

# PLATTSBURGH MENTAL HEALTH COURT

<b>MENTAL HEALTH SCREENING for _____</b>	
completed by (please print) _____	
Date _____	Is Defendant now in Jail? <u>YES</u> <u>NO</u>

***The purpose of this Screening is to provide information to help the Judge and the Mental Health Court Team decide whether the defendant is eligible to be in Mental Health Court as part of the criminal case. The Screening will be given to Judge Clute, to the defense attorney, Assistant District Attorney and to other members of the Team, including Behavioral Health Services North (BHSN), the Mental Health Clinic and Probation.***

**\*PLEASE ANSWER ALL QUESTIONS AS COMPLETELY AS POSSIBLE AND INCLUDE NECESSARY DATES.**

1. Do you have a psychiatric or mental health problem? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has anyone ever told you that you have a psychiatric or mental health diagnosis?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: What are your diagnoses?

\_\_\_\_\_

3. Have you ever been hospitalized for psychiatric or mental health problems?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check all that apply:

\_\_\_\_\_ psychiatric in-patient hospitalizations? CVPH-MHU \_\_\_\_\_ dates \_\_\_\_\_

\_\_\_\_\_ psychiatric emergency room visits? CVPH \_\_\_\_\_ dates \_\_\_\_\_

\_\_\_\_\_ Other – where and when \_\_\_\_\_

\_\_\_\_\_

4. Are you **currently** taking any meds for psychiatric or mental health problems?  
NO \_\_\_\_\_ YES: Medications \_\_\_\_\_

▶ **Are you prescribed any meds that you are not taking?** \_\_\_\_\_

▶ What medications, if any, have you taken ***in the past*** for psychiatric or mental health problems? {include the year, if known}

NONE \_\_\_\_\_ YES: Medications \_\_\_\_\_

5. Are you in psychiatric or mental health treatment now?

{please mark date following service location}

\_\_\_ None
\_\_\_ Outpatient clinic BHSN \_\_\_ CCMH \_\_\_ Other \_\_\_
\_\_\_ Day treatment BHSN \_\_\_ ARC \_\_\_
\_\_\_ Other \_\_\_\_\_

6. What psychiatric or mental health treatment have you received, and when?

{please mark date following service location}

\_\_\_ None
\_\_\_ Outpatient clinic - BHSN \_\_\_ CCMH \_\_\_
Other \_\_\_
\_\_\_ Day treatment - BHSN \_\_\_ ARC \_\_\_
Other \_\_\_
\_\_\_ Community Residence \_\_\_\_\_
\_\_\_ Inpatient \_\_\_\_\_

7. Has anyone ever told you that you have an alcohol or substance abuse problem?

\_\_\_ No
\_\_\_ Yes Who? \_\_\_\_\_ When? \_\_\_\_\_

8. Have you ever been in alcohol or substance abuse treatment? If so, date of treatment? {please mark date following service location}

\_\_\_ None
\_\_\_ Outpatient clinic CCAS \_\_\_ CVFC \_\_\_ Conifer Park \_\_\_
\_\_\_ Inpatient: SLATC \_\_\_ SPARC \_\_\_ Conifer Park \_\_\_ Other \_\_\_
\_\_\_ Detox: CVPH \_\_\_ Canton-Potsdam \_\_\_ Other \_\_\_

9. Have you ever been in Dual Recovery Treatment (Severe Mental Illness + Alcohol/Substance Use Disorder)? {please mark date following service location}

\_\_\_ Outpatient: BHSN \_\_\_ Other \_\_\_
\_\_\_ Inpatient McPike \_\_\_ Bradford \_\_\_ Conifer Park \_\_\_ Other \_\_\_

## **Eligibility for Plattsburgh Mental Health Court:**

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- Pleads guilty to a Class A Misdemeanor

OR

- Admits to a Violation of Probation for a Class A Misdemeanor, and has at least 24 months remaining on probation

OR

- Has a pending felony and District Attorney agrees to reduce to Misdemeanor if the defendant successfully completes Mental Health Court

AND is

- Diagnosed as Severely & Persistently Mentally Ill

AND is

- Motivated to comply with medication and Mental Health Court behavioral treatment and behavioral requirements,

AND the

- Team determines that the client needs the structure, support and accountability of Mental Health Court to be compliant.