

## Felony Mental Health Court (FMHC)

The Felony Mental Health Court (FMHC) is a collaborative, problem-solving arm of the Criminal Courts System in which probationers living with a mental illness adhere to a judicially supervised restoration program and/or plan that is monitored by licensed mental health professionals.

To engage a Defendant in this process, please follow the application process steps listed below:

### **APPLICATION PROCESS:**

To apply for the Felony Mental Health Court (FMHC) Program:

1. Both parties, the Defendant's Attorney and the Trial Court ADA must agree to the application and will initiate the process by filling out the FMHC Application (a three-page packet);
2. Both parties, the Defendant's Attorney and the Trial Court ADA, will approach the Trial Court Judge and have page 2 signed by the Judge;
3. Once the Trial Court Judge signs page 2, the completed FMHC application must be returned to the Trial Court ADA along with all documents specifically required of the Defendant in the application (e.g., defendant's signature and printed name on page 2 and defendant's completion of Felony Mental Health Court Client Application, page 3);
4. The Trial Court ADA must send the completed FMHC Application to the Mental Health Division of the District Attorney's Office along with the State's File.
5. The District Attorney's Office Mental Health Division will further review the application and make a determination as to whether or not to refer the application to the FMHC clinicians for evaluation.
6. If denied, a Denial Letter is sent to defense counsel and the State's file is returned to the Trial Court ADA.
7. The Defense Attorney will be notified when a case is set for staffing by the Felony Mental Health Court Team. Defense Attorney's attendance at the staffing is mandatory.

### ***For Questions***

*Call*

*Harris County District Attorney's Office  
Mental Health Division at (713) 274-5919*

*Or email*

[mentalhealthdivision@dao.hctx.net](mailto:mentalhealthdivision@dao.hctx.net)

SPN: \_\_\_\_\_ Cause#: \_\_\_\_\_ Name of Defendant: \_\_\_\_\_ Phone: \_\_\_\_\_

Defense Attorney: \_\_\_\_\_ Defense Attorney Phone: \_\_\_\_\_ Fax or Email \_\_\_\_\_

Court of Referral (Home Court): \_\_\_\_\_ Next Court Date: \_\_\_\_\_ Date Screening Performed: \_\_\_\_\_

**FELONY MENTAL HEALTH COURT (FMHC) Screening/Referral Form**

In order for your client’s case to be reviewed, you must submit the complete 3-page FMHC referral packet and a current Special Needs Response Form (the Orange Sheet) to the Home Court Prosecutor. The Home Court Prosecutor will forward the entire completed packet to the Mental Health Division of the District Attorney’s Office. Incomplete packets will not be reviewed.

Defense Counsel: To expedite this process, please immediately send an email notice to [mentalhealthdivision@dao.hctx.net](mailto:mentalhealthdivision@dao.hctx.net) indicating that you have submitted all documents to the home court.

**Defense Counsel must submit at least one of the following along with the completed 3-page application packet (check all that are being submitted with this packet):**

- Special Needs Response Form (available online) or  Psychiatric Records or  Summary of Past Psychiatric Treatment

**Referral Source (check all that apply):**

- ADA  Defense Attorney  Judge  CLO  Other (specify): \_\_\_\_\_

**Inclusion Criteria**

An eligible defendant must have a pending **FELONY**. This defendant’s charge is: \_\_\_\_\_.

An eligible defendant **must be competent** and have a **documented** primary diagnosis of (check all that apply):

- Schizophrenia  Bipolar Disorder  
 Schizoaffective Disorder  Major Depressive Disorder

*Defendant may also have a co-occurring Substance Use Disorder and/or other secondary mental illness (PTSD, etc.).*

**An eligible defendant must agree to the basic program requirements. This defendant must be willing to (check all that apply):**

- Plead guilty and be placed on Deferred Adjudication
- Undergo a clinical evaluation and a TRAS evaluation (completed by CAST assessor and/or FMHC clinician)
- Adhere to an individualized Re-Entry Plan (which may include substance abuse treatment)
- Comply with terms of Community Supervision
- Participate in frequent court appearances

**Acceptance into FMHC is determined on a case-by-case basis.**

**Exclusion Criteria** (Any of the following may exclude a defendant from being accepted into the FMHC Program):

1. Is or would be required to register as a sex offender
2. Primary diagnosis of a Substance Use Disorder (refer to STAR Drug Court)
3. Currently on Parole (unless there is a documented agreement by Parole for continued supervision with participation in FMHC)
4. Currently on Probation (refer to CTI-Mental Health Court)

**DAO Mental Health Division**

Date Form Received \_\_\_\_\_

Reviewed by DAO MH Chief: \_\_\_\_\_

Forward to Clinician: Approved  Denied:

Failure to follow the program requirements may result in sanctions, change of conditions, or termination from the program. Failure to comply with the terms of Community Supervision may result in the revocation of **Deferred Adjudication** status or **Probation** and may result in a conviction and sentence up to the full range of punishment.

For questions regarding *legal* eligibility, contact the Harris County District Attorney’s **Mental Health Division** at (713) 274-5919 or you may send an email to: [mentalhealthdivision@dao.hctx.net](mailto:mentalhealthdivision@dao.hctx.net). For questions regarding general eligibility, contact the FMHC main line at (346) 286-5799 or [FMHC@csc.hctx.net](mailto:FMHC@csc.hctx.net).

**JOINT REQUEST TO EVALUATE DEFENDANT FOR FELONY MENTAL HEALTH COURT**

**I. Defendant’s Request to be Evaluated for Felony Mental Health Court**

I, \_\_\_\_\_, request to be evaluated for the Felony Mental Health Court. In support of this request, I agree to submit to such evaluation for purposes of determining my eligibility to participate in the Felony Mental Health Court. I understand that the Court will order copies of my medical and mental health treatment records and that the information included in these records may contain information about substance abuse history and substance abuse treatment. I further understand that the Felony Mental Health Court will receive a copy of the evaluation and that, if I am declined by the Felony Mental Health Court, the referring court may have access to the evaluation.

\_\_\_\_\_  
**(SIGNATURE)**  
Defendant

\_\_\_\_\_  
**(SIGNATURE)**  
Attorney for Defendant

\_\_\_\_\_  
**(PRINT)**  
Defendant

\_\_\_\_\_  
**(PRINT)**  
Attorney for Defendant

**II. State’s Affirmation**

The State of Texas agrees that if this defendant is accepted into the Felony Mental Health Court, **DEFERRED ADJUDICATION** is an **APPROPRIATE RESOLUTION** to this case. This in no way guarantees acceptance into Felony Mental Health Court or final approval by the Harris County District Attorney’s Office Mental Health Division.

\_\_\_\_\_  
**(SIGNATURE)**  
Assistant District Attorney, Harris County

\_\_\_\_\_  
**(PRINT)**  
Assistant District Attorney, Harris County

**III. Judge’s Approval**

The Court hereby approves and grants the Defendant’s request to be evaluated for participation in the Felony Mental Health Court.

\_\_\_\_\_  
**PRESIDING JUDGE**

\_\_\_\_\_  
**DATE**

## **Felony Mental Health Court Client Application**

You have been given this Felony Mental Health Court application because someone believes that participating in the Felony Mental Health Court would be a good thing for you. The Felony Mental Health Court is a problem-solving court in which defendants living with a mental illness participate in mental health treatment, engage in frequent appearances before the Judge and maintain regular visits with a specially trained Community Supervision Officer (or Probation Officer). Felony Mental Health Court participants remain in the Court and on probation for a **minimum** of 18 months. Many participants remain in the Court for longer than 18 months--it all depends on how a participant does in treatment and in following the Court's expectations. The agreed probation term may last *beyond* the time of graduation from the Felony Mental Health Court.

As a Felony Mental Health Court participant, you would be expected to:

- Plead guilty
- Attend weekly court appearances until the Judge is comfortable that things are going smoothly and reduces the frequency of your court appearances
- Follow all Probation requirements and Felony Mental Health Court recommendations
- Participate in mental health treatment
- Participate in substance abuse treatment if indicated
- Not use drugs or alcohol
- Provide random drug and alcohol samples
- Remain law-abiding

*Defendant must answer the following:*

**1. Participating in the Felony Mental Health Court sounds good to me because:**

**2. I think I'd make a good Felony Mental Health Court participant because:**

**3. What I would like to get out of the Felony Mental Health Court program is:**

**4. I am interested in seeking mental health care because:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Defendant's Full Name) (Date Executed)

**Print:** \_\_\_\_\_  
(Defendant's Full Name)