

## APPENDIX A

### FORENSIC MENTAL HEALTH SERVICES PROGRAM GUIDELINES AND REQUIREMENTS

The Forensic Mental Health Services Program pertain only to adults or juveniles adjudicated as adults who are charged with a felony offense 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. The Forensic Mental Health Services Programs has two distinct tracks, the Pre-commitment diversion track referred hereon as the Jail Diversion Program (JDP) Team and post-commitment or post-adjudication track referenced as the Forensic Specialist Outreach Team. The Forensic Mental Health Service Program aims to provide community-based behavioral health treatment with dignity and fairness, in the least restrictive manner possible, ensuring the safety of the people we serve, and the community.

The JDP Team will serve individuals charged with a felony offense, booked into the county jail identified as having a mental illness and at risk for commitment to a Forensic State Mental Health Treatment Facility (SMHTF). The JDP Team also serves individuals charged with misdemeanor offenses. Under pre-commitment diversion, in lieu of commitment or jail time, the individual is referred, assigned or otherwise ordered to receive community based services. Pre-commitment diversion occurs as a result of interventions by the JDP Team.

The Forensic Specialist Outreach Team serves individuals who have been committed to the Department of Children and Families 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 by one of the state's twenty (20) Circuit Courts. The Forensic Specialist Outreach Team serve individuals who are permitted by the committing court to forego admission into a state mental health treatment facility (SMHTF) and reside in a less restrictive environment and those we are admitted in a SMHTF.

- A. **Applicable Department of Children and Families Substance Abuse and Mental Health Programmatic State and Federal Laws, Rules, and Regulatory Authorities**- The guidelines, staff roles and responsibilities, programmatic and reporting requirements for the Forensic Mental Health Services Program are found in, including but not limited to, the following documents:



[www.sfbhn.org](http://www.sfbhn.org)

1. Children and Families Operating Procedure 155-13 (CFOP 155-13): Incompetent to Proceed and Non-Restorable Status. Link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
2. Children and Families Operating Procedure 155-18 (CFOP 155-18): Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent to Proceed due to a Mental Illness. This CFOP is available at the following link: <http://www.dcf.state.fl.us/admin/publications/policies.asp>
3. Children and Families Operating Procedure 155-48 (CFOP 155-48): Registration Guidelines for Forensic and Civil Residents Who Are Classified as Sexual Offenders or Sexual Predators. Link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
4. Children and Families Operating Procedure 155-50 (CFOP 155-50): Undocumented Persons and/or Illegal Aliens in State Mental Health Treatment Facilities. Link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
5. Children and Families Operating Procedure 155-56 (CFOP 155-56): Guidelines for Admission of Forensic Individuals to a State Mental Health Treatment Facility. Link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
6. Forensic Mental Health Services Model: The description of this model is incorporated as Appendix A to CFOP 155-18. Link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
7. Children and Families Operating Procedure 155-38 (CFOP 15-38): Procedures for Post Commitment Diversion of Individuals Adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity. This CFOP is available at the following link:  
<http://www.dcf.state.fl.us/admin/publications/policies.asp>
8. SFBHN's Prime Contract KH225 with the Department of Children and Families to include but not limited to Incorporated Document 6, Outpatient Forensic Mental Health Services (**Appendix B**), and Incorporated Document 7, Forensic and Civil Treatment Facility Admission and Discharge Processes (**Appendix C**).
9. Integration of Individuals Ready for Discharge from State Mental Health Treatment Facilities: SFBHN has developed a systematic and collaborative process, as

described in **Appendix D**, Integration of Individuals Ready for Discharge from State Mental Health Treatment Facilities Plan FY 2016-2017. SFBHN considers all individuals admitted to SMHTF to be a priority client and the selected provider is expected to work diligently to ensure that these individuals are connected to a Community Mental Health Center's Case Management or a FACT Team, according to the individuals catchment area. Although the above referenced plan was developed by SFBHN, it is expected that the selected provider will adhere to the process.

**B. Definitions of Services to be Provided:**

Covered service descriptions pursuant to Rule 65E-14, F.A.C. (Negotiable)

1. Assessment: This covered service includes the systematic collection and integrated review of individual-specific data, such as examinations and evaluations. This data is gathered, analyzed, monitored and documented to develop the person's individualized plan of treatment and to monitor recovery. Assessment specifically includes efforts to identify the person's key medical and psychological needs, competency to consent to treatment, history of mental illness or substance use and indicators of co-occurring conditions, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, and physical or sexual abuse or trauma.
2. Case Management: Case management services consist of activities that identify the recipient's needs, plan services, link the service system with the person, coordinate the various system components, monitor service delivery, and evaluate the effect of the services received. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.
3. Incidental Expenses: This covered service reports temporary expenses incurred to facilitate continuing treatment and community stabilization when no other resources are available. All incidental expenses shall be authorized by the Managing Entity. Allowable uses of this Covered Service include: transportation, childcare, housing assistance clothing, educational services, vocational services, medical care, housing subsidies, pharmaceuticals and other incidentals as approved by the department or Managing Entity.
4. Intervention: Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk,

performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families. This covered service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service.

5. **Outreach:** Outreach services are provided through a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective individuals who show an indication of substance abuse and mental health problems or needs. Individual enrollment is not included in Outreach services.
6. **Recovery Support:** These services are designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. This Covered Service shall include clinical supervision provided to a service provider's personnel by a professional qualified by degree, licensure, certification, or specialized training in the implementation of this service. For Adult Mental Health and Children's Mental Health Programs, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For Adult and Children's Substance Abuse programs, these services may be provided by a certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in Rule 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.

**C. Annual Projected Number of Individuals to be Served:**

- a. The Forensic Specialist Outreach Team shall maintain a caseload of all individuals currently on Conditional released in Miami-Dade and Monroe pursuant s. 916, F.S. The Team will provide outreach services to approximately 200 individuals.
- b. The Jail Diversion Team will serve at a minimum 500 unduplicated individuals.

**D. Overview of Forensic Specialist Outreach Team Staffing Pattern and Functions**

The Forensic Specialist Outreach Team serves individuals who have been committed to the Department of Children and Families, or conditionally released, under the provisions of Chapter 916, F.S. The Forensic Specialist Outreach Team will develop and monitor Conditional Release Plans, provide Competency Restoration

Training, for hospitalized and non-hospitalized individuals found Not Guilty by Reason of Insanity (NGI) or Incompetent to Proceed (ITP) who do not meet criteria for involuntary hospitalization under Chapter 916, Florida Statutes (F.S.). Staff assists forensic individuals, the SFBHN Network Service Providers, and other providers serving this population navigate the demands of the criminal justice system.

**D. 1. Forensic Specialist Outreach Team Staffing Pattern:**

- 1. Forensic Specialist Outreach Team Leader:** This one (1 FTE) staff, directs, supervises and coordinates the day-to-day operations of the Forensic Outreach Specialist Team. The team leader, or designee, attends court hearings daily to maximize education opportunities that can lead to diversions, expedite a mentally ill defendant passage through the criminal justice system and reduce the criminalization of those with mental illness. The Team Leader is responsible for identifying any potential quality of care/access to care issues that can affect the comprehensive forensic program and communicating it to SFBHN's Forensic Services Manager. The Team leader is also responsible for the day to day management of the expectation of the criminal justice stakeholders and for immediate and effective communication of any concerns to the Forensic Services Manager at SFBHN.
- 2. Forensic Discharge Planning Specialist:** (2 FTE) staff responsible for educating the forensic facility staff about the array of available community resources, within the network providers or through agreement with non-contracted providers, to facilitate conditional release of individual who can benefit from less restrictive settings. Staffs are responsible for coordinating comprehensive community-based treatment and support services for forensic individuals eligible for conditional release or those returning to court as competent and who are reentering our community.
- 3. Forensic Conditional Release Specialist:** (2 FTE) staff assigned to ensure that the subcontracted providers monitor individuals on conditional release in accordance with the requirements Chapter 916, F.S. Conditional Release Specialist ensures the review of the required monthly monitoring reports and intervene in problematic situation. Through care coordination efforts they provide alternative treatment modalities/resources to prevent violations of conditional release and recommitments to state mental health treatment facilities. Staffs are responsible for the utilization management of the forensic residential community beds.

- 4. Forensic Diversion Specialist:** (1 FTE) Master's level responsible for reviewing pre and post-commitment competency evaluations to identify individuals who are at risk of commitment and coordinate community behavioral and physical health services, placement and other resources as alternative for court's consideration in lieu of state hospitalization. Staff works directly with the SFBHN Network Service Providers, and court personnel, to be liaison for consumers to access community based care in lieu of commitment and/or continued incarceration.
- 5. Forensic Restoration Specialists:** (1FTE) staff that facilitates community-based Competency Restoration Trainings. Provides reports to the court as to the person's served progress towards attaining competency. Ensure that the court responds appropriately and timely to the recommendation regarding competency of the individual. The specialist is also responsible for maintaining data and providing the competency data for the monthly reports in Appendix J, Conditional Release Report.

## **E. Overview of the Jail Diversion Team's (JDP) Staffing Pattern and Functions**

The JDP Team supports the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP). The CMHP was established to prevent the progression into forensic services of individuals with serious mental illnesses, with or without a co-occurring substance use disorders, and who are charged with lower level felony offenses by diverting them to comprehensive community-based treatment and support service. Program engages participants and develops transition plans to appropriate levels of care based upon evidence-based screening tools designed to determine criminogenic risks and needs. Program participants are assisted in accessing community based services and supports, including linkages to behavioral health and physical health treatment as well as entitlements, support services and housing. Staff assists program participants with navigating the demands of the criminal justice system.

### **E.1. Jail Diversion Program Team Staffing Pattern:**

- 1. Entitlement Specialists:** (2 FTE) Master's level preferred staff that assists participants in court-based mental health jail diversion, jail re-entry and forensic programs applying for entitlement benefits using the Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR) process and other means of economic self-sufficiency in order to facilitate community reentry.



2. **Jail Diversion Peer Specialists:** (2 FTE) The Peer Specialist works as a member of the jail diversion team. The primary responsibility of the Peer Specialist is to assist with linkage to mental health treatment and supportive services for participants of the Jail Diversion Program. The Full Time Peer Specialist is responsible to engage the high risk/high need program participants.
3. **Jail Diversion Services Specialist:** (3 FTE) facilitate the transition from jail to community based mental health treatment and services. Staff assists program participants with navigating the demands of the criminal justice system and community reentry.

**F. Overview of the Scope of Work**

1. The Teams maintains constant presence in the local circuit court in order to facilitate diversions from involuntary treatment and admission to SMHTF.
2. The Forensic Outreach Specialist Team Leader or the Forensic Diversion Specialist reviews all commitment packets to identify possible diversion candidates and then communicates with the individual's legal representatives to evaluate the feasibility of a diversion plan and present alternative, less restrictive treatment options to the court when appropriate.
3. The Teams maintain on-going communication with court system representatives and screens individuals for possible diversion when appropriate.
4. Upon screening and determination that diversion is possible the Team presents the alternative plan to the judge for consideration.
5. For those individuals committed to the Department of Children and Families pursuant to Chapter 916, F.S., who are evaluated as not meeting involuntary hospitalization criteria and are seeking placement, the Forensic Specialist Outreach Team will provide forensic services to facilitate their community reintegration process:
  - a. A Forensic Specialist Outreach Team's designated Discharge Planning Specialists educate the State Mental Health Treatment Facilities (SMHTF) on the community resources available to meet the person served needs in the community.
  - b. The Discharge Planning Specialists actively participate in person served specific resource planning including consideration of the legal component.

- c. The Discharge Planning Specialists are responsible for securing the treatment and services recommended by the SMHTF, for the person served within our network. Once the treatment supports and services are secured, the Discharge Planning Specialist provides the information to the SMHTF for inclusion in the proposed conditional release plan.
  - d. The Discharge Planning Specialists also provide consultation to the Independent Evaluators as to the resources identified for the person served in the community.
  - e. The Discharge Planning Specialists attend court hearings to support proposed conditional release plans as needed.
6. When an individual is placed on conditional release, or otherwise ordered to treatment, the Teams will transfer the individual's case to a community case manager. The community case manager is the lead for coordinating services and responsible for providing to the court with routine progress reports as required by the court order. The Teams may accompany the case manager to court hearings regarding individuals under court- ordered treatment.
  7. The Forensic Specialist Outreach Team will make quarterly visits to individuals at all SMHTFs out of the Southern Region's catchment area. The team will continue to address discharge barriers, specific centered goals and objectives related to community placement, as well as other clinical, rehabilitative and enrichment interventions to facilitate their discharge from SMHTF. The Forensic Specialist Outreach Team will provide the SFBHN Forensic Services Manager with a quarterly visit report to include a minimum of the discharge status of each individual, identified barriers to discharge and plans for assisting the individual and the SMHTF treatment team in overcoming barriers to discharge. The Forensic Specialists Outreach Team will complete community barriers checklist and submit to SFBHN by the 10<sup>th</sup> of the month for every person who has been seeking placement for longer than 80 days.
  8. The Team will assist the SFBHN Forensic Services Manager in communicating with all SMHTFs to provide contact information and education about the specificities of our court system that affect the discharge planning for forensic individuals in SMHTF.
  9. The Forensic Specialist Outreach Service Team will actively participate, upon request by the Forensic Services Manager, in the staffing for individuals on the seeking placement list or at risk of recommitment due to violation of the conditional release order.



**G. Training**

- i. Ensure that applicable staff obtains certification of attendance from the Florida Forensic Examiner Training within one year of employment.
- ii. Ensure that all staff receives the Ohio Risk Assessment System Training.
- iii. Ensure that all applicable staff completes the Introduction to Wellness Recovery Action Plan Training.
- iv. Ensure that all applicable staff completes training for the Assess, Plan, Identify, and Coordinate (APIC) model.
- v. Ensure that all applicable staff completes the on-line SOAR Training.
- vi. Actively participate in all related workshops, performance improvement team meetings, and other activities and/or trainings designed to increase the knowledge and skill levels of staff assigned to the forensic program.

**H. Meetings**

- i. Conduct monthly case staffing of individuals committed to DCF, pending discharge from a state treatment facility, or, currently on conditional release.
- ii. Participate in system wide meetings including but not limited to Forensic Stakeholder Meetings, State Mental Health Treatment Facilities Discharge Tracking Meetings and as instructed by supervisor.

**I. Reporting Requirements: The following reports shall be submitted to SFBHN's Forensic Manager by the timeframes included for each report. .**

1. Monthly Report for Individuals on Conditional Release, due by the 10<sup>th</sup> of each month for the preceding month. The Monthly Report or Individuals on Conditional Release. Refer to **Appendix J, Conditional Release Report Template.**
2. Weekly Statewide Census Report, due weekly no later than Noon on Thursday's. The Weekly Census Report shall contain the following elements:
  - a. Total number of vacant beds, pending admissions and referrals for each of the statewide bed programs contracted through the following SFBHN Network Service Providers: Passageway Residence of Dade County, Inc., Psychosocial Rehabilitation Center, Inc. d.b.a. Fellowship House and Citrus Health Network's STAR Program.
3. Monthly Diversion Report, by the 10<sup>th</sup> of each month for the preceding month. Refer to **Appendix K, Monthly Diversion Report Template.**

4. Quarterly SMHTF Visit Report, within thirty (30) calendar days of the date of the visit.
    - a. Name of individual served
    - b. Discharge status of each individual
    - c. Identified barriers to discharge and,
    - d. Plans for assisting the individual and the SMHTF treatment team in overcoming barriers to discharge
  
  5. Staffing Report, due every six months. The Staffing Report shall contain the following elements:
    - a. Vacant Position
    - b. Date the position(s) became vacant
    - c. Date position posted
    - d. Expected date the position(s) was/is to be filled.
  
  6. The Forensic Specialist Outreach Team will complete community barriers checklist and submit to the SFBHN Forensic Services Manager by the 10<sup>th</sup> of the month for every person who has been seeking placement longer than 80 calendar days.
- J. Quarterly Outreach Services/Activities:** The Forensic Mental Health Services Team is expected to travel and provide outreach services and/or intervention services to individuals residing in the following State Hospitals and counties:
1. Florida State Hospital, Gadsden County
  2. North Florida Evaluation and Treatment Center, Alachua County
  3. Northeast Florida State Hospital, Baker County
  4. Treasure Coast Forensic Treatment Center, Martin County
  5. South Florida State Hospital, Broward County
  6. South Florida Evaluation and Treatment Center, Miami-Dade County