

AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT

Exhibit K
Appendix F: Clinical Readiness Scale for State Psychiatric Hospitals
with Psycho-Legal Considerations

PC Contract No. P1636XXX.3

Appendix F: Clinical Readiness Scale for State Psychiatric Hospitals with Psycho-Legal Considerations

Level 1 - Clinically Ready for Discharge (Civil and NGRI)

- Has met treatment goals and no longer requires inpatient hospitalization
- Is exhibiting baseline behavior that is not anticipated to improve with continued inpatient treatment
- No longer requires inpatient hospitalization, but individual/family/surrogate decision maker is reluctant to participate in discharge planning
- NGRI patients with approval to begin 48-hour passes*
- NGRI patient for whom at least one forensic evaluator has recommended conditional or unconditional release and there is a pending court date*
- NGRI on revocation status and treatment team and CSB recommend conditional or unconditional release and there is a pending court date*
- Any civil patient for which the barrier to discharge is not clinical stability

Level 1 – Ready for Discharge (Forensic)

Restoration (47)

Opined Competent and Ready for Discharge

- Competence related abilities no longer impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Demonstrates a factual/rational understanding of legal situation and able to assist attorney
- Post-restoration evaluation completed, and the forensic evaluator has opined competent to stand trial
- Discharge back to jail appropriate

Remains Incompetent to Stand Trial at 45 days (for qualifying misdemeanor charges) with Recommendation for Release

- Competence related abilities continue to be impaired by psychiatric symptom presentation and/or underlying capacity issues (e.g. ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Does not demonstrate factual, rational and/or ability to assist attorney
- Restoration attempts and medication options have been exhausted and there are no additional interventions reasonably available
- Response to medications and restoration efforts are adequately documented in the medical chart to demonstrate lack of progress/improvement

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- Symptom presentation and or/underlying capacity as well as competency related abilities are not anticipated to improve with continued treatment
- If medication trials not attempted, clinical reasoning for maintenance of current medication is documented
- Post-restoration evaluation completed, and the forensic evaluator has opined URIST with recommendation for release
- Civil commitment not recommended and discharge back to jail is appropriate (or community if on bond)

Opined Unrestorably Incompetent to Stand Trial (URIST)

- Competence related abilities continue to be impaired by psychiatric symptom presentation and/or underlying capacity issues (e.g. ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Does not demonstrate factual, rational and/or ability to assist attorney
- Restoration attempts and medication options have been exhausted and there are not additional interventions reasonably available
- Response to medications and restoration efforts are adequately documented in the medical chart to demonstrate lack of progress/improvement
- Symptom presentation and or/underlying capacity as well as competency related abilities are not anticipated to improve with continued treatment
- If medication trials not attempted, clinical reasoning for maintenance of current medication is documented

Unrestorable (URIST)-Recommendation for Release

- Post-restoration evaluation completed, and the forensic evaluator has opined URIST with recommendation for release
- Civil commitment not recommended and discharge back to jail is appropriate (or community if on bond)

Unrestorable (URIST) - Charges Continued (48)

- Post-restoration evaluation completed, and the forensic evaluator opined URIST. At the time of the evaluation, civil commitment was recommended and the court subsequently ordered civil commitment.
- Ongoing hospitalization not required and individual no longer meets civil commitment criteria, however the charges have been continued and the individual remains under custody of the jail
- Forensic Coordinator notified regarding discharge readiness and provided discharge details
- Forensic Coordinator provides appropriate communication to the court

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- Main barrier to discharge is Commonwealth's Attorney opposition to discharge and/or the court has retained jurisdiction

Unrestorable (URIST)-Aggravated Murder Charge

- Post-restoration evaluation completed, and the forensic evaluator has opined URIST
- Forensic Coordinator notified regarding discharge readiness and provided discharge details
- Forensic Coordinator provides appropriate communication to the court
- Main barrier to discharge or transfer to another facility is court approval per the code

Evaluations for CST, MSO or both (42, 43, 44, 45, 95, 96, 97)

- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation completed and the forensic evaluator rendered an opinion
 - Opined competent - Discharge back to jail appropriate
 - Opined IST, outpatient restoration - Discharge back to jail appropriate
 - Opined IST, inpatient restoration – facility determines if discharge back to jail is appropriate or should remain in the hospital until restoration order received
- If opined competent to stand trial and an MSO also ordered, the MSO evaluation is completed
- If MSO evaluation only, the evaluation is completed

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Documentation, observation and assessment indicate no observed symptoms of mental illness, and/or self-reported symptoms are inconsistent with mental illness
- Symptoms of mental illness have improved with treatment and may or may not continue to be present to some degree
- No longer a substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Can be safely managed in the jail and discharge back to jail appropriate

Level 2 - Almost Clinically Ready for Discharge (Civil & NGRI)

- Has made significant progress towards meeting treatment goals, but needs additional inpatient care to fully address clinical issues and/or there is a concern about adjustment difficulties

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- Can take community trial visits to assess readiness for discharge; may have the civil privilege level to go on temporary overnight visits
- NGRI with unescorted community visits, not overnight privilege level

Level 2 – Almost Ready for Discharge (Forensic)

Restoration (47)

- Competence related abilities slightly impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Restoration is ongoing with consideration of specialized interventions that may be necessary depending on the nature of ongoing barriers to competency
- Response to medications and restoration efforts are adequately documented in the medical chart
- Demonstrates some factual/rational understanding of legal situation and/or ability to assist attorney
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator
- Referral for post-restoration evaluation anticipated within 30 days or less

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- Two weeks post admission
- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation not completed
- Ongoing observation and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) required
- Forensic Coordinator and/or assigned evaluator assesses appropriateness for evaluation or continued treatment
- If CST and MSO, assess appropriateness for completion of the MSO evaluation
- If MSO only, evaluator has been assigned and the evaluation is ongoing

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Significant improvement in symptoms of mental illness
- Continues to be substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

Level 3 - Not Clinically Ready for Discharge (Civil & NGRI)

- Has not made significant progress towards treatment goals and requires treatment and further stabilization in an acute psychiatric inpatient setting
- NGRI and does not have unescorted community visits privilege

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Level 3 – Not Ready for Discharge (Forensic)

Restoration (47)

- Competence related abilities significantly impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Lacks critical aspects of factual/rational understanding of legal situation, unable to assist attorney due to symptom presentation and/or underlying capacity issues
- Response to medications and restoration efforts are adequately documented in the medical chart
- Restoration is ongoing and targets main barrier to competency/symptoms or other issues impairing competence related abilities
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator
- Progress in restoration is considered in the context of average length of stay for restoration cases in the facility and cases beyond this number (or at 90 days) are escalated to the Forensic Coordinator and Clinical Leadership

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- One week post admission
- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Evaluation not completed
- Ongoing observation, treatment and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) required
- Forensic evaluator may be assigned to monitor the case
- Consult with the Forensic Coordinator for any MSO only orders given this discharge level

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Some improvement in symptoms of mental illness
- Continues to be substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

Level 4 - Significant Clinical Instability Limiting Privileges and Engagement in Treatment (Civil & NGRI)

- Not nearing psychiatric stability
- Requires constant 24 hour a day supervision in an acute inpatient psychiatric setting

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- Presents significant risk and/or behavioral management issues that requires psychiatric hospitalization to treat
- Unable to actively engage in treatment and discharge planning, due to psychiatric or behavioral instability

Level 4 – Significant Instability Limiting Engagement in Treatment (Forensic)

Restoration (47)

- Competence related abilities severely impaired by psychiatric symptom presentation and/or underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.)
- Lacks factual/rational understanding of legal situation, unable to assist in defense due to symptom presentation and/or underlying capacity issues
- Main barrier to competency/psychiatric symptoms or other issues impairing competence related abilities identified and interventions initiated
- Post-restoration evaluation not completed, and no opinion has been rendered by the forensic evaluator

Evaluations for CST and MSO (42, 43, 44, 45, 95, 96, 97)

- Evaluation should occur within 30 days or less
- May or may not demonstrate a factual/rational understanding, ability to assist attorney
- Observation and documentation of psychiatric symptoms or other underlying capacity issues (ID/DD, neurocognitive symptoms, treatment resistant SMI, etc.) initiated
- Consult with the Forensic Coordinator for any MSO only orders given this discharge level

Emergency Treatment from Jail (51, 52, 53, 55, 56)

- Presents with severe symptoms of mental illness
- There is substantial likelihood that, as a result of mental illness, the individual will, in the near future, cause harm to self or others, or lack capacity to protect self
- Cannot be safely managed at the jail

For any patient in which the legal system (e.g. court system, probation, etc.) is required to approve their discharge plan, their designation on the discharge ready list should be noted with a double asterisk ()*

Note: Discharge planning begins at admission and is continuously active throughout hospitalization, independent of an individual's clinically readiness for discharge rating.