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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 | PARTIALLYPRESENT | 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 |