

ATTENTION ATTORNEYS

PLEASE SUBMIT ALL RELEVANT MEDICAL AND/OR MENTAL HEALTH RECORDS WITH REFERRAL. THIS WILL ASSIST IN DETERMINING ELIGIBILITY FOR MENTAL HEALTH COURT AND EXPEDITE THE REFERRAL PROCESS

DOCUMENTATION OF A CURRENT SMI DIAGNOSIS IS NECESSARY FOR ADMISSION TO MENTAL HEALTH COURT

DELIVERY OPTIONS:

FAX TO: MHC Coordinator 582-4328

MAIL TO: Tulsa County Mental Health Court, 111 W. 5th Street, Suite 720, Tulsa, OK 74103

LEAVE @ COURTHOUSE: Room 637, Court Administrator's Office

Any questions, contact Laura Schiewe at 588-8405

INSTRUCTIONS FOR
TULSA CO. MENTAL HEALTH COURT (MHC) SCREENING/REFERRAL FORM:

Mental Health Court (MHC) is a voluntary alternative court program to link participant Defendants to mental health services and supervision in our community. Applicants for MHC must **FIRST** have a diagnosed/diagnosable Axis I "Serious Mental Illness (SMI)" (most typically bipolar disorder/schizophrenia). Axis II diagnoses will be excluded from MHC at this time. **SECOND**, participants must have current criminal charges (including prior criminal charges) that amount to "non-violent offenses." See 22 O.S. Section 472. The attached Screening/Referral Form seeks to verify the SMI and nature of current/prior offenses as threshold inquiries for eligibility. To verify eligibility, the applying participant must execute the attached Consent for Release of Confidential Information to allow the MHC team to determine eligibility. Please fill in applicant's name, DOB, and SSN, and sign; leave the rest blank. Be aware that applicants' medical and psychiatric records will be requested by using this release to confirm eligibility. Know that this information will be discussed between MHC staff, the District Attorney, past and future prospective treatment providers and other MHC team members. **Please submit relevant medical/mental health records confirming a SMI as it will expedite the eligibility review. Documentation of a current SMI diagnosis is required for admission to MHC.** The District Attorney will make inquiry into the applicants' current and past charges and may consider other factors in determining eligibility.

This Screening/Referral Form and Releases must be submitted to the MHC Coordinator prior to obtaining a court date for potential participation in the MHC program. For quickest delivery, you should **FAX this form and release to: Laura Schiewe at (918) 582-4328.** Other options for delivery include mailing the form/release to: **Tulsa County Mental Health Court, 111 W. 5th Street, Suite 720, Tulsa, OK 74103**, or leave the form/release at the Courthouse in **Room 637, Court Administrator's Office.** If you have questions about delivery or receipt of your form and release, contact **Laura Schiewe, MHC Coordinator, at (918) 588-8405.**

Upon submission of this form/release, MHC intends to verify eligibility within two weeks, but this will not always be possible depending upon the information provided, the availability of diagnosis information and the type of past/pending charges. If you are submitting this form before you are arraigned, bring this to the arraignment judge's attention. They will give you your next regular court date before the judge you would normally see, depending upon your type of charge. Tell that judge of your interest in MHC and they will decide if they will set you on the MHC docket. **The MHC docket will be called on Mondays at 2:30 p.m. in Courtroom 124.** If you are nearing your preliminary hearing, submit this form five (5) days before your preliminary hearing. Tell the preliminary hearing judge you have done so, and if you request to be bound over to District Court and waive your right to preliminary hearing, you should be set on the MHC docket two Mondays from the date of your preliminary hearing (unless court is not to be session or other special concerns apply). The preliminary hearing judge will also give you a DCA date with your District/Associate District Judge after the MHC court date. If you are at a later stage in your criminal case, you are already assigned to a judge who can place you on the MHC docket two Mondays from the date you submit this form. That judge may also give you a second later date to return to them to determine if you are eligible for MHC. You should know the result of your application from your attorney before court or at the time of your initial court date in MHC. Your case may be passed if there is insufficient information to confirm an eligible diagnosis or charges. Thank you for your interest.

**TULSA COUNTY MENTAL HEALTH COURT
SCREENING/REFERRAL FORM**

MHC Referral Source: _____ Date _____
Phone: _____ E-mail: _____

CLIENT INFORMATION

Full legal name: _____
A/K/A: _____
Currently in custody? <input type="checkbox"/> Y <input type="checkbox"/> N DLM# _____ DOC# _____
DOB: _____ Age: _____ Race: _____ Gender: _____ SS#: _____
Client address: _____
Street City Zip
Client phone: (home) _____ (cell) _____
Lives with: _____ Relationship _____
Phone: (home) _____ (cell) _____
Emergency contact: _____
Phone: (home) _____ (cell) _____
Do you have a guardian? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Name: _____
Phone: (home) _____ (cell) _____
Do you have a payee? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Name: _____
Phone: (home) _____ (cell) _____
Do you receive Social Security Disability Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, \$ _____
Do you receive Veteran's Benefits? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, \$ _____
Do you have Medicare, Medicaid, or private insurance? _____
What insurance company are you covered by? _____

CRIMINAL INFORMATION

Attorney: _____	Phone: _____
Current charge(s): _____	Case No. _____
_____	Case No. _____
_____	Case No. _____
Prior charge(s): _____	Case No. _____
_____	Case No. _____
_____	Case No. _____
_____	Case No. _____
_____	Case No. _____
Has client ever been arrested for a violent felony and/or sex crime <input type="checkbox"/> Y <input type="checkbox"/> N	
Charge(s): _____	Case No. _____
_____	Case No. _____
Is client subject to a Protective Order? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, Case No. _____	
Are you currently on Probation or Parole? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, Probation/Parole Officer's Name: _____	
Phone: _____	

Please provide narrative concerning specifics of case and reason why client is appropriate for Mental Health Court:

***BOLDED ITEMS ARE MANDATORY!**

MENTAL HEALTH TREATMENT HISTORY

Probable SMI Diagnosis: _____
Currently taking medications? Y N If yes, list medications (be specific):
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____
Current Mental Health treatment? Y N If yes, agency _____
Current Substance Abuse treatment? Y N If yes, agency _____
Prior Mental Health treatment? Y N If yes, agency _____
Diagnosis _____
Have you previously been prescribed medication? Y N If yes, list medications:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____
Prior Substance Abuse treatment? Y N If yes, agency _____

CLIENT WAIVER INFORMATION

1. I wish to apply to Tulsa County Mental Health Court.
2. I have signed the required consent forms: (1) Consent for Release of Confidential Information, (2) Multiparty Case Staffings & Open Court Hearings Consent Form. (NOTE: BOTH SIGNED RELEASES MUST BE ATTACHED TO THIS REFERRAL FORM FOR CONSIDERATION).

Client/Defendant signature Date

Please return this form via fax to: Laura Schiewe at (918) 582-4328, or place in drop box located in Room 637 – Ann Domin, Court Administrator’s Office.

For further questions, please contact Laura Schiewe at (918) 588-8405.

TULSA COUNTY MENTAL HEALTH COURT
Consent for Release of Confidential Information

I, _____
(NAME OF CONSUMER) (Record #) (Date of Birth) (Social Security Number)

Authorize: _____ **to release to:** **Laura Schiewe & Tulsa County Mental Health**
Name of Person or Facility Releasing Information **Court Team (see below for team members)**
_____ **111 W. 5th Street, Suite 720**
Address of Person or Facility Releasing Information **Tulsa, OK 74103**

the following information:

Discharge/Aftercare Plan _____	Lab Reports _____	Letter of admit & discharge dates _____
Treatment Plan _____	X-Ray Reports _____	Medications <u>XXX</u>
Physical Exam _____	Release/Discharge Summary _____	
Other - List specific document(s) or information: SMI Diagnosis; Psychiatric History; copy of Psychiatric Evaluation/Report; Medications History; History of Hospitalizations for Psychiatric Treatment.		

Dates of Treatment, if known: _____

Information is being released for the following purpose: Application and Admission to Mental Health Court.

Date, Event, or Condition when Consent Expires: Denial, Graduation or Termination from Mental Health Court.

In the event no date, event, or condition is specified for expiration, this consent expires in ninety (90) days from the date of signing.

I understand that treatment services are NOT contingent upon or influenced by my decision to permit the information release. I also understand that I or my legally authorized representative may revoke this consent in writing at any time unless action has already been taken based upon it. This consent may be revoked by submitting a written revocation to the health information department. I freely and voluntarily give this consent.

I understand that the records requested may be protected under 42 C.F.R. Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, State Confidentiality laws and regulations and cannot be released without my consent unless otherwise provided for by regulations. State and Federal law regulations prohibit any further disclosure of such records without my specific written consent or when otherwise permitted by such regulation.

THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR NONCOMMUNICABLE DISEASE.

THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).

_____ Signature of consumer	/_____ Date	_____ Defense Attorney	/_____ Date
_____ Signature of parent, guardian or authorized representative when required	/_____ Date	_____ Relationship to consumer	

MENTAL HEALTH COURT TEAM MEMBERS: Assigned Judge(s), Assistant District Attorney, Public Defender, Mental Health Court Coordinator; Department of Corrections, Treatment Providers, ACT & FCS, Court Services Liaison, Jail Diversion Liaison.

MULTIPARTY CASE STAFFINGS & OPEN COURT HEARINGS CONSENT FORM

I, _____, authorize
(Name of patient)

the **Tulsa County Mental Health Court Team** to exchange information concerning my diagnosis, prognosis, attendance at required program activities, drug testing results, participation in groups and individual/group counseling sessions, progress on treatment goals, and probation supervision.

I understand that the following persons or organizations may be represented at the Mental Health Court Case Staffings:

Special Judge	Family & Children's Services Mental Health Staff
Court Services Liaison	ACT Mental Health Staff
Department of Correction Probation and Parole	Interns and Practicum Students
Mental Health Court Coordinator(s)	TCBH Mental Health Staff
Assistant District Attorney	NAMI
Public Defender	Mental Health Court Peer Graduates
County Jail Diversions Staff	OU – IMPACT
Court Clerk	Red Rock PACT
Parkside Mental Health Staff	FCS CO-PACT
Laureate	

The purpose of the disclosure authorized herein is to: **permit the attendees at case staffing conferences concerning my case to exchange information with one another.**

This disclosure authorization also permits information regarding my case to be shared in open court settings in which other mental health court participants and the general public will be aware of my attendance and participation in the mental health court program.

I understand that Federal rules prohibit individuals who are attending Case Staffings from making any further disclosure of the information shared during the staffings unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 C.F.R. Part 2. The Federal rules also restrict any use of the information shared in the Case Staffings to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: **After I have been discharged from the Mental Health Court Program.**

(Date)

(Signature of participant)