



MIDDLESEX COUNTY

MENTAL HEALTH DIVERSION PROGRAM APPLICATION

The Middlesex County has established a Mental Health Diversion Program for individuals with serious and persistent mental illness where there is a causal link between the defendant's criminal conduct and their diagnosis. The goal is to work with appropriate individuals who agree to comply with supervised treatment to limit certain convictions or incarceration based upon continued cooperation.

MISSION STATEMENT

The Middlesex County Criminal Justice/Mental Health Initiative, seeks to create a comprehensive, community based, collaborative mental health diversion program that redirects away from arrests, incarceration, or conviction of those individuals with SPMI, who are suspected of having engaged in criminal conduct. Such individuals would be better served by appropriate levels of community based mental health treatment and support, rather than by further involvement with the criminal justice system. Inclusion in the program will be determined on a case-by-case basis, by the Middlesex County Prosecutor's Office with consideration of public safety and the applicant's circumstances.

ADMISSION CRITERIA

- Defendant must be legally appropriate, clinically appropriate and case management appropriate for services. There must be a nexus between the diagnosis and the commission of the act in question.
- Defendant must be a resident of Middlesex County.
- Middlesex County residents will be evaluated for eligibility. Out of county residents will be considered on a case-by-case basis and may be excluded based upon availability of resources.
- The charges must originate in Middlesex County.
- The Program is aimed at defendants with 3rd and 4th degree indictable charges. The facts and circumstance of certain 2nd degree offenses may be considered on a case-by-case basis.
- A prior criminal history, prior conditional discharge, or prior entry into PTI will not preclude a defendant from entry into the MHDP but will be a factor in determining eligibility.
- The criminal acts in question are non-violent in nature, however violent offenses will be considered on a case-by-case basis depending on:
 - Nature of the violence engaged in;
 - Input of the victim;
 - Verification of a weapon.
- Defendant must provide proof of a diagnosed serious and persistent mental illness (SPMI), or a screening indication that defendant has an undiagnosed SPMI. Qualifying mental illness include, but are not limited to:
 - Bipolar Disorder and Schizophrenia
 - Post-traumatic stress disorder (PTSD), under certain circumstances will be considered.
- Defendant must be willing to accept case management services, treatment, and prescription medication (if indicated).

EXCLUSIONARY CRITERIA

- Criminal conduct not related to mental illness
- Substance use is primary problem/diagnosis
- Violent nature of offense or violent criminal history except where a determination is made by the Prosecutor that the defendant is otherwise an appropriate fit for the Program and would benefit from services. Though individual's case may be subject to review by the Prosecutor at the request of counsel or medical/mental health professional, sexual and domestic violence offenders are excluded pursuant to probation protocol.
- Any sexually based crime, including but not limited to sexual assault, sexual contact and endangering the welfare of a child
- Cases where admission will impact a co-defendant's case
- Firearms crimes
- Arson crimes
- Offenses involving intimate partner domestic violence; however, an assessment will be made based upon facts and circumstance of the case.

REFERRAL PROCESS

- Case can be referred immediately post-arrest, at CJP, PIP, after Indictment.
- Case will be evaluated by Middlesex County Prosecutor to determine legal eligibility. This assessment will include the current charge as well as prior criminal history.
- Defendant must sign a release allowing mental health providers to communicate with the court, prosecutor, and defense counsel. If records are necessary to determine eligibility, defense counsel will obtain and provide copies to the Prosecutor's Office.
- The systems navigator will review records and information provided to assess clinical and case management eligibility and will provide a detailed treatment plan to Middlesex County.
- All documents, medical and otherwise, will be held in a confidential manner.

ACCEPTANCE

- A determination will be made by Middlesex County Prosecutor as to whether defendant will be recommended for
 - Pre-Trial Intervention (PTI)
 - Diversion by way of dismissal
 - Diversion with a Plea
 - Admission into the Mental Health Diversion Program
- Determinations on the manner in which charges will be resolved will be made on a on a case-by-case basis.
- If defendant is in jail, specific conditions of release will be set, and defendant will be advised of release conditions on the record by the court and given a written copy of the conditions.
- For PTI cases: accepted defendants will enter into the Pre-Trial Intervention (PTI) Program. Specific conditions of the treatment plan will be incorporated into the order of postponement. If the defendant complies with the conditions of

PTI, the case will be dismissed. If the defendant does not comply with the conditions of PTI, the case will be returned to the regular calendar for traditional prosecution.

- For Diversion with Dismissal cases: Once the case is approved for entry into the program, the defendant will be required to agree to an Order of Agreement or Acceptance which will detail specific conditions related to the defendant's treatment plan, and the Court will hold the case in abeyance. The Court will review this order and its conditions on the record with the defendant to ensure that the defendant understands the requirements. While in the program, the defendant will continue to be represented by defense counsel and both counsel and the defendant are required to appear before the Court for reviews every one (1) to two (2) months depending on the treatment plan. A Diversionary Team consisting of Middlesex County, Office of Probation Services, System Navigator (SN) and treatment providers will meet weekly to discuss defendant's compliance and progress. If the defendant complies with the conditions set in the Order of Agreement/Acceptance, the case will be dismissed. If the defendant does not comply with the terms of the Order of Agreement or Acceptance, the case will be returned to the regular calendar for traditional prosecution.
- For Diversion by Plea cases: Defendant will enter into a plea to a lesser offense and be placed on Probation and will be supervised through the Mental Health Probation caseload, or through regular Probation with case management by SN. Specific conditions related to the defendant's treatment plan will be incorporated into defendant's conditions of probation. If the defendant does not comply with the terms of probation, they may be subject to a violation of probation (VOP) and appropriate consequences.

NAME:		COMPLAINT / MCPO FILE NO.:	
REFERRAL STAFF NAME:		REFERRAL AGENCY:	
ADDRESS:		PHONE:	
SEX:	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	ETHNICITY:	PRIMARY LANGUAGE:
MEDICAID NO.:	MEDICARE NO.:	INSURANCE:	
COMPLAINT / INDICTMENTS NUMBER(S):			
LIST CURRENT CHARGES:			
ARMED SERVICES VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF SERVICE:	TYPE OF DISCHARGE:	
DIAGNOSIS:			
1.			
2.			
3.			
4.			
5.			
DOCTOR/MENTAL HEALTH PROFESSIONAL NAME:		DATE OF DIAGNOSIS:	
LAST HOSPITALIZATION:		DISCHARGE DATE:	
ER SCREENINGS <i>(Past 6 months):</i>			
MHA/ICMS/PACT/HOMI/WA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, where/when:</i>			
OTHER PROVIDER/PROGRAM?			
PRESENT PROBLEMS/REASON FOR REFERRAL:			
TREATMENT HISTORY <i>(hospitalizations, day program/psychiatric treatment in the past two years):</i>			
SUBSTANCE USE HISTORY			
PSYCHIATRIST:	PSYCHIATRIST PHONE:	MEDICAL PHYSICIAN:	MEDICAL PHYSICIAN PHONE:
MEDICATION(S) <i>(Medical):</i>			
MEDICATION(S) <i>(Psychiatric):</i>			
ALLERGIES:			

***Have defendant read each item listed below and then sign and date.
Attach Middlesex County Mental Health Diversion Program Release with paperwork.***

I am requesting consideration for acceptance into the Middlesex County Mental Health Diversion Program.

I am a resident of _____ County, New Jersey. I am aware that residency outside of Middlesex County may preclude participation based upon availability of resources.

I acknowledge and am aware that acceptance into the Program is determined on a case-by-case basis, and that there is no guarantee that I will be accepted.

I acknowledge and am aware that the Program is voluntary and that I may choose at any time to decline and have my case proceed by way of traditional criminal prosecution.

I agree to participate in the intake and evaluation process to determine if I qualify for the Program and to help me decide if I want to enter the Program should I qualify. The intake and evaluation process may include but is not limited to providing releases and participating in psychological, substance use, and risk evaluations as may be required, completing written forms, tests, and interviews with mental health and/or substance use professionals.

I acknowledge and am aware that during this application process, and if I am accepted into the Program, all applicable time limits of a traditional prosecution will be delayed. I further understand that should I be terminated from the Program for any reason, the tolling of any and all applicable time limits will also terminate and the criminal case against me shall proceed in the traditional course.

I acknowledge that if I am accepted into the Program, the time period in which I will be required to participate in the program will not be guaranteed upon my acceptance into the Program. The minimum period that I will be required to participate in the Program is twelve (12) months for the MHDP from the date of acceptance into the Program. The maximum time period I may be required to participate in the Program will be determined by the maximum sentence exposure I am subject to on the most serious crime or offense I have been charged with along with a consideration of treatment needs. [The maximum participation of time within the MHDP is limited to two years from the date of acceptance]. The time that I will be required to participate in the program will be determined by Middlesex County in concert with my treatment team, who will continually evaluate my progress during my participation in the Program.

I acknowledge and am aware that should I successfully complete the requirements of the Program, either my charges will be dismissed or downgraded, or my custodial sentence will be reduced, or the sentence recommendation will be amended to a term of non-custodial probation.

I acknowledge and am aware that information about my case may be used for statistical purposes to evaluate the Program and any information used for evaluation of the Program will be anonymous.

Applicant Initials

I acknowledge and am aware that during this application process, and if I am accepted into the Program, I must continue to attend all scheduled criminal or other court appearances for which I received proper notice. I acknowledge that if I fail to appear for any court proceedings for which I have received proper notice, a warrant for my arrest may be issued. I understand that if I move, it is my duty to ensure that I provide the Court, Program, and my treatment providers my most up-to-date address.

I acknowledge and am aware that I can terminate this process by informing the Program in writing that I do not want to be considered for acceptance.

I acknowledge and am aware that if I am accepted into the Mental Health Diversionary Program (MHDP), I may be required to:

- Participate in case management and mental health services initiated through the Mental Health Diversion Resource entity or other similar services and cooperate with any recommended course of treatment, including the use of medications as prescribed and participation in counseling;
- Authorize any case management or mental health service provider to release to Middlesex County periodic status reports regarding the admitted defendant's participation, cooperation, and recovery progress with case management and mental health services;
- Cooperate with case management service providers to procure housing, education, and employment services, where appropriate;
- Pay restitution for damages resulting from the offense;
- Refrain from the use of alcohol or illegal drugs, and I will not frequent any place where such items are sold or used;
- Refrain from the possession or use of firearms or other weapons;
- Refrain from further criminal activity;
- Refrain from any contact with any victim of the offenses charged;
- Suspend the tolling of time for purposes of the participant's right to a speedy trial while the participant is participating in the MHDP;
- Advise Middlesex County of any change in address or change in case management or treatment provider; and
- Any other terms and conditions set forth by Middlesex County in the interest of the participant's recovery and public safety.
- If accepted through the Mental Health Diversionary Program, cooperate with a mentor, where assigned.

Defendant's Signature _____ Date _____

Defense Counsel's Name _____ Signature _____