COASTAL BEHAVIORAL HEALTHCARE, INC.

See http: www.ca.cjis20.org Programs Mental Health Court/Veterans Track Lee downloads

I. Indicators that may generate a referral to the Lee County Veterans Track Program:

The Defendant must be predetermined by the Veterans Justice Outreach Coordinator to be a Veteran eligible for Veterans Administration Health Care Benefits before faxing this referral. Fax the downloadable VA release of information to VJO James Garnett: (call 239 940-4786 for the fax number)

If the response to the request indicates the individual is a veteran eligible for VA health care benefits, and you have discussed this option with your client, please fax this referral to: email: rmarciniak@coastalbh.org OR:

Attn: Rachel Marciniak, Coastal Behavioral (239) 656-3462 Phone: 239 656-3461

1) ***Known history of mental illness or PTSD*:**

a) Prior professional experiences/interactions with the individual
b) Documentation from existing data resources that identifies that the individual has had a history of mental illness
c) Current data from existing professional data resources which indicate that the mental illness is present

2) Observation of current behaviors:

a) Actively delusional thought content wherein the individual expresses that they are hearing or seeing things that you observe are not there. Sometimes this is also witnessed as responding to "internal stimuli" wherein the individual may be seen talking to themselves in dialogue, presents as watching something move about the room, etc.
b) When speaking, the individual has disorganized speech where the content of what is being said appears to make no sense, or appears off in some way.
c) The individual appears to be "zoned-out" – does not respond to questions, appears as if he/she is in their own world, flat and unanimated.
d) The individual appears to be unusually paranoid. This paranoia may present as an odd belief that someone has poisoned them, that something has been implanted and is controlling them, that they are being investigated by the CIA, FBI or other government entity, etc.
e) The individual presents with rapid, charged speech, states they haven't slept in a while, appears to you to be exaggerated in either their mood or their description of themselves. Sometimes people who present this way appear to be tooting their own horn, expressing how important they are or go on and on about their own personal achievements. In addition, they may be experiencing racing thoughts – which can be expressed as "my head won't stop thinking, everything is moving fast, I cannot think everything is jumbled up". They can also present very irritable and easily distracted.
f) The individual presents as severely overwhelmed, acutely sad – sometimes expressionless or tearful. They may comment that they are not eating and sleeping as they used to, that particularly sleep is interrupted. They may or may not describe nightmares. Sometimes people will say they have been forgetting things a lot lately – they generally appear uninterested and unmotivated. By their report, they will state that nothing gives them joy in their life.
g) Physical appearance is not appropriate in either grooming / personal hygiene.

3) Individual Statements:

a) That they have been Baker Acted;
b) That they have been diagnosed with Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Post Traumatic Stress Disorder, Major Depression, Psychotic Disorder, or Delusional Disorder;
c) That they are currently seeing a psychiatrist in the community or, that a psychiatrist recently treated them and they are or have taken psychotropic medication.

II. Eligibility Criteria:

1. Must be 18 years of age or older
2. Be willing to participate voluntarily and to comply with any recommended interventions.
3. The individual is considered to be legally competent.
4. Have an open misdemeanor or felony in the 20th Judicial Circuit.
5. Qualifying diagnosis as described below.
    a) *Dimension I* – Primary Axis I diagnosis of mental illness as defined in the Diagnostic and Statistical Manual (DSM). (Schizophrenia or other Psychotic Disorders, Mood Disorders such as Depressive Disorders and Bipolar Disorder as well as Anxiety Disorders or a combination of disorders sufficiently disabling, as well as PTSD).
    b) *Dimension II* – Unable to support oneself, perform activities of daily living, behave in ways that do not bring attention of law enforcement for odd or dangerous acts, persistence of disability, continuously or episodically for at least a year.

III. Exclusions:

1. The person has a primary diagnosis of:
    a) Developmental disabilities
    b) Substance abuse or dependence; or
    c) Organic mental disorder (brain injuries and dementia)
    d) Or functional disabilities are primarily due to the above.

COASTAL
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LEE COUNTY VETERANS TRACK REFERRAL FORM

If you have a good faith belief that your client meets eligibility criteria as outlined on this referral form and could benefit from participating in the program, please complete this referral with as much information as possible and fax or email to:

The Defendant must be predetermined by the Veterans Justice Outreach Coordinator to be a Veteran eligible for Veterans Administration Health Care Benefits before faxing this referral. Fax the downloadable release of information to VJO James Garnett: (call 239 940-4786 for fax number)

If the response to the request indicates the individual is a veteran eligible for VA health care benefits, and you have discussed this option with your client, please fax this referral to: email: rmarciniak@coastalbh.org OR:

Attn: Rachel Marciniak, Coastal Behavioral (239) 656-3462 Phone: 239 656-3461

REFERRING PERSON/AGENCY: **DATE:**

PHONE #:

EMAIL ADDRESS:

INDIVIDUAL BEING REFERRED

NAME:

DOB:

last 4 digits of SS#:

CRIMINAL CASE#'(s):

IS INDIVIDUAL IN CUSTODY (Y/N)?

CONTACT INFORMATION:

PHONE#'(s): **FAMILY PHONE#'(s):**
ADDRESS: **ADDRESS:**

REASON FOR REFERRAL :(Any pertinent information such as knowledge of mental health information, names of current or previous treatment providers, family/friends involvement, etc.)

Rev. 03/09, 09/10, 02/14, 3/15