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|  | | | | BEHAVIORAL HEALTH ADMINISTRATION (BHA)  **Outpatient Competency Restoration Program (OCRP)  Clinical Screening** | | | |
| **Identifying Information** | | | | | | | |
| DEFENDANT’S NAME | | | | | | CAUSE NUMBER(S) | |
| ORDERING COURT | | | | | | DATE OF COMPETENCY EVALUATION ORDER | |
| **Disclaimer** | | | | | | | |
| This is a screening tool to consider relevant clinical factors for admission to OCRP. The information utilized to conduct this screening is not considered a complete record of all material related to a potential client. This is a screening of whether reported, historical factors may impact an individual’s ability to successfully participate in competency restoration in an outpatient setting. **The materials reviewed are not sufficient for any comprehensive determination of risk to public safety or to predict future risk or behaviors; such determinations are made by the court with jurisdiction over the matter.** This screening is used by the Forensic Navigators as one piece (in addition to current court evaluations, assessment from meeting with the individual one-on-one, etc.) of the Recommended Services Plan submitted to court. | | | | | | | |
| **Clinical Screening Assessment** | | | | | | | |
| PRESENT | PARTIALLY  PRESENT | NOT PRESENT | NO INFORMATION | | CLINICAL FACTORS CONSIDERED | | |
| **Eligibility Criteria** | | | | | | | |
|  |  |  |  | | Reported willingness to adhere to prescribed medications.  Comments: | | |
|  |  |  |  | | Reported willingness to abstain from non-prescribed drugs and alcohol.  Comments: | | |
| **Rule Out Criteria** | | | | | | | |
|  |  |  |  | | Reported to be experiencing chemical dependency detoxification and has issues with medical stability related to chemical detoxification.  Comments: | | |
|  |  |  |  | | Reported current suicidal ideation with intent or plan.  Comments: | | |
|  |  |  |  | | Reported current psychiatric symptoms at a severity that suggests that the defendant will not be able to care for their basic needs of health and safety in the community even with outpatient support services. Comments: | | |
|  |  |  |  | | Other concerning behavior or factors which indicate the client is not appropriate for outpatient competency restoration services.  Comments: | | |
| **Potential Barriers** | | | | | | | |
|  |  |  |  | | Reported to have one or more prior suicide attempts that required significant medical treatment and/or family history of suicide completion.  Comments: | | |
|  |  |  |  | | Reported recent history of harming others.  Comments: | | |
|  |  |  |  | | Reported history of significant physical assault within institutions such as jails, psychiatric centers, and hospitals within past three (3) months.  Comments: | | |
|  |  |  |  | | Reported history of absconding from treatment programs.  Comments: | | |
|  |  |  |  | | Reported history of non-adherence to potential outpatient mental health treatment or conditions of release. Comments: | | |
|  |  |  |  | | Reported to have a history of multiple relapses of substance abuse.  Comments: | | |
| **Records Reviewed** | | | | | | | |
| FN Case logs  Evaluation report  Criminal history  Court order  Jail records  Other (list): | | | | | | | |
| PERSON COMPLETING FORM | | | | | | | DATE FORM COMPLETED |