

Partners in Recovery

SECTION III.

RESIDENTIAL PLACEMENT

Is the person currently inpatient and discharge ready? Yes No

Have there been any issues related to residential placement? If "Yes", describe: _____ Yes No

What is currently being done to address the issues? _____

When is the anticipated date the issues will be resolved? _____

Current Residential/Housing status: _____

SECTION IV.

MEDICATION & APPOINTMENT COMPLIANCE

Medication adherence under current COT: Fully Mostly Partially Rarely Never

Did Adherence improve during the COT period? Yes No N/A

Describe any current major identified barriers to medication adherence. Include N/A as an option: _____

How is this barrier being addressed? _____

Do you expect the person to adhere to medications after the COT period? Yes No

If "No" describe why and how the clinical team is addressing this issue: _____

Site appointment adherence: Fully Mostly Partially Rarely Never

If partially or less, describe any major identified barriers to appointment adherence and how the clinical team is addressing this barrier: _____

Outpatient Treatment Plan Adherence: Yes No

If "No" describe non-adherence to any provision of the outpatient treatment plan or amendments and how the clinical team is addressing this issue? _____

How many times was the person hospitalized? _____

List Dates: _____ List Reasons: _____

How many times did this individual require medications to be forced? _____

List Dates: _____ List Reasons: _____

How many times was the person referred for other emergent behavioral health interventions, including the Psychiatric Recovery Center? _____

List Dates: _____ List Reasons: _____

How many inpatient days have been used to date? _____

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SECTION V.	LEGAL
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Has the person had any prior COTs? Yes No
If "Yes" list case numbers and dates: _____

Has there been any involvement with criminal justice system during COT period? Yes No
If "YES," describe issue and current status: _____

Is the person on probation: Yes No
If yes, what is the Criminal Case Number: _____

Who is the APO? _____

Is the APO involved in the treatment plan? Yes No

Does the outpatient treatment team recommend an Application for Renewal of the COT to be filed before the expiration of the current COT? Yes No N/A

Please provide a summarized justification to a "YES" or "NO" answer: _____

If "Yes" are there two (2) witnesses who have been identified in the clinical record that can testify at a hearing? Yes No

If renewal is sought, what steps have been taken to date: _____

List all additional filings that have occurred under any other Mental Health Cause number since this COT:

Clinical Liaison Name (Print)

Clinical Liaison Signature (Date)

Behavioral Health Medical Practitioner (Print)

Behavioral Health Medical Practitioner Signature (Date)