduled for court that day and any other offenders who are having difficulty in the program.

At the time of acceptance into the Mental Health Court Program, all necessary consent

forms for waivers of confidentiality will be signed to allow all team members to communicate freely with each other and with the Mental Health Court Program participant. The Treatment Provider will obtain this release of information. This release of information form will extend to community-based mental health providers and if necessary, physical health providers as well.

The process of Mental Health Court Program consists of three phases. These phases are designed to focus more on positive rewards and strengths than on sanctions, though sanctions will be delivered as necessary. While movement through the phases will be individualized, the average length of participation in the court will be 24 months. The general structure of the phases is:

PHASE I

The following are standards for Phase I completion:

- Attend Mental Health Court weekly.
- Meet with their Probation Officer a minimum of once a week.
- Attend all appointments with appropriate treatment agencies.
- Follow through with treatment goals including attending appointments, taking medication, attending recovery support meetings, community service, etc.
- Demonstrate housing and financial management stability.
- Undergo urine drug screens/breath tests as directed.
- Demonstrate continued abstinence from drugs/alcohol.
- Make consistent payments to ward court ordered restitution.
- Increase community activity through participation in volunteer activities, employment, education, and/or other training opportunities.

Participants will be permitted to move to Phase II when they have consistently demonstrated the following:

- Attendance at all appointments with the Court, the Office of Adult Probation and Parole, Treatment Providers and Community Support Providers.
- A commitment to and follow through with goal plans.
- Medication compliance
- Stability in financial management and housing.
- Remain drug/alcohol free: relapses are not necessarily cause for return to previous phase. The sanction for a relapse will be considered on an individual basis.

PHASE II

The following are standards for Phase II completion:

- Attend Mental Health Court Program every other week.
- Meet with Probation Officer a minimum of every two (2) weeks.

- Attend all treatment appointments
- Follow through with treatment goals including attending appointments, taking medication and attending recovery support meetings.
- Demonstrate ongoing stability with regards to housing and financial management.
- Comply with urine drug screens/breath tests as directed.
- Demonstrate continued abstinence from drugs/alcohol.
- Make consistent payments towards Court ordered restitution.
- Increase community activity through participation in volunteer activities, employment, education, and/or other training opportunities.

Movement to Phase III happens when the participant has consistently demonstrated clear signs of stability in the following areas:

- Attendance at all appointments with the Court, the Office of Adult Probation and Parole, Treatment Providers and Community Support Providers.
- Following through with Mental Health Court goal plan and recovery plan developed with provider.
- Stability in housing and housing management.
- Stability in financial management.
- Remaining drug/alcohol free: relapses are not necessarily cause for return to previous phase. The sanction for a relapse will be considered on an individual basis.

PHASE III

Participants will be required to meet the following standards for Phase III compliance:

- Attend Mental Health Court Program once per month.
- Meet with Probation Officer a minimum of once a month.
- Attend all appointments with appropriate treatment agencies.
- Follow through with treatment goals including attending appointments, taking medication and attending recovery support meetings.
- Demonstrate ongoing stability with regard to housing and financial management.
- Comply with urine drug screens/breath tests as directed.
- Demonstrate continued abstinence from drugs/alcohol.
- Pay all court ordered restitution.

The Court Team will make the recommendation and decision for advancement for each phase.

Mental Health Court Standards on Medications

The Delaware County Mental Health Court Program prohibits the use of narcotics or other prescribed drugs with potential for abuse even when prescribed by a physician, without the prior consent of the probation officer. Over the counter medications must

also be approved for use by the probation officer in order to avoid any cross reactions that may result in positive drug tests. All participants are apprised of these prohibitions prior to entering the program and are responsible for notifying their physician when being treated. The physician treating the participant must understand and recognize their patient's addiction issues. The program will work with the physician to meet the needs of the participant while accomplishing the goals of the program.

The Role of Incentives and Sanctions

Throughout participation in Mental Health Court Program, incentives and sanctions will be used to support follow through with agreed upon goals and plans. These incentives and sanctions will be individualized according to the participant's plans, but may include the following:

Incentives

- Positive verbal feedback and/or handshakes from the judge
- Certificates of completion at set intervals
- Gift cards
- Symbols of accomplishments (i.e. key chains)
- Decrease in number of required appearances in court

Sanctions

- Increased appearances in court
- Increased participation in treatment activities
- Increased reporting to Probation Officer
- Community service
- Increased substance abuse testing
- Incarceration
- Termination from the program

The Mental Health Court team will determine on the particular incentive or sanction to be used. The incentives are positive motivators and the sanction chosen should also serve to increase the participant's likelihood of success in the program. For example, while increased attendance at treatment or reporting to the Probation Officer is listed as a sanction, it is a way of increasing the support the participant needs to allow them to succeed.

Voluntary and Involuntary Discharge from Mental Health Court

Mental Health Court Program is voluntary. The decision to discharge a participant either voluntarily or involuntarily is made by the Judge.

Diversion and Recovery Case Discharge

Voluntary Discharge

A participant is free to request a voluntary discharge from the program at any time. Diversion cases are relisted for sentencing. Recovery case participants are then sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated.

Involuntary Discharge

A participant may also be discharged involuntarily for violation of program rules and regulations and/or for new criminal charge(s). In the event of an involuntary discharge, diversion cases are relisted for sentencing. Recovery case participants are sentenced on their outstanding charge of probation, parole, and/or intermediate punishment violation and may be incarcerated.

Graduation

Any participant that successfully completes all three phases of Mental Health Court Program will be recognized during a short graduation ceremony. The Mental Health Court Team will make the determination when all program requirements have been satisfied.

Participants completing the Mental Health Court Program may have the court consider dismissing or reducing their charges for diversion cases, and having supervision terminated for recovery cases. The determination of these factors will be based on a case-by-case assessment of prior record and nature of the offenses by the Judge.

Confidentiality

The Mental Health Court Program proceedings shall be kept confidential unless otherwise ordered by the Court. No information disclosed shall be the basis for prosecution of new crimes and no participant shall be required to testify to any information discussed or disclosed during Mental Health Court Program hearings. None of the proceedings, other than guilty plea, sentencing, termination, and contested sanction hearings will be held on the record. Participants will be asked to sign a waiver authorizing the transfer of information among Mental Health Court Program participating agencies and court-approved observers.