

Mental Health Court Private Counsel Referral Process

To Attorneys:

If you are filling out this packet, you and your client are agreeing to screen your client for MHC.

Be aware that the screening process for Mental Health Court (MHC) includes:

- Submitting personal medical and mental health information for review by the MHC team
- This process can take around 4 months after you have submitted all the initial required paperwork and records.
- Client's must reside in Salt Lake County in order to access Mental Health Court.
- Before you submit a client for the MHC screening process, you should already have agreement from the line prosecutor in the criminal case for MHC.

Here is how to get started:

1. Obtain necessary signatures on the included Mental Health Court Screening Referral Form (page 3). A copy **MUST** be provided to the Court and to:

Heather McGinley

Deputy District Attorney
District Attorney's Office
Hmcginley@slco.org
Telephone: (385) 468-7645

Tara Bennion

Case Manager
Criminal Justice Services Division
TBennion@slco.org
Telephone: 385-468-3539
Fax: 385-468-3522

2. Complete the Mental Health Intake Form (page 4) with your client.
3. Have your client sign the Mental Health Court Inter-Agency Release of Information (page 5).
4. Complete the Treatment verification form (page 7).
5. Use your own HIPPA release forms and collect the records from the agencies where your client indicated they have been treated for medical and mental health issues *or* agencies that would be able to provide records indicating the reported mental health diagnosis. **DEFENSE COUNSEL is required to collect the records for this process.** The MHC team will not collect these records for you. You do not need to go through the record for the MHC team. Provide the records in their entirety to the MHC team to ensure the best response.
6. Schedule a RANT and/or LS/CMI Assessment. Contact Tara Bennion for assistance.
7. **Electronically** submit the completed packet **and all records** collected to: **CJS/ Tara Bennion.**

Your clients MHC screening will formally begin ONCE you have submitted the completed packet and all of the records to Tara Bennion. Any questions or updates regarding the status of a client in the screening process should be directed to Tara Bennion. Please do not contact Sim Gill and/or Heather McGinley for updates as this information is kept with Criminal Justice Services. Tara Bennion will direct you to Mr. Gill or Ms. McGinley if it becomes necessary.

- Not all records need to have an identical type of evaluation, however, MHC is looking for a long term, severe, and persistent level of mental illness in the record. For example, a one-time diagnosis on an ER record is not enough to qualify for MHC. If your client has a violent charge in response to their mental illness, you will need to also provide a private risk assessment in addition to the standard medical/mental health records. There are a few key factors MHC is looking for in order to review the client's case:
 - Diagnosis
 - Mental Health History
 - Treatment History
 - Substance Abuse History
 - Impact on daily functioning as a result of mental illness

In full, acceptance into Mental Health Court (MHC) is in the following order:

1. Clinical approval is determined by Angela Zuehlke, LCSW, based upon her review of all of the documents/records provided. This process is facilitated by Tara Bennion.
2. If your client is clinically denied, you will receive notice/reason for denial from Tara Bennion. If your client is clinically approved, the referral and information will be sent to Sim Gill/Heather McGinley for final legal approval. Tara will notify you regarding final status of approval for MHC.
3. Once your client has been both clinically approved by Angela Zuehlke and legally approved by Sim Gill/Heather McGinley, the client will be assigned to a MHC calendar and you will receive notice of the initial MHC appearance date from Tara Bennion. Both you and your client should attend this court date.

*Thank you for supporting the Third District Mental Health Court.
We look forward to working with you and your clients.*

**IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT
IN AND FOR SALT LAKE COUNTY, STATE OF UTAH**

THE STATE OF UTAH,

Plaintiff,

**MENTAL HEALTH COURT
SCREENING REFERRAL**

vs.

Defendant.

Case No. _____

JUDGE _____

I, _____, hereby request that the above-entitled case be screened for
ATTORNEY FOR DEFENDANT

Mental Health Court. By submitting this document, I affirm that the defendant has been educated about the Mental Health Court screening process and probation requirements.

DATED this ____ day of _____, 20____.

DEFENDANT

ATTORNEY FOR DEFENDANT
Bar No. _____

DEPUTY DISTRICT ATTORNEY
Bar No. _____

MENTAL HEALTH COURT

PRIVATE COUNSEL INTAKE / SCREENING FORM

Defense Attorney: _____ Assigned Line Prosecutor: _____

Defendant's Full Name (any former names)	
Defendant's DOB:	
Defendant's SS#	
Case Number(s)	
Charge(s)	
Address/Phone # where client will be living once released. (See # 5 below)	
Disposition Agreement (See #7 below)	

1. Is the client legally competent?

- No. Client must be competent to proceed to enter into MHC agreement. Stop referral process and address competency.
 Yes. Proceed to next question.

2. Does the client self-report a diagnosis of:

Schizophrenia **Bi-Polar Disorder** **Schizo-Affective Disorder**

- No. This client is not eligible for Mental Health Court.
 Yes. Are there records verifying the above diagnosis? Some typical locations for mental health records are listed below as a reference for you as you attempt to gather the client's records for the MHC staffing process.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alta View Hospital | <input type="checkbox"/> Valley Mental Health | <input type="checkbox"/> Utah Neuropsychiatric Institute (UNI) |
| <input type="checkbox"/> Cottonwood Hospital | <input type="checkbox"/> Juvenile Detention Center | <input type="checkbox"/> S.L. Regional Medical Center (Holy Cross) |
| <input type="checkbox"/> Jordan Valley Hospital | <input type="checkbox"/> University of Utah Medical Center | <input type="checkbox"/> Youth Corrections/Juvenile Justice Svcs (O&A, Genesis, Decker Lake) |
| <input type="checkbox"/> LDS Hospital | <input type="checkbox"/> Division of Child & Family Services | <input type="checkbox"/> Utah Dept. of Corrections (USP & Orange Street & Fremont) |
| <input type="checkbox"/> Pioneer Hospital | <input type="checkbox"/> S. L. Co. Metro Jail - Mental Health | <input type="checkbox"/> Intermountain Medical Center (IMC) |
| <input type="checkbox"/> St. Mark's Hospital | <input type="checkbox"/> Utah State Hospital | <input type="checkbox"/> McKay-Dee Hospital <u>and/ or</u> Ogden Regional Hospital |
| <input type="checkbox"/> Riverton Medical Center | <input type="checkbox"/> Lone Peak Hospital - Draper | <input type="checkbox"/> Davis Community <u>and/ or</u> Lakeview Hospital |
| <input type="checkbox"/> American Fork Hospital | <input type="checkbox"/> Utah Valley Regional Medical Center | <input type="checkbox"/> Physician: _____ |
| <input type="checkbox"/> Orem Community Hospital | <input type="checkbox"/> Timpanogos Regional Hospital | <input type="checkbox"/> Other: _____ |

3. Case transfers to Mental Health Court require one open misdemeanor or felony case in 3rd District Court. DUI's, and sex offenses are **not** eligible for Mental Health Court. Upon acceptance into Mental Health Court, Justice Court cases require a "trial de novo" motion to transfer the case to Mental Health Court.

4. Does the client want to be involved in Mental Health Court? Have you educated him/her about the requirements of Mental Health Court?

A. Weekly court reviews:

- (i.) Mondays @ 2:00 PM w/ Judge Trease (S-41)
(ii.) Tuesdays @ 2:00 PM w/ Judge Brereton (S-41)

B. Medication compliance

C. Verifiable, stable, drug-free residence (within SL. Co.)

E. Random urinalysis

F. Complete all recommended treatment

**G. Duration of treatment depends upon length of probation
(i.e., 24 months for misdemeanors, 36 months for felonies)**

5. Where will the client live if he/she is involved in Mental Health Court? A verifiable, stable, drug free residence within Salt Lake County is required for Mental Health Court. (Homeless Shelter may be approved in certain cases). In special cases, limited housing may be arranged and available through Mental Health Court.

6.. Discuss the following two dispositions / resolutions with the assigned prosecutor:

A. plea negotiations in anticipation of Mental Health Court B. Mental Health Court as a condition of probation.

**SALT LAKE THIRD DISTRICT
MENTAL HEALTH COURT
INTER - AGENCY RELEASE OF CONFIDENTIAL INFORMATION
HIPAA & 42 CFR PART 2**

I, _____ DOB: _____

Authorize the Mental Health Court Treatment Coordinators and the Criminal Justice Services Case Manager assigned to the Salt Lake Third District Mental Health Court to obtain information from, and disclose information to the following agencies:

- Salt Lake Legal Defender Association, 424 East 500 South, Suite 300, Salt Lake City, UT 84111
- Salt Lake County Metro Jail, Mental Health Services, 3415 South 900 West, Salt Lake City, UT 84119
- Valley Behavioral Health, 4460 S. Highland Drive, Ste. 320, Salt Lake City, UT 84121
- Criminal Justice Services, 145 East 1300 South, Ste. 501, Salt Lake City, UT 84115
- Salt Lake District Attorney Office, Heather McGinley/Sim Gill specific only to purposes of MHC
- Unified Police Department Detectives
- Adult Probation and Parole
- Optum/Medicaid
- Residential Treatment (specify agency): _____
- Outpatient Treatment (specify agency): _____
- Physician (name, clinic name, phone number): _____
- Friend/Family member(s)- name, phone number and relationship: _____
- _____
- Other: _____
- Other: _____

This authorization applies to the following types of information, as indicated below:

- ❖ **Mental Health Diagnosis and Treatment**
- ❖ **Alcohol & Drug Abuse Treatment**
(Drug & Alcohol info is protected under Code of Federal Regulations, Title 42, Volume 1, Part 2)
- ❖ **Medical Diagnosis and Treatment**
- ❖ **Legal issues/ records**
- ❖ **Jail/ Custody data**

The above information will be used by the Salt Lake Third District Mental Health Court for the purposes of (a) coordinating treatment service; (b) providing referral information; (c) monitoring for compliance with a treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment, prescribed medications, RANT & LS/CMI assessment scores, and urinalysis results; and (d) research and statistical data for publication purposes.

Date:

Agency and Provider:

_____, DOB: _____ is in the process of being screened to participate in the **Third District Mental Health Court**. He/She has indicated they are receiving treatment from you. This form is to verify their treatment and to explain what would be required of providers if your client is accepted into Mental Health Court.

Please complete information listed below:

_____ YES, the identified person is currently receiving services from me.

_____ NO, the above mentioned person is not currently receiving services from me.

Date treatment began: _____ Last date seen: _____

I am providing services for: (please select all that apply)

_____ Mental Health disorders _____ Substance Use disorders _____ Domestic Violence

_____ Criminogenic risk (behaviors related to involvement in the criminal justice system)

Please list client's diagnoses:

Type of treatment provided: (please select all that apply)

_____ Individual therapy _____ Medication Management

_____ Group therapy _____ random drug testing

_____ Family/Couples therapy _____ Other _____

Should this client be accepted into Mental Health Court, the court will be asking that you provide bi-weekly or monthly treatment reports to the court to ensure on-going treatment and follow-through by the client.

_____ Yes, I am able to provide regular and consistent treatment reports to the court.

_____ No, I am unable to provide regular and consistent treatment reports to the court.

Thank you for taking the time to complete this form. You will be contacted again and provided with additional information should your client be accepted into Mental Health Court.

Please fax or scan this completed form to: Angie Zuehlke, LCSW- Mental Health Court Clinical Director

E-mail: Angelaz@valleycares.com or FAX: (801) 569-2515