



## Spokane Regional Mental Health Court Referral Form

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

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

Exclusions include:

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

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

### **Instructions for Submitting a Spokane Regional Mental Health Court Referral**

- Please review the criteria to ensure your client meets preliminary qualifications for our program.
- All forms can be scanned and emailed to [SRMHC@spokanecounty.org](mailto:SRMHC@spokanecounty.org). Forms may also be faxed to (509) 477-2231.
- Upon receipt of the referral form, please have your client call Hannah Craver at (509)477-2230 to schedule a risk and needs assessment on a Friday. If your client meets the high risk and high needs standard required for SRMHC, we will move forward with obtaining records to determine diagnostic eligibility.
- All forms must be received by Thursday at 12:00 p.m. to be considered by the team the following week.
- Any referrals that take longer than three weeks to gather information will be automatically declined. New referrals may be submitted after 90 days.
- For any questions, please call us at (509) 477-2230 or email us at the addresses listed above.

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

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Referral Date

\_\_\_\_\_  
Phone Number

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

**Hearing Type:**    \_\_\_ Pre-Trial  
                           \_\_\_ Arraignment  
                           \_\_\_ Show Cause  
                           \_\_\_ Other: \_\_\_\_\_

Justification for referral: (Check all that apply)

- Possible suicide risk/danger to others
- Possible inability to care for self in or outside of the jail setting
- Possible evidence of mental disorder (e.g. psychosis, depression)
- Possible evidence of substance dependence/abuse **IN ADDITION TO** mental disorder
- Possible felony reduction (**Required:** Prosecutor and defense attorney must sign below.)
- Other: \_\_\_\_\_

**Brief summary of reasons justifying referral:**

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**Currently on pretrial monitoring?** Yes. \_\_\_\_\_ No. \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Referred by:	<input type="checkbox"/> Judicial Officer	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Defense Attorney
	<input type="checkbox"/> Prosecuting Attorney	<input type="checkbox"/> Treatment Provider	<input type="checkbox"/> Probation
	<input type="checkbox"/> Other	<input type="checkbox"/> Jail	
_____ Referring Party – Please Print Name	_____ Judge		
_____ Referring Party’s Firm/Agency	_____ Prosecuting Attorney (Required for felony reduction)		
_____ Referring Party’s Telephone Number	_____ Defense Attorney (Required for felony reduction and if not referring party)		
_____ Referring Party’s Email Address	_____ How did you hear about SRMHC?		

*Thank you for your referral.*

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