Mental Health/Substance Abuse

REGISTRATION GUIDELINES FOR FORENSIC AND CIVIL RESIDENTS WHO ARE CLASSIFIED AS SEXUAL OFFENDERS OR SEXUAL PREDATORS

1. **Purpose.** This operating procedure provides state mental health treatment facility staff members with guidelines for assisting forensic and civil residents classified as sexual offenders or sexual predators to fulfill their registration requirements outlined in s. 775.21, Florida Statutes (F.S.), s. 943.0435, F.S., and s. 944.607, F.S.

2. **References.**
   
   a. Chapter 394, F.S., Mental Health, Part I and Part V.
   b. Chapter 916, F.S., Mentally Deficient and Mentally Ill Defendants.
   d. Section 943.0435, F.S., Sexual Offenders Required to Register with the Department of Law Enforcement.
   e. Section 944.607, F.S., Notification to Department of Law Enforcement of Information on Sexual Offenders.
   h. Rule 65E-5, F.A.C., Mental Health Act Regulations.
   i. Forensic Mental Health Services Model, 7-1-09 Forensic Contract Exhibit, or latest version thereof.
   k. CFOP 155-12, Forensic Transfers to Civil Mental Health Treatment Facilities.
   l. CFOP 155-13, Incompetence To Proceed and Non-Restorable Status.
   m. CFOP 155-17, Guidelines for Discharge of Residents from a State Civil Mental Health Facility to the Community.
   n. CFOP 155-18, Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent To Proceed Due to a Mental Illness.
o. CFOP 155-22, Leave of Absence and Discharge of Residents Committed to a State Mental Health Treatment Facility Pursuant to Chapter 916, F.S.


r. The Florida Department of Law Enforcement’s Website (“FDLE Website”) on Florida Sexual Offenders and Predators, http://offender.fdle.state.fl.us/offender/Search.jsp.

3. **Scope.** This operating procedure applies to individuals committed for involuntary hospitalization pursuant to Chapter 916, F.S. or Chapter 394, F.S., who are classified as sexual predators (s. 775.21, F.S.) or sexual offenders (s. 943.0435, F.S. or s. 944.607, F.S.). This operating procedure is designed to provide staff with guidelines to assist residents in meeting the registration requirements outlined in s. 775.21, F.S., s. 943.0435, F.S, and s. 944.607, F.S.

4. **Definitions.** For the purposes of this operating procedure, the following terms shall mean:

   a. **Case Manager.** A staff member employed by a community mental health provider, under contract with a circuit mental health program office, to provide an array of services for individuals including service planning, service linkage, service coordination, monitoring of service delivery and evaluation of service effectiveness. Case managers assigned to forensic individuals on conditional release are responsible for monitoring compliance with the court ordered conditional release plan, providing early intervention to avoid revocation of conditional release and reporting to the Court on progress/compliance as required by the Court. A Resource Manager is the equivalent in areas where resource managers are used.

   b. **Conditional Release.** A court ordered plan for providing appropriate community based care and treatment for individuals found Incompetent to Proceed or Not Guilty by Reason of Insanity. The committing Court may order a Conditional Release of any defendant in lieu of an involuntary commitment to a state mental health treatment facility, or upon a recommendation that community based treatment of the defendant is appropriate. A written plan for treatment, including recommendations from qualified professionals, must be filed with the Court with copies to all parties. Such a plan may also be submitted by the defendant and filed with the Court with copies to all parties.

   c. **The Florida Department of Law Enforcement’s Website on Florida Sexual Offenders and Predators ("FDLE Website"), http://offender.fdle.state.fl.us/offender/Search.jsp.** Hence forth known as the "FDLE Website," this is the website that must be monitored to determine if a resident is classified as a sexual offender or sexual predator.

   d. **Forensic Coordinator.** A staff member employed by the circuit/region Substance Abuse and Mental Health Program Office who has contractual and programmatic oversight responsibility of forensic services for adults in a circuit/region.

   e. **Forensic Specialist.** A staff member employed by a community mental health provider, under contract with a circuit/region mental health program office, to provide an array of services for individuals who have been court ordered for a mental competency or sanity evaluation or have been committed to the Department of Children and Families under the provisions of Chapter 916, F.S., by one of the state’s twenty circuit courts. Specifically, these are individuals who have received an Order of 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. The Forensic Mental Health Services Model in CFOP 155-18 is used as an exhibit for the contractual provision of these services.
f. **Incompetent To Proceed (ITP).** A determination made by the Circuit Court that an individual is unable to proceed at any material stage of a criminal proceeding. These stages shall include pretrial hearings and trials involving questions of fact on which the defendant might be expected to testify. It shall also include entry of a plea, proceedings for violations of probation or violation of community control, sentencing, and hearings on issues regarding a defendant’s failure to comply with court orders. It shall also consider conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.


g. **Not Guilty By Reason of Insanity (NGI).** A determination made by the Circuit Court that an individual is acquitted of criminal charges because the individual was found insane at the time of the offense.


h. **Person Served.** Person who receives mental health treatment services in a civil or forensic mental health treatment facility operated by the state or via a contract with a provider. The term is synonymous with “client”, “consumer”, “individual”, “patient”, or “resident”.


i. **Recovery Team.** An assigned group of individuals with specific responsibilities identified on the recovery plan including the resident, psychiatrist, guardian/guardian advocate (if resident has a guardian/guardian advocate), community case manager, family member and other treatment professionals commensurate with the resident’s needs, goals, and preferences.


j. **Recovery Team Leader.** The staff member who heads the Recovery Team or designee.


k. **Sexual Offender/Predator Monitor.** The staff person (herein known as “the Monitor”) who is designated by each state mental health treatment facility to serve as the Sexual Offender/Predator Monitor, responsible for monitoring the FDLE Website to determine if any facility resident (whether ITP, NGI or Civil) is classified as a sexual offender or sexual predator. Each facility designates a primary Sex Offender/Predator Monitor and a back-up contact person. Hospital Administrators may designate the same staff member(s) who already serve as the Sexually Violent Predator Contact Person as defined in CFOP 155-45. It is the responsibility of the Monitor and Hospital Attorney to remain current on all registration requirements for classified sexual offenders and sexual predators.


l. **Sexual Offender.** Such classified individuals are required to register per a list of requirements outlined in s. 943.0435, F.S. Depending on their classification status, they are required to either register four times per year or twice a year with their local Sheriff’s Office/appropriate law enforcement representative and the Department of Highway Safety and Motor Vehicles (DHSMV) in the county in which they reside.


m. **Sexual Predator.** Such classified individuals are required to register per a list of requirements outlined in s. 775.21, F.S., and they are required to register four times per year with their local Sheriff’s Office/appropriate law enforcement representative and the Department of Highway Safety and Motor Vehicles (DHSMV) in the county in which they reside.


5. **General Information.**


a. The Department’s operating procedures on leave of absence, risk assessment, Sexually Violent Predator Program referrals, conditional release, dismissal of charges, transfer and discharge procedures, and seeking placement process must be followed in addition to the procedures outlined in this operating procedure.


b. The Monitor will be responsible for consulting with the Hospital Attorney to determine the reporting requirements for each classified individual.
c. The Hospital Administrator or designee must work with the local sheriff or other appropriate local law enforcement representative to identify a contact person within that office to receive location notifications on all sexual offenders and sexual predators and determine the method for notification (i.e., telephone, email, fax, etc.).

d. The Monitor shall maintain a list of all residents classified as a sexual offender or sexual predator. This list shall be updated as needed and shared monthly with the Hospital Administrator, Hospital Attorney, Recovery Team Leaders, and the Sexually Violent Predator Contact Person (see CFOP 155-45) if the person in this position does not also serve as the Sexual Offender/Predator Monitor. The list will include at a minimum, the following resident information:

1. First and last name;
2. Admission date;
3. Location/residential area at the facility;
4. Resident identification number;
5. Date of birth;
6. Social security number;
7. County of commitment (for forensic or forensic step-down residents) or county of residence (for civil residents);
8. Legal status;
9. Date FDLE Website checked;
10. FDLE status (predator or offender);
11. Date recovery team notified;
12. Date of the admission notification contact with the sheriff’s representative or appropriate law enforcement representative (only if resident is classified as a sexual offender or sexual predator);
13. Anticipated discharge date;
14. Date the receiving sheriff or appropriate law enforcement representative was notified when a classified resident is released on Leave of Absence or discharged to jail or the community;
15. Date the Circuit/Region Coordinator and forensic specialist or community case manager were notified of anticipated discharge date; and,
16. Actual discharge date.
6. **Registration Procedures.**

   a. **Upon Admission (direct or transfer from another facility).**

      (1) The Sexual Offender/Predator Monitor shall check the FDLE Website at [http://offender.fdle.state.fl.us/offender/Search.jsp](http://offender.fdle.state.fl.us/offender/Search.jsp) to determine if a newly admitted resident is classified as a sexual offender or sexual predator. The Monitor, in consultation with the Hospital Attorney, will be responsible for determining the reporting requirements of each classified resident (i.e., whether an individual is required to register four times per year or twice per year).

      (2) The Monitor shall immediately inform the resident’s Recovery Team Leader via email whether or not the resident is classified as a sexual offender or sexual predator. If the resident is classified as a sexual offender or sexual predator, the Monitor will copy the email notification message to the Hospital Attorney, the Circuit/Region Coordinator serving the resident’s area of commitment, and the resident’s forensic specialist and/or community case manager.

      (3) The Recovery Team Leader shall include a copy of the email notification message in the resident’s medical record.

      (4) If the resident transfers to another residential unit within the facility, the Recovery Team Leader must inform the new Recovery Team Leader that the resident is classified as a sexual offender or sexual predator and inform the Monitor of the resident’s new location.

      (5) Within 48 hours of admission, the Monitor must contact the local sheriff’s representative or other appropriate local law enforcement representative to inform them that the individual is in the care and custody of the facility. The monitor must only use the street address or post office box of the facility and ask that the facility name not be posted on the FDLE Website.

      (6) The local sheriff or appropriate law enforcement representative will be responsible for notifying the Florida Department of Law Enforcement.

      (7) The Florida Department of Law Enforcement will be responsible for updating the FDLE Website.

   b. **Prior to Leave of Absence (LOA), Transfer to Another State Mental Health Treatment Facility, or Discharge to the Community or to Jail.**

      (1) The Recovery Team Leader will contact the Monitor when a resident’s leave of absence or discharge is anticipated.

      (2) The Monitor will provide the Recovery Team Leader with a Release Notification Letter (Appendix A to this operating procedure) approved by the Hospital Attorney that may be signed by the resident to notify the local Sheriff’s Department, receiving Sheriff’s Department or appropriate law enforcement representative, and FDLE that a change of address is occurring. A copy of the letter will be placed in the resident’s medical record.

      (3) In the case of a transfer of a resident to another state mental health treatment facility, the referring facility monitor must inform the receiving facility monitor of the resident’s classification status upon referral.
c. **Prior to Conditional Release to the Community.**

(1) The Monitor must consult with the Circuit/Region Coordinator to determine if there may be any municipality or local ordinances that could affect where a classified resident resides in the community (e.g., not to reside within 1,000 feet of a school, bus stop, church, etc.).

(2) Reports to the Court and proposed conditional release plans should identify any issues related to charges, potential placement issues, and stipulations related to conditions in the release plan. Conditional release planning must follow the guidelines stipulated in CFOP 155-18.

(3) Conditions related to placement restrictions must be noted in the individual conditional release plan. Such conditions must also be entered into the discharge plan for a civil resident.

(4) Per CFOP 155-45, facilities must ensure all NGI residents being referred for community placement are evaluated by the Sexually Violent Predator Program prior to the individual’s return to the community.

(5) The Monitor, with the assistance of the Hospital Attorney, must provide reporting requirements for individuals being released to the community on a conditional release. These can be obtained and printed directly from the FDLE Website’s “Important Information for Sexual Predators and Offenders” page at: [http://offender.fdle.state.fl.us/offender/Important.jsp](http://offender.fdle.state.fl.us/offender/Important.jsp). As reporting requirements may change over time, it is important that this information be obtained directly from the FDLE Website for each pending discharge of any resident classified as sexual offender or sexual predator. The Hospital Attorney and Monitor must ensure that each resident’s reporting requirements are individualized, so that each resident is aware of his/her responsibilities and how frequently they must “re-register” in the community. The reporting requirements shall be copied to the Recovery Team Leader, placed in the resident’s medical record, and a copy will be given to the resident prior to his/her discharge. The Hospital Attorney or Monitor may contact the Florida Offender Registration & Tracking Unit (FORT) at FDLE (1-888-357-7234), should there be any questions about the reporting requirements.

(6) The Monitor will notify the community program accepting the resident. The Forensic Specialist or Community Case Manager, and the Circuit/Region Coordinator will also be notified of the pending discharge and advised of the reporting requirements (biannual or quarterly registry at local Sheriff’s Department/appropriate law enforcement representative in the receiving county and Department of Highway Safety and Motor Vehicles).

(7) When an anticipated discharge date of the resident is known, the Recovery Team Leader shall notify the Monitor, who will then notify the Circuit/Region Coordinator and Forensic Specialist or Community Case Manager of the anticipated date. If this date later changes, the Recovery Team Leader and Monitor must ensure the Forensic Coordinator and local provider staff are advised of the date change.

(8) On the date that the resident departs, the Monitor must notify the local sheriff’s representative or appropriate legal representative that the individual is going on leave of absence or being discharged.

(9) The local sheriff will be responsible for notifying FDLE.

(10) On the date the resident departs, the Monitor shall contact the Circuit/Region Coordinator and Forensic Specialist or Community Case Manager, to inform them of the resident’s return to jail or to the community. The Monitor will ensure the circuit has documentation of the reporting requirements for the individual.
(11) The Forensic Specialist or Community Case Manager or local provider designee will assist the individual in fulfilling the registration requirements with the Sheriff and Department of Highway Safety and Motor Vehicles in the receiving county.

(12) The Recovery Team Leader will ensure the resident is given a copy of his/her reporting requirements, upon return to the community. The resident will be asked to sign an acknowledgment that he/she has received a copy of the reporting requirements and understands the requirements as reviewed (Appendix B of this operating procedure). The original signed document will be placed in the resident’s record and a copy will be provided to the resident.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

WENDY SCOTT
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

In paragraph 5a, added “seeking placement process” to the list of operating procedures that must be followed.
Sample Release Notification Letter Provided by the Monitor
(use letterhead paper)

Date

Florida Department of Law Enforcement
Florida Offender Registration and Tracking Services
P. O. Box 1489
Tallahassee, FL 32302-1489

____________________ County Sheriff or Appropriate Law Enforcement Representative
____________________________ (Address)

Dear Sirs/Madams:

Please note that I, (printed name of person served) ____________________________, am a registered
sex offender/predator who is scheduled to be discharged from (name of facility)
______________________________________________________________ on or
about ____________________________.

Sincerely,

__________________________________________________________________________
Signature of Person Served
Residential Unit/Location
Facility Name
Facility Address

As Witnessed by Facility Staff Member:

__________________________________________________________________________
Printed Name of Facility Staff Member Witness/Title

__________________________________________________________________________
Signature of Facility Staff Member Witness

Copy to Master Record of Person Served
Sexual Offender or Sexual Predator Reporting Requirements

ACKNOWLEDGEMENT RECEIPT

As required by Florida Statute, your photograph will be submitted to the Florida Department of Law Enforcement (FDLE) and will be posted on FDLE’s Internet website.

You will continue to be a Sex Offender or Sexual Predator as defined in s.775.21, or s.943.0435 F.S., upon your discharge and/or termination of supervision from the Department of Children and Families custody. In the community, you are required by law to abide by specific re-registration reporting requirements which are being provided to you today. The reporting requirements may also be found on the FDLE Website at:

http://offender.fdle.state.fl.us/offender/Important.jsp

☐ I acknowledge that I have received, read and understand the reporting requirements.
☐ The reporting requirements that I have received have been read to me and I understand them.

___________________________  ___________________  ________________
Resident’s Printed Name  Resident’s Signature  Date

___________________________  ___________________  ________________
Staff Member Witness Printed Name  Staff Member Witness Signature  Date

Original to Master Record of Resident
Copy to Resident