

LUBBOCK PRIVATE DEFENDERS OFFICE

Working Effectively with Forensic Mental Health Caseworkers

TIDC Texas Roundtable

November 19, 2019



Private Defender Operations At-a-Glance



STRUCTURE

- **STAFF** (10)
 - Forensic MH Caseworkers (4)
- **VISTAs / INTERNS** (2-4)
- **GOVERNING BOARD** (7)
- **PANEL ATTORNEYS** (80)
- **Panel Wheels** (7)

SUPPORT

DATA COLLECTION

Reporting

- weekly, monthly & annual

SURVEYS

EVALUATION

- ROLES/RESPONSIBILITIES
- POLICY & PROCEDURES
- How to Guides

EVALUATION

STAFF DEVELOPMENT ANNUAL POLICY & PROCEDURES

ANNUAL POLICY &
PROCEDURES
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PROCEDURES

CLE TRAINING MENTORING

- RAPID RESPONSE
- INDIVIDUAL
- BROWN BAG
- 2ND CHAIR

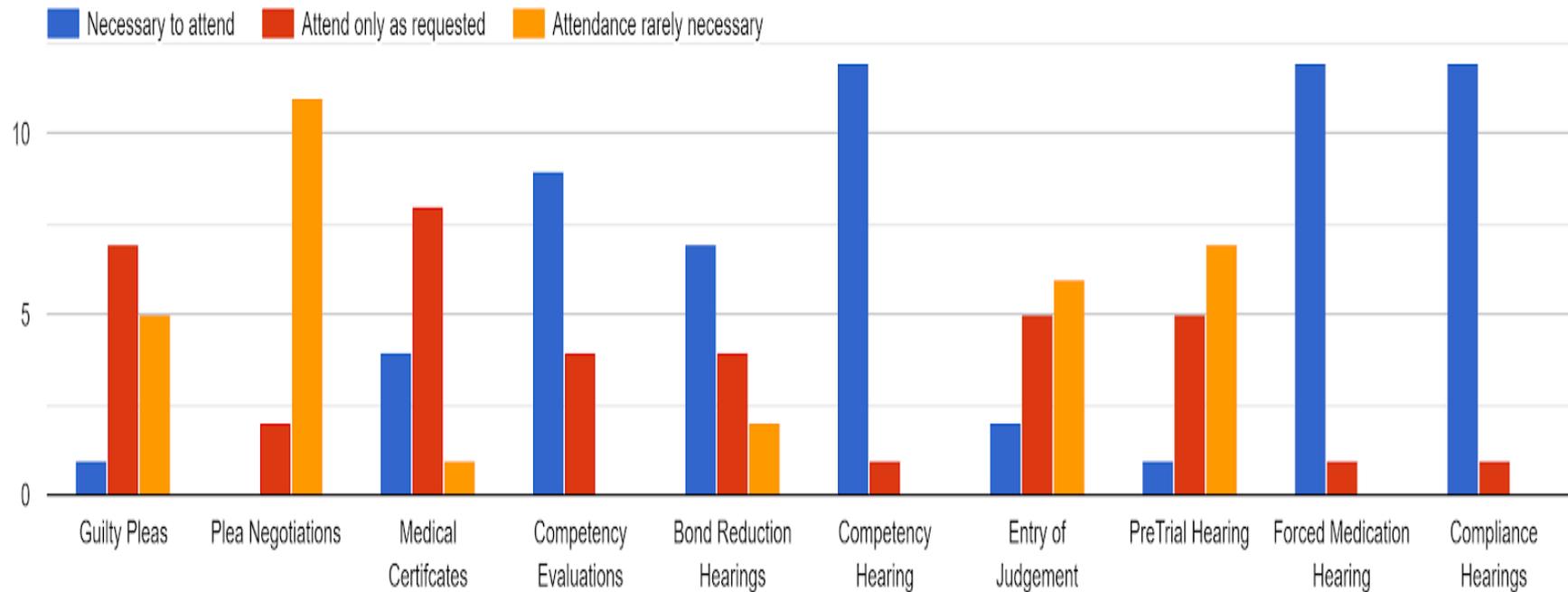
ATTORNEY PORTAL

- ACCESSIBLE FORMS



MH Attorney Survey Results

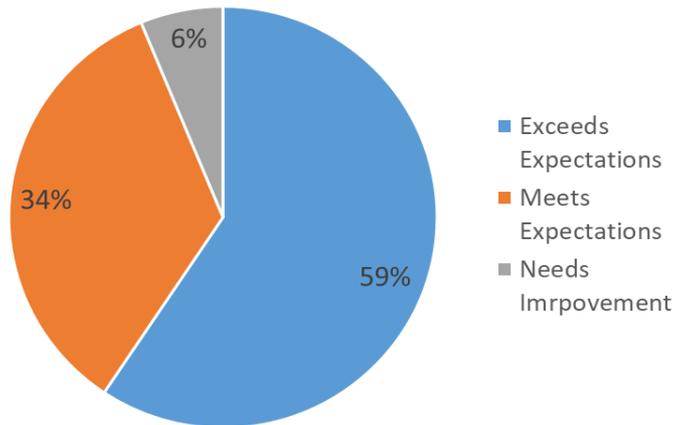
In which of the following settings does a Mental Health Forensic Caseworker serve a necessary role:



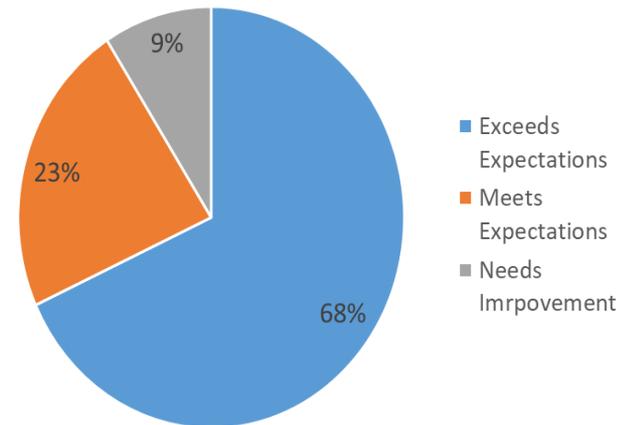


MH Attorney Survey Results

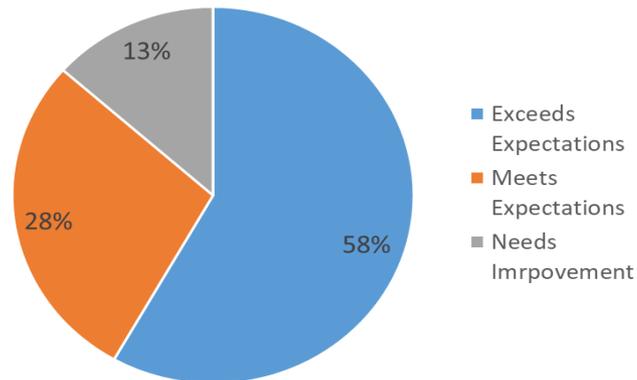
CW Client Relations



CW Attorney Relations



Case Worker Ratings



LPDO Mental Health Caseworkers Responsibilities



Client Relations

Assess the needs of the client and coordinates with social service organizations and criminal justice agencies.

Provide supportive services to clients and their families.

Assist in appropriate program placement in order to secure release from jail or to assist in plea negotiations.

Inform clients about the criminal process and assist them in overcoming barriers to success.

Attorney Relations

Consistently communicate updates with caseworker on status of legal case in order to better serve the client's needs

Attend all MH CLE trainings and competency evaluations.

Coordinate client's release in advance so that case worker may be prepared if placement is necessary

Understand that services and resources vary case to case, therefore results are different for each client depending on circumstance.

Case Management Responsibilities

Obtain necessary records and inform attorney of the client's mental health diagnosis.

Assist attorney with contacting client, family, and other agencies when necessary.

Communicate with the attorney about the status of clients.

Provide information and consult attorneys to assist clients even when the client is not accepted into a social work program.

Assist attorney in preparing client for court proceedings and testify in court upon attorney's request.

MENTAL HEALTH CASE WORKERS PERFORMANCE REPORTS



Calvin Vitela - 11/08/2019 - Weekly Report	
Total Number of Cases	78
Number of Active Cases	68
Number of Cases in Jail	36
Number of Cases in the Community	42
Number of Inactive Cases	10
Client Duration (Hours)	16.83
Client Face-to-Face (Hours)	3.76
Number of Face-to-Face Visitations	8
Number of Attorney Interactions	2
Closed Cases	0

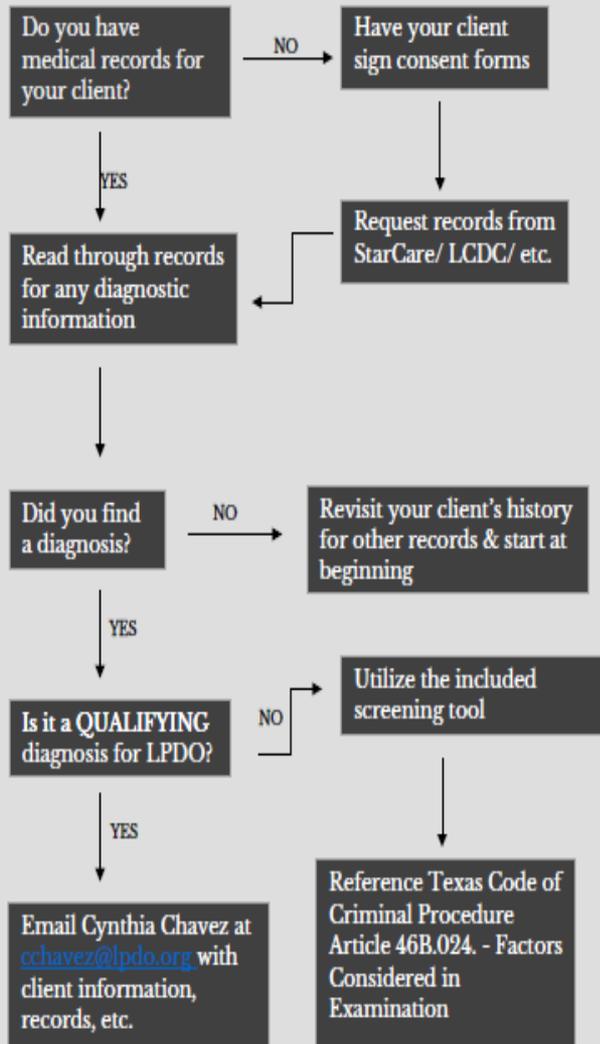
[Tina E Patrick] - [11.08.2019] - Report	
Total Number of Cases	71
Number of Active Cases	63
Number of Cases in Jail	37
Number of Cases in the Community	34
Number of Inactive Cases	8
Total Number of Case Closures	1
Client Duration (Hours)	30
Client Face-to-Face (Hours)	3
Number of Face-to-Face Visitations	6
Number of Attorney Interactions	1

[Jessie Martinez] - [10.08.2019] - Report	
Total Number of Cases	66
Number of Active Cases	57
Number of Cases in Jail	36
Number of Cases in the Community	30
Number of Inactive Cases	9
Total Number of Case Closures	0
Client Duration (Hours)	19.25
Client Face-to-Face (Hours)	3.58
Number of Face-to-Face Visitations	8
Number of Attorney Interactions	3



RESOURCES

What to do if you think your client has a mental health diagnosis:



FAQ

- Consent forms included are: StarCare, Lubbock County Detention Center, and a blanket omnibus that should cover etcetera
- Blank fax sheets are included with instructions for requesting records, along with a contact list for frequently used agencies in the area
- Instructions for initiating mental health services in the community and while incarcerated are included
- Included is a list of mental health resources you can provide to your client
- Qualifying Diagnoses for LPDO purposes:
 - Major depressive disorder with psychotic features
 - Bipolar disorder with psychotic features
 - Schizophrenia/ schizoaffective
 - Intellectual Developmental Disability (IDD)



Intake Form



LUBBOCK PRIVATE
DEFENDERS OFFICE

1401 Crickets Ave Lubbock, TX 79401
Phone: 806-749-0007
Fax: 806-749-0009
www.LPDO.org

Mental Health Client Intake Form

INTAKE INFORMATION

Date: _____ LPDO Staff: Choose _____ Location: Choose _____ (Other): _____
Purpose: Choose _____ (Other): _____ Method: Choose _____ (Other): _____
Client Duration (minutes): Choose _____ Client FTF (minutes): Choose _____

CLIENT INFORMATION

First Name: _____ Middle (Optional): _____ Last Name: _____
Cause #: _____ PID: _____ SO: _____ SSN: _____ DOB: _____
Client's Attorney: Choose Attorney _____ Other: _____ Attorney Present During Intake? ? _____

Street Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other Phone: _____
Marital Status: Choose _____ Race/Ethnicity: Choose _____ Languages Spoken: _____
Literacy: Choose _____ Disabilities: _____

Emergency Contact

Name: _____ Relationship: _____
Street Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other Phone: _____

Legal Authorized Representative / Guardian

Name: _____
Street Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Other Phone: _____
Date Consent Forms Signed: _____

Employment / Income

Employment: _____
Government Assistance: SSI: SSDI: Medicaid: Medicare: SNAP:
Notes: _____

PSYCHIATRIC INFORMATION

Recent Diagnosis: _____
Psychiatric Provider: _____
Case Workers: _____

Medications

Client Currently Taking Medications: Choose _____
1. Choose _____ 2. Choose _____ 3. Choose _____ 4. Choose _____ 5. Choose _____

Other: _____
Medication Compliant: ? _____ Other: _____
Sleep Disturbances: ? _____ If yes, describe: _____
Eating Disturbances: ? _____ If yes, describe: _____
Psychiatric Hospitalizations: _____
Suicide Attempt History: _____
Current Suicidal/Homicidal Ideation: ? _____ If yes, describe: _____
Client Insured Safety to Caseworkers: ? _____ If no, explain: _____
Self-Injurious Behavior: None Cutting Burning Head Banging
High-Risk Behaviors: ? _____ If yes, describe: _____
Hallucinations: Choose _____ Describe: _____
Impulse Control (frequently participates in activities without planning or thinking about them): Choose _____
Describe: _____
Any other psychiatric concerns or symptoms: _____

Notes: _____

MEDICAL HISTORY

Physical Health Conditions/Concerns (AIDS, HIV, Cancer, Hepatitis, Diabetes, High Blood Pressure, Seizures, etc.): _____

Other Physical Health Injuries (Auto Accidents/Head Trauma/Surgeries): _____

Hospitalizations: _____
Primary Care Physician: _____
RX-Allergies: _____
Notes: _____