Washington State Department of Social & Health Services
Transforming lives

BEHAVIORAL HEALTH ADMINISTRATION (BHA)
OUTPATIENT COMPETENCY RESTORATION PROGRAM (OCRP)

Weekly Status Update

Day No. of order

Identifying Information

PERSON'S NAME		CAUSE NUMBER(S)
OCRP PROVIDER	OCR ORDER END DATE	LENGTH OF ORDER
FORENSIC NAVIGATOR'S NAME	CURRENT ADDRESS	
RESIDENTIAL SETTING TYPE Choose a setting type.	OUTPATIENT BEHAVIORAL HEALTH PROVIDER AND MCO	
FHARPS ☐ Yes ☐ No IF YES, FHARPS PROVIDER'S NAME	FPATH ☐ Yes ☐ No IF YES, FPATH PROVIDER'S NAME	

Identified Barriers to Competency - Summary

The symptoms below are from the Forensic Competency Evaluation and are identified as interfering with the person's competency. New symptoms may have been identified through the course of the OCRP and should also be reflected below.

DESCRIPTION OF IDENTIFIED SYMPTOMS UNDERLYING PERSON'S BARRIERS TO COMPETENCY	PROGRESS? YES	PROGRESS? NO	SYMPTOM PROGRESS UPDATE	CLINICIAN-RELATED DIMENTIONS OF PSYCHOSIS SYMPTOM SEVERITY (1 – 5)
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		
	☐	☐		

Compliance Summary

ATTENDANCE COMPLIANT	MEDICATION COMPLIANT
☐ Yes ☐ No ☐ N/A due to LOA Summary section PLEASE LIST MISSED SESSIONS:	☐ Yes ☐ No ☐ N/A PLEASE DESCRIBE:
BEHAVIORAL HEALTH TREATMENT COMPLIANT	SUD TREATMENT COMPLIANT
☐ Yes ☐ No ☐ N/A PLEASE DESCRIBE:	☐ Yes ☐ No ☐ N/A PLEASE DESCRIBE:

Leave of Absence (LOA) Summary

Currently on a Leave of Absence: ☐ Yes ☐ No If yes, start date and reason:

Please list all previous LOA(s):

☐ N/A or

Competency Evaluation Request Summary

Request for early evaluation? ☐ Yes ☐ No If yes, date of early evaluation:

Basis of request for early evaluation: ☐ Believed to be not restorable ☐ Believed to be competent

Competency re-evaluation request date: Competency re-evaluation completion date:

Summary Narrative
☐ This person is on a Leave of Absence from OCRP. Please see the Leave of Absence (LOA) Summary section above for additional information. No Summary Narrative will be provided. This person has actively participated in days of OCRP treatment.
PERSON COMPLETING FORM DATE FORM COMPLETED