

FORENSIC SPECIALIST GUIDELINES



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CENTRAL FLORIDA CARES HEALTH SYSTEM FORENSIC SPECIALIST GUIDELINES

PROGRAM GOALS

Central Florida Cares Health System, Inc. (CFCHS) oversees state-funded mental health and substance abuse treatment services in Circuits 9 and 18 (Brevard, Orange, Osceola, and Seminole counties). As a managing entity, CFCHS' vision is to achieve a comprehensive and seamless behavioral health system promoting recovery and resiliency for individuals in our community. CFCHS contracts with Community Mental Health Treatment Centers in each of its covered counties to provide forensic case management services for individuals charged with or at-risk of being charged with a felony offense. These are individuals who have been court ordered for an evaluation or who have been committed to the Department of Children and Families (DCF) under the provisions of Chapter 916, F.S. Specifically, these are individuals who have received an Order for Evaluation of Competency or Sanity or have been adjudicated as Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI) due to mental illness.

The goals for the Forensic Specialists include:

- 1) Reduce the number of commitments to secure forensic facilities (focus on community placement/diversion);
- 2) Increase the number of forensic discharges from State Mental Health Treatment Facilities (SMHTF) to community conditional release;
- 3) Expand forensic capacity in the community;
- 4) Assist ITP individuals in the community in regaining competence to proceed; and
- 5) Collaborate and build relationships with the criminal justice system to minimize or divert incarcerations.

POPULATION SERVED/ELIGIBILITY CRITERIA

Pursuant to CFOP 155-22 and Guidance Document 6, the DCF has defined the following individuals to be served by the Forensic Specialist:

- 1) Individuals determined by a court to be ITP or NGI, pursuant to Chapter 916, F.S., on a felony offense; OR
- 2) Persons with serious and persistent mental illness with a pending evaluation who are at-risk of commitment pursuant to Chapter 916, F.S., and who are referred to the Network Service Provider subject to conditional release, pre-commitment diversion, or post-commitment diversion.

ROLES AND RESPONSIBILITIES

The Forensic Specialist responsibilities can be best described in the following categories: diversion efforts, coordination of forensic services, individuals on conditional release, individuals committed to the Forensic SMHTF, individuals residing in Residential Treatment Facilities (RTFs), competency restoration services, community relationships/outreach/training, circuit transfers, and other case management roles. The Forensic Specialist is responsible for providing the following array of services and supports.

1. Diversion Efforts

The Forensic Specialist will be responsible for forming relationships with community stakeholders to identify individuals at-risk of commitment to the SMHTF. Responsibilities for diversions efforts include the below.

- (a) Monitor mentally ill individuals in jail at-risk for commitment to the Department pursuant to Chapter 916, F.S;
- (b) Develop a system for early notification of orders appointing experts and orders of commitment;
- (c) Advise the court evaluators and the attorneys of treatment alternatives for appropriate felony offenders, including civil diversion and conditional release;
- (d) Assist CFCHS Forensic Coordinator in developing Conditional Release Plan(s);
- (e) Attend all scheduled court hearings involving individuals at risk of being adjudicated ITP or NGI, including the determination of competency hearings. Be prepared at the hearing to discuss alternative dispositions, including residential treatment;
- (f) Monitor the progress of individuals in jail;
- (g) Maintain close working relationships with local jail mental health personnel to coordinate services and address mental health issues involving DCF/CFCHS and local behavioral health providers;
- (h) Address any issues that may arise regarding jail medication formularies and the availability of medications to individuals while in jail; and
- (i) Connect individuals to behavioral health services, including conducting and/or referring for screenings and evaluations.

2. Coordination of Forensic Services

The Forensic Specialist will coordinate all forensic, legal services, and court representation needs, including the following:

- (a) Attend all court hearings involving individuals with mental illness adjudicated or at risk of being adjudicated ITP or NGI;
- (b) Maintain close working relationships with the judicial assistants in the circuit, the Office of the Public Defender, the Office of the State Attorney and the Clerk of the Court's Office.
- (c) Communicate as required with Public Defenders, State Attorneys, Judges, and other court personnel; and
- (d) Address the need for continued supervised follow-up care or recommend termination.
- (e) Work closely with the state forensic and civil treatment facility(s), local mental health providers, crisis stabilization units (CSU) and the courts to ensure the appropriate and timely disposition of individuals not found competent within three or five years, as specified in s. 916.145, F.S.; and

- (f) Participate in forensic SMHTF or Mental Health Program Office initiated discharge status telephone and video conference calls.

3. Individuals on Conditional Release

The Forensic Specialist will monitor the status of all individuals on Conditional Release and complete the duties as described below.

- (a) Track all individuals on conditional release and monitor their compliance with conditions specified by the court. These duties shall include:
 - (i) Linkage to medication management,
 - (ii) Therapy,
 - (iii) Social Security Benefits,
 - (iv) Transportation, and other services as needed.
- (b) Attend all scheduled court hearings involving individuals on conditional release adjudicated ITP or NGI. Be prepared to provide updates on the status of the individuals compliance with the Conditional Release Plan;
- (c) Provide the court with routine progress reports as required by the Conditional Release Order.
- (d) Notify the court of any conditional release violations via affidavit or sworn statement per s. 916.17(2), F.S.;
- (e) Transfer the individual's case to a Community Case Manager. The Community Case Manager will coordinate services and provide the Court with routine progress reports as required by the conditional release order. The Forensic Specialist will accompany the Case Manager to all court hearings regarding individuals on Conditional Release; and
- (f) Work with CFCHS Forensic Coordinator to facilitate proposed out-of-circuit placements, coordinating with counterparts in the receiving circuit to ensure continuity of care.

4. Individuals Committed to Forensic SMHTF

The Forensic Specialist must maintain an open case for individuals during the time he/she resides in a SMHTF, including individuals residing in civil step-down facilities remaining under F.S. 916, and is responsible for the tasks as outlined in Guidance Document 7 and CFOP 155-22.

- (a) Collaborate with the SMHTF to develop the psychosocial assessment and the recovery plan;
- (b) Participate in monthly reviews of the recovery plan;
- (c) Provide the SMHTF recovery teams with all available community information required to assist with the individual's treatment;
- (d) Attend all scheduled court hearings involving individuals found ITP or NGI;
- (e) Participate in the discharge planning meeting;
- (f) Assist the SMHTF and appropriate court personnel in the development of conditional release plans;
- (g) Conduct a minimum of quarterly face to face meetings with individuals at the SMHTF and civil step-down treatment facility(s);
- (h) Provide or ensure the provision of information to the courts and the attorneys pertaining to the individual's treatment in the SMHTF as requested;
- (i) Advocate for individuals with non-violent offenses to prioritize their discharge from SMHTF's despite their restoration status;
- (j) Work closely with the individual, interested family members when authorized, the treatment facility recovery team, and placement sites to locate appropriate community placements and arrange as needed aftercare services for individuals determined appropriate for discharge;

- (k) Work to identify and coordinate appropriate treatment services including case management, residential treatment, and any other services as identified in the discharge plan;
- (l) Perform home visits, as requested, by SMHTF or CFCHS;
- (m) Work to ensure possession of current and valid identification cards and retain copies of those documents in the individual's community files to facilitate access to benefits upon return to the community;
- (n) Ensure continuity of care by assisting with the coordination of transportation of the individual from the jail or treatment facility to the placement identified in the conditional release order on the date prearranged with the placement site;
- (o) Upon return of a competent individual to jail and immediately after the first competency hearing date, ensure that a community Case Manager is assigned to facilitate follow-up services;
- (p) Monitor individuals on LOA status, attend any court hearings and report status changes to the SMHTF recovery team and forensic coordinator. The community representative must ensure that residents released by order of the court while on LOA status are assigned to a community representative and linked to appropriate community-based services upon release from the jail;
- (q) Check the resident's status while in jail, arrange competency restoration services to assist the resident in maintaining competency, assist to assure needed psychiatric treatment (medication) is continued while in jail, attend court hearings, and follow the resident's case through to disposition. If the resident is released from jail to the community, the Forensic Specialist must make sure the resident is linked to appropriate community-based services and recommended services are received after discharge; and
- (r) Should the court unexpectedly release the resident to the community, the Forensic Specialist must be prepared to assist the individual secure housing, aftercare services and benefits, as well as set up an appointment with a medical/psychiatric provider to ensure the resident can receive prescriptions to remain on his/her medications.

5. Individuals in Residential Treatment Facilities (RTFs)

Individuals adjudicated ITP or NGI may be conditionally released to a Residential Treatment Facility (RTF). The Forensic Specialist will continue to monitor individuals residing in an RTF (in or out of County) until the resolution of their case and is responsible for the following:

- (i) Maintain monthly contact with the facility assigned case manager;
- (ii) Participate in monthly treatment team meetings;
- (iii) Ensure written reports to the court are received for scheduled court hearings seven (7) days before the scheduled court hearing;
- (iv) Secure necessary documents for the Residential Pre-Authorization Form (CFCHS funded only);
- (v) Meet with the individual on a monthly basis (only if client placed within Network Service Provider county); and
- (vi) Participate in the discharge planning process when the individual has completed their treatment plan at the RTF including securing placement, reinstating benefits, and developing an amended Conditional Release Plan.

6. Competency Restoration Services

The Forensic Specialist will be responsible for providing court ordered competency restoration training to individuals on their caseload. The Forensic Specialist is required to utilize the following guidelines:

- (a) Obtain Competency Restoration Training Certificate within six (6) months of beginning employment;
- (b) Complete the Competency Restoration Treatment Plan utilizing the competency evaluations provided by the Court;
- (c) Develop a person-centered approach by assessing the individual's cognitive skills and limitations;
- (d) Utilize a CFCHS approved curriculum (i.e. DCF's CompKit, FSH's CompKit, or any other approved curriculum);
- (e) Hold at minimum two (2) training sessions each month with individuals requiring competency restoration;
- (f) Training sessions must be no more than one (1) hour in length and no less than twenty (20) minutes;
- (g) Perform competency maintenance with all individuals returning from the Forensic SMHTF upon return to jail;
- (h) Provide written reports to Court, when requested, outlining the individuals progress or lack thereof to obtaining competence; and
- (i) Provide a written report to the Court when the Forensic Specialist completes the curriculum and provide an opinion on competency status.

7. Community Relationships/Outreach/Training

Maintaining relationship with prominent community stakeholders is a crucial role played by the Forensic Specialist. To maintain these relationships, there is a significant amount of outreach and communication that must take place with the stakeholders listed below.

- (a) The Public Defender's Office;
- (b) The State Attorney's Office;
- (c) Judiciary (Judges, JAs, and Clerks of Court);
- (d) Jail mental health staff;
- (e) Social Security Office;
- (f) State hospital employees;
- (g) Community Forensic Evaluators;
- (h) Housing facilities, including Adult Living Facilities (ALF's), group homes, family care homes, apartments, etc; and
- (i) Behavioral health providers, including Crisis Stabilization Units (CSU's).

Additionally, the Forensic Specialist is responsible for specialized trainings including the following:

- (a) Obtain a certification of attendance from the Florida Forensic Examiner Training or a Forensic Specialist training within one (1) year of employment;
- (b) Attend and participate in statewide forensic meetings to remain current on issues, activities, and trends affecting forensic individuals or other local meetings as requested by the Managing Entity; and
- (c) Other mandatory trainings as specified by the Managing Entity.

8. Circuit Transfers

Individuals with an open felony may be adjudicated ITP or NGI in the Forensic Specialist's jurisdiction but obtain court approval to move outside of the geographic region. In these instances, a Circuit Transfer Request must be completed. When an individual resides out of County, the Forensic Specialist shall complete the following:

- (a) Complete a Circuit Transfer Request Form and submit it to the CFCHS Forensic Coordinator;
- (b) If requested, participate in a transfer conference call with the receiving County;
- (c) Obtain monthly updates from Forensic Specialist in the County in which the individual resides;
- (d) Monitor upcoming court hearings and notify the Forensic Specialist in the County in which the individual resides of the date and time;
- (e) Attend court hearings and provide updates to the Forensic Specialist in the County in which the individual resides; and
- (f) Provide written reports to the court outlining the individual's status and compliance with their Conditional Release Plan.

9. Other Case Management Responsibilities

The Forensic Specialist should document all services and contacts reflecting specific services offered to and provided for each individual. These services include the provision of direct services and the coordination of ancillary services designed to:

- (a) Assess the individual's needs and develop a written treatment plan;
- (b) Locate and coordinate any needed additional services;
- (c) Coordinate service providers;
- (d) Link participants to needed services;
- (e) Monitor service delivery;
- (f) Evaluate individual outcomes to ensure the participant is receiving the appropriate services;
- (g) Coordinate medical and dental health care;
- (h) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan;
- (i) Coordinate individual access to eligible benefits and resources;
- (j) Address educational service needs; and
- (k) Develop, maintain, and update, as needed, a directory of all mental health services and providers in the area.

The documentation below should be maintained in the client's file:

- a) Incompetent to Proceed (ITP)/ Not Guilty by Reason of Insanity (NGI) Order;
- b) Competency Evaluation;
- c) Charging Document;
- d) Signed Conditional Release Order (CRO), if applicable;
- e) Amended CRO's, if applicable;

DISCHARGE PROCESS

Discharge planning begins at admission and continues throughout the individual's participation in forensic services. Discharge status must be addressed every 6 months after admission to the program. The Forensic Specialist will complete the Discharge Summary within 7 days of the scheduled discharge date.

Individuals may be discharged from forensic services for the following reasons:

1. Found Competent to Proceed;
2. Non-engagement by the individual;
3. Dismissal of criminal charges;
4. The participant has been adjudicated guilty of a felony crime and subsequently sent to a state or federal prison;
5. Admission of the individual to a longer-term residential setting such as a State Mental Health Treatment Facility; OR
6. The participant dies.

The Forensic Specialist must document the discharge process in the participant's medical record, including:

1. The reason(s) for discharge;
2. The participant's status and condition at discharge;
3. A final evaluation summary of the participant's progress toward the outcomes and goals set forth in the recovery plan;
4. A plan developed in conjunction with the participant for treatment upon discharge and for follow-up;
5. Documentation of referral information made to other agencies upon discharge; and
6. For ITP and NGI clients, an order releasing CRO or supervision of NGI's.

REPORTING

The Forensic Specialist shall submit the following reports to CFCHS by the 10th of each month.

- (a) Census Report
- (b) Recovery Team/Discharge Call Tracking Log

GLOSSARY

Arrest Affidavit- The narrative, written by the arresting officer, detailing the incident that led to arrest. This document has the officer make an educated guess as to what the State Attorney's Office may be able to charge the individual with.

Charging Document- The court document, crafted by the State Attorney's Office that is an official statement of the charges against the individual.

Clinical Summary- A document provided to the courts by the forensic or civil mental health treatment facility appointed staff. The document addresses salient treatment issues, diagnoses, mental health history, current mental health status, and recommendations regarding commitment criteria, as specified in Chapter 916, F.S. Clinical summaries are prepared for residents committed as Not Guilty by Reason of Insanity and Incompetent to Proceed (ITP). These documents are provided on a 3-month interval for the first year of admission and after the first year, a yearly interval.

Commitment Packet- A packet completed by the Clerk of Court that is sent to DCF in order to schedule admission to the SMHTF. This packet must include the Order of Commitment, Arrest Affidavit, Competency Evaluations, and Charging Document.

Community Representative- An individual who works with residents and their families, community service providers, and the recovery team to ensure continuity of care. The Community Representative assesses resident needs, plans services, links the resident to services and support assists in securing community placement, monitors service delivery and evaluates the effectiveness of service delivery. The community liaison, FACT Team leaders/case managers, forensic specialist, forensic case manager, and any other community staff may function as a civil or forensic resident's community representative. (Note: For forensic residents committed pursuant to Chapter 916, F.S., facilities must ensure that they are consulting with the proper community representative. As a general rule, forensic specialists, forensic coordinators, and case managers should be consulted on any proposed conditional release plan, notification of Leave of Absence and discharge)

Competency Evaluation Report- A standardized mental health document addressing relevant mental health issues and the individual's clinical status regarding competence to proceed. The report is completed in the Department's approved format detailed in Appendix B of CFOP 155-19 (Evaluation and Reporting of Competency to Proceed) and submitted to the court pursuant to Section 916.13(2), F.S.

Competency Restoration- A training program to assist an individual who is found Incompetent to Proceed regain their competence to proceed.

Conditional Release- A court-approved discharge for a resident committed under Chapter 916, F.S., from a state mental health treatment facility to a less restrictive community setting. It is also used in lieu of an involuntary commitment to a facility pursuant to ss. 916.13 or 916.15, F.S.

Conditional Release Plan- A court ordered plan for providing appropriate care and treatment for individuals found Incompetent to Proceed or Not Guilty by Reason of Insanity. The committing Court may order the Conditional Release of any defendant in lieu of an involuntary commitment to a state mental health treatment facility, or upon a recommendation that treatment in the community is appropriate. A written plan for treatment, including recommendations from qualified professionals, must be filed with the Court with copies to all parties. Such a plan may also be submitted by the defendant and filed with the Court with copies to all parties.

Discharge- The release of an individual from the custody of a forensic or civil mental health treatment facility under the authority of the committing court. The transfer of a resident from a secure forensic treatment facility to a forensic step-down unit within a civil mental health treatment facility is not considered a discharge as the resident remains in the custody of the Department (transfers between facilities will count as a discharge for the releasing facility for data purposes only).

Discharge Ready- The resident's psychiatric condition has improved so that the resident no longer requires continued inpatient psychiatric treatment in a SMHTF.

Forensic Coordinator- A staff member employed by the Managing Entity, or their contracted provider, who has contractual and programmatic oversight responsibility of forensic services for adults for each court circuit in the covered region.

Forensic Specialist/Forensic Case Manager- A staff member employed by a community mental health provider, under contract with a Managing Entity, to provide an array of services to individuals who are at risk or have been committed to the Department of Children and Families pursuant to the

provisions of Chapter 916, F.S., by one of the state's twenty circuit courts. Specifically, these are individuals who have been adjudicated as Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI) due to mental illness.

Incompetent to Proceed (ITP)- A determination made by the Circuit Court that an individual is unable to proceed at any material stage of a criminal proceeding. These stages shall include pretrial hearings and trials involving questions of fact on which the defendant might be expected to testify. It shall also include entry of a plea, proceedings for violations of probation or violation of community control, sentencing, and hearings on issues regarding a defendant's failure to comply with Court orders. It shall also consider conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

Leave of Absence (LOA)- A brief absence or trial period of release from a forensic or civil mental health treatment facility. During the LOA, the commitment order remains in effect and the bed at the facility remains unfilled, allowing for the direct return of the resident to the facility.

Legal Status- The status specified by the Court. This status is limited to Incompetent to Proceed (ITP), Incompetent to Proceed Non-Restorable (ITP-NR), and Not Guilty by Reason of Insanity (NGI).

Managing Entity (ME)- As defined in s. 394.9082(2)(b), F.S., an entity that manages the delivery of behavioral health services.

Non-Violent Offense- A crime that does not involve a violent crime against a person and is not one of the violent or capital offenses found in s. 916.145, F.S. Individuals that have only non-violent offenses are a priority population for discharge.

Not Guilty by Reason of Insanity (NGI)- A determination made by the Circuit Court that an individual is acquitted of criminal charges because the individual is found insane at the time of the offense.

Peer Specialist (PS)- Designated staff who provide support services, serves as a peer advocate and provides information and linkage to additional services to meet the needs of the individual and/or family member. PS provides support in a variety of settings and performs a wide range of tasks to support individuals and/or families in directing their own recovery and wellness.

Post-Commitment Diversion- Individuals who are diverted from admission to a state mental health treatment facility after having an official order of commitment signed by the Judge.

Pre-Commitment Diversion- Individuals who are diverted from admission to a state mental health treatment facility before having an official order of commitment signed by the Judge.

Recovery Plan- A written plan developed within 30 calendar days of admission by the resident and his or her recovery team. This plan is based on assessment data, identifying the resident's (individual) clinical, rehabilitative and quality of life/enrichment service or recovery needs, the strategy for meeting those needs, documented treatment and recovery goals and objectives, criteria

for terminating the specified interventions, and services and supports needed for discharge. Also referred to as the “plan.” The recovery plan is reviewed at least every 30 calendar days.

Recovery Team- An assigned group of individuals with specific responsibilities identified on the recovery plan including the resident, psychiatrist, guardian/guardian advocate (if resident has a guardian/guardian advocate), community representative, family member and other treatment professionals as determined by the resident’s needs, goals, and preferences.

Referral Packet- A packet of clinical, medical, psychological, social services related, and legal information obtained from the resident’s clinical record for forwarding to the community representative. This information is used to refer residents to various residential programs and services in the community and in the development of the resident’s discharge or conditional release plan. Appropriate releases must be obtained, as required, prior to sending the referral packet.

Resident- A person who receives mental health treatment services in a forensic or civil mental health treatment facility. The term is synonymous with “client,” “individual,” “patient,” or “person served.”

State Mental Health Treatment Facility (SMHTF)- A facility operated by the Department of Children and Families or by a private provider under contract with the Department to serve individuals committed pursuant to Chapter 394, F.S., or Chapter 916, F.S.

SMHTF Program Office Benefits Coordinator- An employee with the ACCESS program and consultant to the SAMH SMTHF Policy and Program Office. The Benefits Coordinator provides technical assistance about the eligibility criteria and benefits status to the facility liaison at the State Mental Health Treatment Facility for residents who are being discharged to the community.

APPENDIX

Appendix A- References

Appendix B- Competency Restoration Treatment Plan

Appendix C- Recovery Team/Discharge Call Tracking Log

Appendix D- Circuit Transfer Form

References

Guidance Document 6, Outpatient Forensic Mental Health Services

<https://www.myflfamilies.com/service-programs/samh/managing-entities/2020/IncDocs/Guidance%206%20Oupatient%20Forensic.pdf>

Guidance Document 7, State Mental Health Treatment Facility Admission and Discharge Processes

<https://myflfamilies.com/service-programs/samh/managing-entities/2020/IncDocs/Guidance%207%20SMHTF.pdf>

CF Operating Procedure No. 155-22, Leave of Absence and Discharge of Residents Committed to a State Mental Health Treatment Facility Pursuant to Chapter 916, F.S

<https://www.myflfamilies.com/admin/publications/cfops/CFOP%20155-xx%20Mental%20Health%20-%20Substance%20Abuse/CFOP%20155-22,%20Leave%20of%20Absence%20and%20Discharge%20of%20Residents%20Committed%20to%20a%20State%20Mental%20Health%20Treatment%20Facility%20Pursuant%20to%20Chapter%20916,%20Florida%20Statutes.pdf>

CF Operating Procedure No. 155-38, Procedures for Post Commitment Diversion of Individuals Adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity

<https://www.myflfamilies.com/admin/publications/cfops/CFOP%20155-xx%20Mental%20Health%20-%20Substance%20Abuse/CFOP%20155-38,%20Procedures%20for%20Post%20Commitment%20Diversion%20of%20Individuals%20Adjudicated%20Incompetent%20To%20Proceed%20or%20Not%20Guilty%20by%20Reason%20of%20Insanity.pdf>

CF Operating Procedure No. 155-56, Guidelines for Assisting State Mental Health Facility Residents Who May Benefit from Appointment of Public Guardianship

<https://www.myflfamilies.com/admin/publications/cfops/CFOP%20155-xx%20Mental%20Health%20-%20Substance%20Abuse/CFOP%20155-56,%20Guidelines%20for%20Admission%20of%20Forensic%20Individuals%20to%20a%20State%20Mental%20Health%20Treatment%20Facility.pdf>

Competency Treatment Plan – Client

Presenting Issue:

Issues Affecting Competency:

Goal #1: Appreciate of Charges (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Goal #2: Appreciate Possible Penalties (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Goal #3: Understand the Legal Process (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Goal #4: Ability to Assist Attorney (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Goal #5: Appropriate Courtroom behavior (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Goal #6: Ability to Testify (Adequate/Not Adequate)

<u>Strengths</u>	<u>Weaknesses</u>

Conclusion & Recommendations

<u>Strengths</u>	<u>Weaknesses</u>



CIRCUIT TRANSFER REQUEST

Section 1: To be completed by the person's served circuit of origin at least 45 days prior to the transfer date, if possible.

Date:	Commitment Status: <input type="checkbox"/> 394 <input type="checkbox"/> Voluntary <input type="checkbox"/> NGI <input type="checkbox"/> ITP		
Client's Name:	From Circuit:	To Circuit:	
Referring Specialist:	Phone #, including area code (and ext., if applicable):		
Referring Agency:	Email:		
Placement Address (if known at time of requests):	Phone # (if known at time of requests):		

Current Psychiatric/Behavioral Status: (please specify person's diagnostic impression, current medication treatment and compliance level; expected treatment and services recommended upon release; existing medical needs)

Prior Sources of Treatment/Agency and current needs: (please identify prior treatment providers local and otherwise and support management needs: housing)

Explain Reason for Circuit Change Request: (please be specific, i.e., family/support system, their contact information, extent of family/support system involvement; client needs/desires, necessary supports, activities, treatments, etc.)

Proposed Aftercare Plan: (please be specific, i.e., name of new provider agency and contact person, if available; date new provider was notified of transfer, date/time of follow-up appointment with new provider, if available)

Legal Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number(s):
Legal Status: <input type="checkbox"/> ITP <input type="checkbox"/> NGI <input type="checkbox"/> Other (specify):	
Charges:	

For Forensic clients, please attached the following documents:

Circuit Court and Name of Judge: _____

- Arrest Form
- Charging Documents
- Competency Evaluations
- Order Adjudicating Defendant ITP or NGI
- Current or Proposed CRP

Participant Signatures:

Signature of Person Served _____

Signature of Case Manager/Social Worker/Forensic Specialist _____

Print Name

Print Name/Title

Section 2: To be completed by circuit of origin and receiving circuit. The receiving circuit may schedule a meeting or conference call with the circuit of origin to discuss the discharge/community needs of the person served. A signed and completed copy will be returned to the circuit of origin within 5 days of receipt. Copies of the completed form will be maintained in both circuits.

Date Received by Circuit of Origin: _____ Date Received by Receiving Circuit: _____

Date of Meeting/Conference Call to Discuss Community Discharge Needs: _____

Summary of Discussion/Recommendations (include outcome):

Please identify community case management agency assigned to provide services upon discharge:

Circuit of Origin Comments:

Print Name – ME Representative, Circuit of Origin

Signature

Date

Chosen Circuit Comments:

Print Name – ME Representative, Receiving Circuit

Signature

Date