

MENTAL HEALTH COURT



Superior Court of Delaware Mental Health Court Referral / Eligibility Worksheet

Referral / Eligibility Information

Last Name: _____	First Name \ MI: _____
SBI: _____	Date of Birth: _____
Current L5 Hold <input type="checkbox"/> YES <input type="checkbox"/> NO	L5 Expected Release Date: _____
Referral Date: _____	Referral Source: _____
Interested in Participation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Defense Attorney: _____
Resides in NCC, DE <input type="checkbox"/> YES <input type="checkbox"/> NO	TASC Case Manager: _____

Criminal History

(The Lead Charge should be the charge considered for MHC)

Current Charge \ Case #: _____	
Describe Current Offense:	_____
Risk Assessment (LSIR Score):	_____
Number of Prior Arrests \ Convictions:	____ / ____ F ____ / ____ M
Describe Any VIOLENT Offenses or other PATTERNS Noticed:	

Referral Checklist

<input type="checkbox"/> Superior Court Case	<input type="checkbox"/> Min 6 months of Probation to Serve	<input type="checkbox"/> Mental Health Diagnosis or in Treatment
<input type="checkbox"/> Not a Sex Offender\DV Offender	<input type="checkbox"/> No Pending Charges	<input type="checkbox"/> Probationer Not in VOP Status
<input type="checkbox"/> List any Relevant / Known Mental Health Information:		

Mental Health History

Current Diagnosis:	_____
Medications:	_____
Number of Suicide Attempts/Ideations:	_____
Current MH Tx Provider: (Name/#/Address)	_____
Current PCP: (Name/#/Address)	_____
Type of Insurance:	_____
MH Hospitalizations:	_____

Substance Abuse History

Describe Any Known Substance Use:	
List Any Participation in SA Tx (Key, Crest, Connections, BCI, Pathways, Detox) with dates if known:	
Date of Last Use of ANY Drug:	_____
TASC's Recommendation for Mental Health Court:	<input type="checkbox"/> APPROPRIATE <input type="checkbox"/> INAPPROPRIATE
Additional Comments	_____
<input type="checkbox"/> Defendant Meets Eligibility Criteria	Eligibility Decision Date: _____
<input type="checkbox"/> Defendant is a Veteran	<input type="checkbox"/> Referred to Veterans Treatment Court

Court Use ONLY

Admission Decision:	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED <input type="checkbox"/> DEFERRED
Denied/Deferred, Explanation	_____
Scheduled for MHC on	_____

IN THE SUPERIOR COURT OF THE STATE OF DELAWARE

STATE OF DELAWARE,

)
)
)
)
)
)

v.

Cr. A. No.

Defendant.

COURT INFORMATION SHARING ORDER

AND NOW, this ____ day of _____, 20 __, Defendant has voluntarily agreed to participate in the Mental Health Court whose mission is to assist justice-involved individuals in addressing their mental health needs through treatment and supervision in an effort to improve mental health and promote self-sufficiency, as well as to reduce recidivism and protect the public.

WHEREAS, this Court may supervise Defendant directly through a diversion process and/or may impose interim orders or modify the sentence and conditions of probation arising out of this criminal matter; and

WHEREAS, it may be necessary to evaluate Defendant’s otherwise protected healthcare information, educational, vocational rehabilitation, and correctional records in order to properly supervise and adjudicate Defendant.

IT IS HEREBY ORDERED that, upon presentation of this Order to any agency, hospital, school, organization, division or department, doctor, nurse or other health care provider, treatment facility, psychologist, psychiatrist, police department, mental health clinic, drug or alcohol treatment provider, such agency shall permit the inspection and/or copying of any records, whether in electronic format or otherwise, relating to Defendant who has consented to participate in Mental Health Court and to the sharing of otherwise personal information pursuant to this Order.

1. This Order complies with 34 C.F.R. § 99.31(a)(9)(permitting court ordered disclosure of educational records otherwise protected under FERPA); 34 C.F.R. § 361.38(e)(4)(requiring the release of personal information relating to vocational rehabilitation pursuant to a Court Order); and 45 C.F.R § 164.512(e)(i)(permitting disclosure of HIPAA protected healthcare information in response to an Order of the Court). Further, this is a Court Order to produce correctional records pursuant to and consistent with the purposes set forth at 11 Del. C. §4322(a) and protected health information pursuant to 16 Del. C. § 1212(d)(5). Substance abuse treatment records shall be released pursuant to 42 U.S.C. § 290dd-2 and 42 C.F.R. § 2.61, et seq.

2. All records may be released because the Court has determined that good cause exists. Other ways of obtaining this information are not available. Said records are needed for the purpose of assessing the propriety of Defendant’s supervision in Mental Health Court, including the likelihood of re-offense, relapse, as well as Defendant’s compliance with the conditions imposed. The need for disclosure outweighs any potential injury to the patient and/or physician/patient relationship and/or to treatment services because such disclosures are strictly limited to the Court and parties and may not be distributed to any other individual without express consent of this Court.

3. This Order is specifically limited to the purposes set forth herein.

4. The authority to receive documents and other records shall be strictly limited to those persons identified by the Court as members of the Mental Health Court team, including Court staff, Department of Justice, Office of Defense Services, defense counsel, Department of Correction, staff associated with DHSS, TASC, treatment providers, and others authorized to receive documents and other records as the Court may deem appropriate consistent with the mission of Mental Health Court and treatment needs of Defendant. Secondary disclosures are prohibited without leave of Court.

5. This order shall remain in full force and effect until further order of the Court. Unless otherwise ordered by the Court, this order shall terminate automatically at the expiration of Defendant’s participation in Mental Health Court.

IT IS SO ORDERED.

The Honorable Andrea L. Rocanelli
The Honorable Katharine L. Mayer

With CONSENT and AGREEMENT by Defendant after consultation with counsel:

**SUPERIOR COURT OF DELAWARE
MENTAL HEALTH COURT
DIVERSION PETITION, WAIVER & AGREEMENT**

<u>State of Delaware</u> v Defendant CHARGES:	Case Number(s) DOB: SBI:
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1. I voluntarily request entry into the Superior Court Mental Health Court Diversion Program (the "Program"). I understand that my entry of a guilty or a no contest plea to the criminal charge(s) will be deferred pending my participation in the Program. My election of this program requires that I give up certain important rights which are listed below:

2. If I successfully complete the Program and if I fulfill all terms and conditions of this Agreement, prosecution for the offense(s) to which I have pled will not proceed and the charges against me will be dismissed.

3. If I do not successfully complete the Program and/or if I do not comply with the conditions of this Agreement, the Court can issue a capias for my arrest and a termination hearing will be scheduled. The termination hearing can result in any of the following: (1) the continuation of my treatment program; (2) the completion of an enhanced treatment program; or (3) the termination of my participation in the Program followed by the formal entry of the admission on the record by the Court and sentencing on the criminal charge(s) to which I pled. The sentence may include a fine, a period of incarceration, a period of probation, completion of a treatment program, a no contact order, and/or the payment of restitution.

4. I understand that in order to be entered into the Program, I must schedule and attend an intake and evaluation appointment at TASC prior to the next scheduled court hearing. I agree to call TASC at 302-577-2711 within 24 hours of signing this document to schedule an appointment with a TASC Mental Health

Court Case Manager. I understand that if entered into the Program, TASC will monitor my treatment progress and verify compliance with all treatment providers during my participation in the Program. I agree to follow recommendations for treatment as set by my case manager. I agree to follow treatment recommendations as set by my treatment provider.

I understand that if I fail to comply with the treatment program recommended by my Case Manager, I can be terminated from the Program. Finally, I understand that payment of restitution, if ordered by the Court, and compliance with a no contact order, if ordered by the Court, are a condition of my successful completion of the Program.

5. I agree to attend any and all court hearings.

6. I further understand by pleading guilty, I am waiving certain constitutional and trial rights, including:

- (a) my right to a speedy and public trial
- (b) my right to hear and cross-examine state witnesses;
- (c) my right to testify and present evidence in my defense;
- (d) my right to be presumed innocent until the State can prove each and every element of the charges against me beyond a reasonable doubt, and;
- (e) my right to appeal unless the sentence imposed exceeds the statutory maximum sentence prescribed by law.

I also agree:

- (a) not to violate any law (federal, state or local);
- (b) to continue to reside at the address supplied to the Court and the treatment provider and to notify the Court and the treatment provider if I change my address, and;
- (c) to pay costs and assessments by the Court, and;
- (d) not to seek expungement for 2 years from date of entry.

7. If restitution is owed, I hereby agree to pay the following amount(s): _____

to the following victim(s): _____

SO ORDERED.

Judge Andrea L. Rocanelli

8. Please sign and return this petition to the New Castle County 10th Floor Superior Court Judge's Chambers to the attention of Victoria Sines, New Castle County Mental Health Court Case Manager.

I have read and understand this petition, my obligations under the Program, and the rights I am surrendering. I am knowingly and voluntarily entering into this Agreement and the Program.

Defendant: _____ (Signature)

Defendant's Attorney: _____ (Signature)

Deputy Attorney General: _____ (Signature)

Date: _____

Superior Court of Delaware Mental Health Court Report

Client Information

Last Name: _____ First: _____ Middle: _____ SBI: _____ DOB: _____

Case Numbers: _____; _____; _____; _____

Date of Report: _____ For Status Conference: _____

Treatment Provider: _____ Contact Person: _____ Phone: _____

Diagnosis: _____

Next Status Conference (Requested): _____

Statuses:

Change in Housing Status: Yes No Explain: _____

Change in Educational Status: Yes No Explain: _____

Change in Employment Status: Yes No Explain: _____

Drug Screens:

Date: _____ Location: P&P TASC Treatment Positive Negative

Result: _____

Date: _____ Location: P&P TASC Treatment Positive Negative

Result: _____

Date: _____ Location: P&P TASC Treatment Positive Negative

Result: _____

Date: _____ Location: P&P TASC Treatment Positive Negative

Result: _____

Probation:

Missed Appointments: Yes No # _____

Compliance with Conditions of Probation: Yes No Problem Behavior

Violations/New Charges: Yes No Description: _____

Incarceration: Yes No Length: _____ days Reason: _____

Was a warrant issued? Yes No

Comments: _____

Submitted By: _____ Agency: _____

Date: _____

Treatment:

Missed Treatment Appointment(s): Yes No # ___ Date verified: _____ with

Missed TASC Appointment(s): Yes No # ___

Missed Medication(s): Yes No # ___ Date verified: _____ with

Current Medication(s) (Include Dosage): _____

Compliance with Program Rules: Always Sometimes Rarely/Never Date verified: _____ with

Psychiatric Hospital Visits: Yes No Length: ___ days Reason: _____

ER Visits: Yes No Length: ___ days Reason: _____

Crisis Unit Visits: Yes No Total Visit(s): ___ Length: ___ days Reason: _____

Change in Treatment Provider or Program: Yes No Explain: _____ Date verified: _____ with

Change in Benefits: Yes No Explain: _____

Comments: _____

Submitted By: _____ Agency: _____

Date: _____

Court Notes: _____

Date Submitted: _____