FIRST DISTRICT MENTAL HEALTH COURT
Baseline Data Document

Data Section I
(Complete for all cases)

NAME:	**DOB:**	**AGE:**
SS #:	**MHC CASE #:**	**OTN #:**

Date of Referral to the Mental Health Court

Referring Agent

☐ Mental Health Court Judge
☐ Police/Law Enforcement Officers
☐ County Jail Staff
☐ Public Defense Attorney
☐ Other Defense Attorney (Private)
☐ Local Mental Health Authority (BRMH)

☐ Other Mental Health Provider
☐ Other District Court Judge
☐ Other Municipal Court Judge
☐ County Attorney
☐ Adult Probation & Parole
☐ Court Officials
☐ Private Citizen
☐ Other, *specify*: _____

Date of MHC determination: ____ / ____ / _____   **# Days between referral and determination:** ____

☐ Accepted into MHC   ☐ Rejected from MHC

Comment:

If Accepted:

☐ Defendant enrolled in MHC
☐ Defendant declined to enroll in MHC

If Rejected from Mental Health Court:
(X all that apply)
☐ Ineligible because of mental disorder (e.g., no SPMI, Schizophrenia, Schizoaffective, or Bipolar Disorder)
☐ Ineligible because of criminal charges (e.g., violent or sexual offense, extensive criminal history, etc.)
☐ County Attorney declined
☐ Defense Attorney declined
☐ Defendant opted out before screening complete
☐ Judge declined
☐ Adult Probation & Parole declined
☐ Mental Health Provider declined
☐ Other, *specify*: _____
☐ MHC Committee declined
☐ Unknown

☐ Referral neither accepted nor rejected for MHC (e.g., individual released from jail on "time served" before a decision was made)

Data Section II
(Complete only for cases accepted into MHC)

Current Criminal Profile

☐ Misdemeanor   ☐ Felony
- ☐ Class A   ☐ 1st Degree
- ☐ Class B   ☐ 2nd Degree
- ☐ Class C   ☐ 3rd Degree

☐ Drug related charges
☐ Violent misdemeanor
☐ Nonviolent misdemeanor
☐ Nonviolent felony
☐ Violent felony
☐ Probation violation
☐ Domestic violence

Specific Charges		Class	Date Charged
1			
2			
3			
4			
5			
6			
7			

Criminal History

Days incarcerate in the 12 months prior to MHC entry:	
# Misdemeanor cases	
# Domestic Violence cases	
# Felony cases	
# Drug related cases	
# Violent or assaultive cases	
Total # prior charges:	
Total # prior convictions:	

Demographics

Gender	☐ Male ☐ Female
Race Identification	☐ White ☐ Native American ☐ Asian ☐ Black ☐ Native Hawaiian or other Pacific Islander ☐ Other, *specify*: _____
Hispanic/Latino ethnicity	☐ Yes ☐ No
Country of origin:	Primary Language:
Marital status ☐ Single-never married ☐ Married	☐ Separated/Divorced ☐ Widowed

Education	

☐ Some High School
☐ High School diploma/GED
☐ Some College
☐ College Degree
☐ Graduate or Doctoral Studies
	☐ Current student enrollment
	    ☐ Full time
	    ☐ Part time
	    ☐

Military Service	☐ Yes ☐ No
Branch of service:	
Dates of service:	From: To:
Combat exposure:	☐ Yes ☐ No
Discharge status:	☐ Honorable ☐ General ☐ Other than Honorable ☐ Bad Conduct

Mental Illness	
Major Mental Disorder ☐ Yes ☐ No ☐ Unknown	**SPMI** ☐ Yes ☐ No

Primary Axis I Diagnosis:
  ☐ Schizophrenia
  ☐ Bipolar Disorder
    ☐ Bipolar I
    ☐ Bipolar II
    ☐ Bipolar NOS
  ☐ Schizoaffective Disorder
	☐ Anxiety Disorder
	☐ Cognitive Disorder (i.e., dementia, delirium, etc.)
	☐ Major Depressive Disorder
	☐ Post Traumatic Stress Disorder
	☐ Obsessive-Compulsive Disorder
	☐ Other, *specify*: _____

Axis II Disorder ☐ Yes ☐ No Diagnosis ☐ Deferred ☐ Traits _____	**Specific Diagnosis:** ☐ N/A _____ **Axis II Primary:** ☐ Yes ☐ No **Axis II Provisional:** ☐ Yes ☐ No
Axis I Current Substance Related Disorder(s) (met criteria within past 12 months)	☐ Yes ☐ No ☐ Unknown
If yes: ☐ Substance Abuse	☐ Substance Dependence ☐ Unknown

If yes, primary substances of use:
  ☐ Alcohol
  ☐ Cocaine
  ☐ Other Stimulants
  ☐ Marijuana/Hashish
  ☐ Inhalants
  ☐ Sedatives
  ☐ Benzodiazapines
  ☐ Pain Relievers
	☐ Spice
	☐ Over the counter, *specify*: _____
	☐ Methamphetamine
	☐ Crack
	☐ Heroin
	☐ Hallucinogens
	  ☐ Ecstasy
	  ☐ LSD
	  ☐ PCP

Inpatient Mental Health Treatment Number hospitalizations in 12 months prior to today's date	
Number of days hospitalized	
Was client receiving mental health services at time of MHC entry?	☐ Yes ☐ No
If yes, MH service provider(s):	

Housing	
Estimate amount of time in the 12 months prior to today's date that client resided in stable housing (when not in jail).	☐ Most/All of the time (9+ months) ☐ Some of the time (< than 9 months) ☐ Not at all
Current Housing Situation	☐ Independent residence ☐ Semi-independent residence (BRMH apartments) ☐ Group home ☐ Friends home ☐ Family's home ☐ Subsidized housing (i.e., Section 8, etc.) ☐ Homeless

Employment Status	
Estimate the number of months employed during 12 months prior to today's date	
☐ Unemployed seeking work	
☐ Unemployed not seeking work	
☐ Part Time (less than 35 hrs/wk)	
☐ Full Time (35 or more hrs/wk)	
☐ Retired	
☐ Homemaker	
☐ Disabled, not in labor force	

Insurance Status
☐ Private Pay
☐ Medicare
☐ Medicaid
☐ Private Insurance (specify carrier)

Data Section III

(Subsequent information – complete as necessary – all cases)

Subsequent Information