
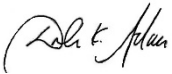


MEMORANDUM

TO: All PA County Jail Wardens
All PA County Mental Health Administrators
All PA County Mental Health/Criminal Justice Liaisons
All PA County Judges and Clerks of Court
All PA County District Attorney's Offices
All PA County Public Defender's Offices
All PA County Jail Medical Staff

FROM: Philip E. Mader 
Director
Bureau of Community
and Hospital Operations

Dale K. Adair 
Chief Psychiatric Officer
Office of Mental Health and
Substance Abuse Services

DATE: March 21, 2022

SUBJECT: Revised Outpatient Competency Evaluation Program Memorandum and Referral Form – Revision: March 2022

The Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS) administers the Outpatient Competency Evaluation Program (OCEP) for individuals who are facing unadjudicated charges and are incarcerated in a Pennsylvania county jail/prison, State Correctional Institutions (SCI), or awaiting trial in the community. These court ordered competency evaluations can be performed inpatient via Regional Forensic Psychiatric Centers (RFPC) or via the OCEP, which is the preferred method, so that individuals who have pending criminal charges can receive services in a more timely manner, rather than waiting for admission to an RFPC. These evaluations are performed by psychologists or psychiatrists who are contracted by OMHSAS and are independent, unbiased assessments of competency.

Completed OCEP referral packets will only be accepted via the OCEP e-mail resource account, RA-OMHSASAssess@pa.gov. A complete referral packet includes the following information:

- A completed, signed and dated OCEP Referral Form – Revision: March 2022 (Attachment 1);
- A Pennsylvania Court Order for a Competency Evaluation;
- Police records in the form of a affidavit of probable cause and the criminal complaint, for all pending charges;
- Supporting medical/psychiatric records as outlined on page 5 of the OCEP Referral Form – Revision: March 2022.

Upon receipt of a referral packet, the OMHSAS OCEP Liaison will review the submitted packet for completeness and appropriateness. Only complete referral packets will be accepted into the OCEP. If the OCEP Liaison determines a referral packet is incomplete or is missing necessary information, then the referral packet will be returned to the referring agency with a request to provide any missing information/documentation. If the referring agency does not possess all the necessary information to submit a complete referral packet as outlined above and on page 5 of the OCEP referral form, then the referring agency should not submit the referral until all required information has been obtained.

Once a complete referral packet has been received, reviewed for completeness, and accepted, the OCEP Liaison will notify the contracted provider for scheduling. When a competency evaluation has been completed, the evaluator will provide the OCEP Liaison with a written report of their evaluation. Once the written report has been reviewed and finalized, the OCEP Liaison will then share the final evaluation with the Judge who ordered the competency evaluation, the referring agency point of contact, any additional individuals as listed on page 2 of the OCEP referral form, and any party authorized by the Mental Health Procedures Act. It is OCEP's goal to have evaluations completed and returned to the referring agency within 30 business days of receipt of a complete referral packet.

All communications regarding the OCEP will be processed using the e-mail resource account: RA-OMHSASAssess@pa.gov. Final competency evaluation reports will be sent via e-mail only. Referral packets will only be accepted via e-mail to RA-OMHSASAssess@pa.gov.

In the event an evaluation is no longer needed, a request to rescind the OCEP referral must be submitted by the referring agency. This form should be completed and sent via e-mail to RA-OMHSASAssess@pa.gov. The OCEP referral form (Attachment 1) and rescind form (Attachment 2) are attached to this memo.

Please note that when issuing a subpoena to request testimony from an OCEP evaluator, it is recommended that a two-week notice is provided to RA-OMHSASAssess@pa.gov to ensure the evaluators availability and allow ample time for the evaluator to prepare their testimony.

If you have any questions or concerns regarding this memo, the referral form, the rescind form or any other information related to the OCEP, please e-mail RA-OMHSASAssess@pa.gov.

Pennsylvania Department of Human
Services

Office of Mental Health and
Substance Abuse Services
(OMHSAS)

Outpatient Competency Evaluation
Program (OCEP)

Referral Form – Rev. March 2022

Attachment 1

List of contacts to receive the completed competency evaluation report **including those listed in the court order: (**Name, Email, Phone Number are REQUIRED):**

Name of Referring Agency or Jail: _____

Referring Agency Point of Contact: _____

Email: _____ Phone: _____

PRESIDING JUDGE: _____

Email: _____ Phone: _____

DEFENSE COUNSEL/PUBLIC DEFENDER:

Name: _____

Email: _____ Phone: _____

DISTRICT ATTORNEY:

Name: _____

Email: _____ Phone: _____

COUNTY MH/ID POINT OF CONTACT:

Name: _____

Email: _____ Phone: _____

COUNTY JAIL/PRISON or SCI POINT OF CONTACT:

Name: _____

Email: _____ Phone: _____

OTHER:

Name: _____

Email: _____ Phone: _____

Psychiatric/Medical Diagnoses (and Dates of Diagnoses, if available): _____

High Risk Behavior: (Past/Present)

_____ Suicide Attempt(s); Date(s); Method(s) _____

_____ AWOL History _____ Self-Mutilative _____ Homicidal

_____ Anorexic _____ Self-Abusive _____ History of Fire Setting

_____ Polydipsia _____ Assaultive/Destructive _____ Sexually Aberrant Behavior

_____ PICA OTHER _____

Current Medications: (Psychiatric and non-Psychiatric)

<i>Name of Medication</i>	<i>Dosage and Frequency</i>	<i>Medication Compliant Yes/No</i>	<i>Start Date</i>

List All Over the Counter Herbal Supplements: _____

Drug Allergies (Specify Reaction):

Behavioral Issues While Incarcerated (Be Specific): _____

Physical Problems (Including recent injury(ies), chronic pain, or otherwise):aaaaaaaaaaaaaaaaaaaaaa

Recent Psychological Tests (Select): YES / NO

If Yes, Please List Tests Administered: _____

Prior Hospitalizations and Dates of Admission: _____

Drug, Alcohol and Nicotine History: _____

Treatment History (Please include if the person was involved in any mental health, intellectual disability or drug and alcohol services prior to incarceration): _____

THE FOLLOWING DOCUMENTATION IS REQUIRED FOR ALL REFERRAL PACKETS:

- Please Use the Checklist Below to Ensure That You're Submitting a Complete Referral Packet to: RA-OMHSASAssess@pa.gov.
- Ensure that you Sign and Date the Bottom of this Page and Include Your E-mail Address and Phone Number or the Referral Packet Will Be Returned as Incomplete. (*Typing your Signature in the Signature Box is the preferred method of signing this document; no need to print, sign, and scan.*)
- Incomplete Referral Packets Will Be Returned with the Missing Documentation Highlighted.
- Review of **ALL** Requested Records is an **ESSENTIAL** part of any Competency Evaluation. If you are having issues obtaining any of the required records, we suggest that you contact the Presiding Judge who issued the court order for an evaluation and request their assistance in obtaining the required records.

1. Completed, Signed and Dated Referral Form (This Document)
2. Court Order for a **Competency Evaluation**
3. **Criminal Complaint** and **Affidavit of Probable Cause** for All Pending Charges
4. Copies of Attached Assessments (Check All That Apply):
 - Psychiatric
 - Nursing
 - Social
 - Psycho-social
 - Medical
 - Competency Evaluation
 - Psychological testing
 - Other disciplines involved in patient's care
5. Copies of Reports (Check All That Apply):
 - Consultations
 - Laboratory Reports and/or other medical studies performed including:
 - Chest X-Ray; EKG; EEG; HIV; Hepatitis; CBC; SMAC; WBC; PPD
 - Medication related blood levels
6. Copies of Progress Notes and Physician's Orders for at least the last three (3) months.
7. Copy of Current Treatment Plan and any Notes from the Jail/Prison/SCI.

Signature: _____ Date: _____

Email: _____ Phone Number: _____ Ext: _____

****Note:** You do not need to physically sign this form, typing your name in the signature box is acceptable. After completing this form, save and e-mail it, with all documentation, to RA-OMHSASAssess@pa.gov.

Pennsylvania Department of Human
Services

Office of Mental Health and
Substance Abuse Services
(OMHSAS)

Outpatient Competency Evaluation
Program (OCEP)

Rescind Form – Rev. March 2022

Attachment 2



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

Request to Rescind Outpatient Competency Evaluation Referral - Rev. March 2022

Date: _____

Name of Individual
to be Evaluated: _____

Referring Agency: _____

Date of Original Referral : _____

Current Charges: _____

Reason for Rescinding Original Request:

Alternative Treatment: _____

Contact Name, E-mail &
Phone Number: _____

Signature & Date: _____

****Note:** You do not need to physically sign this form, typing your name and date in the signature box is acceptable.

*****Please e-mail completed form to: RA-OMHSASAssess@pa.gov.**