Guidance 28
Forensic Multidisciplinary Team

Contract Reference:	*Sections A.1.1 and Exhibit C1*
Authorities:	*FY 16-17 General Appropriations Act, Line 382*
Frequency:	*Quarterly*
Due Date:	*October 20; January 20; April 20; August 15*
Discussion:	*This document provides guidance on the implementation of Forensic Multidisciplinary Teams.*

I. Level of Care Description

As an adaptation of the evidence-based assertive community treatment (ACT) model, Forensic Multidisciplinary Teams that provides community-based behavioral health treatment and support to adults diagnosed with serious mental illness and criminal justice involvement. The focus of Forensic Multidisciplinary Teams is diverting individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs. Forensic Multidisciplinary Teams are a multidisciplinary approach to behavioral health, care coordination, and information sharing across the criminal justice and mental health systems. Forensic Multidisciplinary Teams are available 24 hours per day, seven days per week (24/7).

II. Eligibility

Forensic Multidisciplinary Teams serve individuals diagnosed with a serious mental illness, as referenced in The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) or latest edition. Additionally, individuals must meet one of the following criteria:

(1) Determined by a court to be Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI), pursuant to Chapter 916, F.S., on a felony offense; or

(2) Charged with a felony offense and, prior to adjudication, is referred to the Forensic Multidisciplinary Team by a duly authorized representative of local law enforcement, local court, the State Attorney, the Public Defender, or the Managing Entity.

Individuals must also meet at least three of the following clinical characteristics:

- Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others. Examples of these tasks include:
    - Maintaining personal hygiene
    - Meeting nutritional needs
    - Caring for personal business affairs
    - Obtaining medical, legal, and housing services
    - Recognizing and avoiding common dangers or hazards to self and possessions
- Inability to maintain employment at a self-sustaining level or inability to consistently carry out the

homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities),

- Inability to maintain a stable living situation.
- Co-occurring substance use disorder.
- Destructive behavior to self or others.
- Risk of recurring criminal justice involvement (arrest and/or incarceration).

Target Population

When enrolling and maintaining capacity, Forensic Multidisciplinary Teams must prioritize enrolling individuals in the pre- and post-adjudicatory phases. Many of these individuals are charged with "lesser" felony offenses and do not have a significant history of violent offenses.

Pre-commitment Diversion: process by which an individual is provided community-based services prior to, or in lieu of, commitment to a SMHTF. The diversion process applies to adults or juveniles adjudicated as adults who have been charged with a felony offense, booked into the county jail or local detention facility, identified as having a mental illness and at risk for commitment to a state forensic treatment facility, pursuant to Chapter 916, F.S. The individual is diverted to appropriate services as a result of intervention by the forensic specialist, forensic case manager, other community mental health stakeholders or the Managing Entity.

Post Commitment Diversion: process by which an individual is permitted by the committing court to forego admission to a secure forensic facility and reside in a less restrictive environment. The diversion process applies to adults or juveniles adjudicated as adults who have been charged with a felony offense, and adjudicated as incompetent to proceed or not guilty by reason of insanity pursuant to Chapter 916, F.S. The individual is diverted post commitment to a less restrictive community mental health treatment facility, or the order of commitment is vacated, and a new order is issued conditionally releasing the individual to appropriate community-based services as a result of intervention by the Circuit or Region Forensic Specialist, Forensic Case Manager, other community mental health stakeholders or Circuit staff prior to, or in lieu of, admission to a SMHTF.

III. Service Description

Forensic Multidisciplinary Teams are implemented by community behavioral health providers that deliver person-centered, trauma-informed services 24 hours per day, seven days per week. Forensic Multidisciplinary Teams provide a comprehensive array of services, including helping find and maintain safe and stable housing; furthering education or gaining employment; education about mental health challenges and treatment options; assisting with overall health care needs; recovery support for co-occurring substance use disorders; developing practical life skills; providing medication oversight and support; and working closely with families and other natural supports. Services must comply with each enrollee's court order and be provided primarily in out-of-office settings.

Forensic Multidisciplinary Teams are recovery oriented, promote empowerment, and encourage personal responsibility. Guiding principles include participant choice, cultural competence, person-centered planning, stakeholder inclusion, and meaningful input by the individual into their treatment. Forensic Multidisciplinary Teams promote the safety of the individual, and the community at large, while providing oversight and structure to those in need community-based services and supports.

Program Goals

Goals of the Forensic Multidisciplinary Teams are to:

- divert individuals in need of treatment away from the intensity of a forensic secure placement, and the criminal justice system, to community-based care;
- reduce reoccurring arrests, incarcerations, and hospitalizations;
- increase access to treatment for co-occurring disorders;
- improve behavioral health outcomes and daily functioning;
- increase days in the community by facilitating and encouraging a stable living environment; and
- increase public safety.

Administrative Tasks

Administrative tasks include:

- Establishment and maintenance of written policies and procedures for:
    - Personnel,
    - Program organization,
    - Admission and discharge criteria and procedures,
    - Assessments and recovery planning,
    - Provision of services,
    - Medical records management,
    - Quality assurance/quality improvement,
    - Risk management, and
    - Rights of persons served.
- Accurate record-keeping reflecting specific services offered to and provided for each participant, available for review by the Managing Entity and Department staff,
- Coordination of services with other entities to ensure the needs of the participant are addressed,
- Providing staff training and supervision to ensure staff are aware of their obligations as an employee, and
- A plan for supporting participants in the event of a disaster including contingencies for staff, provision of needed services, medications, and post-disaster related activities.

Staffing Requirements

Forensic Multidisciplinary Teams' staffing configurations combine practitioners with varying backgrounds in education, training, and experience. This diverse range of skills and expertise enhances the ability to provide

comprehensive care. This service is available 24 hours a day, seven days per week. Forensic Multidisciplinary Teams must operate an after hour on-call system at all times, staffed with a mental health professional.

Forensic Multidisciplinary Teams must maintain a Case Manager-to-individual ratio of no more than 1:15. Forensic Multidisciplinary Teams must minimally include:

Forensic Multidisciplinary Team (serving 45 individuals)	
Team Leader	1.0 FTE Licensed Team Leader
Psychiatrist or Psychiatric ARNP	0.5 FTE Psychiatric Advanced Registered Nurse Practitioner (ARNP) or Psychiatrist
Case Manager	3.0 FTE Case Managers
Behavioral Health Clinician	1.0 FTE Behavioral Health Clinician
Administrative Assistant	0.5 FTE Administrative Assistant
Total Team Composition	5.0 FTE Direct Service Staff + 0.5 FTE Administrative staff + 0.5 FTE Psychiatric Care Provider

Staff Roles and Credentials

Forensic Multidisciplinary Teams must maintain a current organizational chart indicating required staff and displaying organizational relationships and responsibilities, lines of administrative oversight, and clinical supervision.

Licensed Team Leader

The Team Leader must be a full-time employee with full clinical, administrative, and supervisory responsibility to the team with no responsibility to any other programs during the 40-hour workweek and possess a Florida license in one of the following professions:

- Licensed Clinical Social Worker, Marriage and Family Therapist, or Mental Health Counselor licensed in accordance with Chapter 491, Florida Statutes
- Psychiatrist licensed in accordance with Chapter 458, Florida Statutes
- Psychologist licensed in accordance with Chapter 490, Florida Statutes
- Registered Nurse licensed in accordance with Section 464.019, Florida Statutes

The Team Leader is a practicing clinician providing services and clinical supervision. They are responsible for administrative, clinical, and quality oversight of the team. The Team Leader receives consultation from the psychiatric staff and administrative supervision from the Chief Executive Officer or designee.

Psychiatric Advanced Practice Registered Nurse (APRN) or Psychiatrist

The psychiatric APRN or psychiatrist provides clinical consultation to the entire team as well as psychopharmacological consultations for all participants, as needed. They also monitor non-psychiatric

medical conditions and medications, provide brief therapy, and provide diagnostic and medication education to participants, with medication decisions based on a shared decision-making paradigm. The psychiatric APRN or psychiatrist must have access to a board eligible psychiatrist for weekly consultation. Participants must be seen by the psychiatric APRN or psychiatrist at least once every three months.

Behavioral Health Clinician

The Behavioral Health Clinician must be a master's Level Clinician and hold a degree from an accredited university or college with a major in psychology, social work, counseling, or other behavioral science. The Behavioral Health Clinician must have at least one year of full-time experience with adults diagnosed with a serious mental illness and co-occurring disorders and provide evidence-based therapeutic services and incorporate behavioral health goals. The Behavioral Health Clinician must integrate treatment for co-occurring mental illness and substance use disorders to participants who have a history of substance abuse. This may include:

- Assessments that consider the relationship between substance use and mental health,
- Tracking of participants' stages of change readiness and stages of treatment,
- Outreach and motivational interviewing techniques,
- Cognitive behavioral approaches and relapse prevention, and
- Treatment approaches consistent with the participant's stage of change readiness.

The Behavioral Health Clinician also provides consultation and training to other team staff on integrated assessment and treatment skills relating to co-occurring disorders such as crisis intervention, and individual and group sessions.

Case Managers

These positions require a minimum of a bachelor's degree in behavioral science or be credentialed as a Certified Recovery Peer Specialist. Case Managers must have a minimum of one year of work experience with adults diagnosed with a serious mental illness. Case Managers provide rehabilitation and support functions under clinical supervision and are integral members of a treatment team. They may include social and communication skills training and training to enhance a participant's independent living. Functions include ongoing assessments, problem-solving, assistance with activities of daily living, and coaching. Case Managers are primarily responsible for providing or coordinating the services.

Forensic Multidisciplinary Teams must designate one Case Manager as a specialist for each of the following supportive domains:

- Housing Specialist with expertise in assisting participants obtain and maintain stable community housing;
- Forensic Specialist with expertise in assisting participants in justice system compliance, including the mandates of conditional release orders;
- Benefits and Resources Specialist with expertise in assisting participants obtain and maintain benefits and identifying additional resources to address unique needs.

Administrative Assistant

This position is responsible for organizing, coordinating, and monitoring the non-clinical operations. Functions include direct support to staff, including monitoring and coordinating daily team schedules and supporting staff in both the office and field. Additionally, the administrative assistant serves as a liaison between participants and staff, including attending to the needs of office walk-ins and calls from participants, and natural supports.

Services and Supports

Forensic Multidisciplinary Teams' approach to performing services is based on recovery orientation and promotes empowerment. The guiding principles include participant choice, cultural competence, person-centered planning, rights of the person served, stakeholder inclusion, and voice.

At a minimum, the program must offer:

- Counseling and intervention including, but not limited to:
    - motivational interviewing;
    - stage-based interventions;
    - cognitive behavioral therapy; and
    - psychoeducational approaches.
- Development and support of skills used for coping with trauma.
- Assisting the participant in symptom self-monitoring, reduction, and management.
- Improving the quality of life by identifying and minimizing the negative effects of mental illness and co-occurring disorders, which interfere with their ability to succeed within community, home, school, and work settings.
- Support and consultation to participant's family and their support systems. Interventions must be directed primarily to the well-being and benefit of the participant.
- Psychoeducation, counseling, and skill building for the participant's family and their support systems, when those interventions are directed primarily to the well-being and benefit of the participant, with or without the participant being present. In all cases, the family or support system psychoeducation or skill building must relate to a need identified in the assessment.

Expected Outcomes

Given the provision of services, it is expected that participants will demonstrate continued stabilization within the community, for example, absence or very limited use of psychiatric inpatient service and growth in life areas identified in the treatment plan, which may include:

- Maintenance of current areas of functioning and wellness, as desired and valued by the participant.
- Increased use of wellness self-management and recovery tools, which includes independence around medication management.
- Vocational/educational gains.
- Increased length of stay in independent, community residence.
- Increased functioning in activities of daily living, such as independence around money management and transportation.
- Increased use of natural supports and development of meaningful personal relationships
- Improved physical health.

Assessments

All assessments must be initiated within 72 hours of admission.

The Team Leader must ensure that assessments are complete within 15 days of admission. Each assessment area is completed by a Forensic Multidisciplinary Team member with knowledge and skills in the area being assessed and is based upon all available information. The assessments shall include, at a minimum:

- Psychiatric history and diagnosis, including co-occurring disorders
- Stipulations from the individual's court order(s)
- Mental status,
- Strengths, abilities, and preferences,
- Physical health,
- History and current use of drugs or alcohol,
- Education and employment history and current status,
- Social development and functioning,
- Activities of daily living, and
- Family relationships and natural supports.

Case Management

Services include the provision of direct services, and the coordination of ancillary services designed to:

- Assess the needs and develop a written treatment plan,
- Locate and coordinate any needed additional services,
- Coordinate service providers,
- Link participants to needed services,
- Monitor service delivery,
- Evaluate individual outcomes to ensure the participant is receiving the appropriate services,
- Provide competency restoration training and skills building,
- Coordinate medical and dental health care,
- Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the treatment plan,
- Coordinate access to eligible benefits and resources,
- Address educational service needs, and
- Coordinate forensic, legal services, and court representation needs.

Crisis Intervention and On-Call Coverage

Available 24 hours a day, seven days per week. Operate an after-hour on-call system at all times, staffed with a mental health professional.

Family Engagement and Education

With consent, family engagement in the treatment process and education on topics related to their family member's recovery goals, diagnosis, and illness management.

Incidental Expenses

Funds may be used to provide Incidental Expenses, pursuant to Rule 65E-14.021, F.A.C., and applicable Managing Entity policy.

In-Home and On-Site Services

Provide or coordinate individual, group, and family therapy services. The type, frequency, and location of therapy provided shall be based on individual needs and shall use empirically supported techniques for the individual, their symptoms, and behaviors.

Medical Services

Provide primary psychiatric care, therapy, and medication management/administration provided by an individual licensed under the state of Florida to provide the specific service rendered. Improves the functioning or prevents further deterioration of persons with mental health or substance abuse problems, including mental status assessment. Usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis.

Outreach and Information and Referral

Provide a formal program to both individuals and the community. Community services include education, identification, and linkage with high-risk groups. Outreach services for individuals: encourage, educate, and engage prospective individuals who show an indication of substance misuse and mental health problems or needs. Individual enrollment is not included in Outreach services. Referral services address individual rehabilitative and community support needs beyond the scope of the service array.

Outpatient

Provide clinical interventions to improve the functioning or prevent further deterioration. Provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. Provided to an individual or in a group setting.

Rehabilitation Services

Provide structured, community-based services delivered in an individual or group setting. Services utilize behavioral, cognitive, or supportive interventions to improve a recipient's potential for establishing and maintaining social relationships and obtaining occupational or educational achievements. Rehabilitation services are provided to restore a recipient's skills and abilities necessary for independent living. Activities include:

- Development and maintenance of daily living skills, such as independent living and social skills
- Food planning and preparation
- Money management
- Maintenance of the living environment
- Training in the appropriate use of community services
    - Housing services
    - Pre-vocational and transitional employment rehabilitation training
    - Social support and network enhancement
- Work readiness assessments
- Job development on behalf of the recipient

Substance Abuse and Co-Occurring Services

Address co-occurring needs through integrated screening and assessment, followed by therapeutic interventions consistent with the individual's readiness to change their behaviors.

Supported Housing

Assist with accessing affordable, safe, permanent housing through the provision of multiple housing options with assured tenancy rights regardless of progress or success in services.

Wellness Management and Recovery Services

Assist with developing personalized strategies for managing wellness, setting and pursuing personal goals, learning information and skills to develop a sense of mastery over their psychiatric illness, and helping put strategies into action in everyday life.

Active Engagement

As services are voluntary, efforts should be made to actively engage participants throughout the treatment process. Engagement needs to be an ongoing process, and the effort and importance of engagement put forth should remain present during the duration of treatment. Engagement strategies should be varied, thoughtful, and directed to the specific needs of each participant. Services should use techniques such as Motivational Interviewing to maintain engagement and relationships with participants. Services should also look for markers or behavior that might indicate a participant would need more assertive engagement. These signs could include missing appointments, lack of good rapport, increased or frequent crisis situations, homelessness or risk of homelessness, loss of natural supports, high-risk behaviors, or substance use that may be interfering with the ability to engage. Treatment planning and subsequent therapeutic interventions must reflect the appropriate, adequate, and timely implementation of all interventions in response to the individually changing needs.

Discharge Planning and Transitions

Discharge planning should begin immediately upon intake and the expectations and course of treatment should be discussed with the participant during the admission process. Long-term achievement of goals and markers for discharge should be discussed at each treatment plan update and participants should be consistently assessed for discharge readiness throughout engagement with services, including barriers to discharge, progress of discharge planning, and any changes to discharge plans.

Discharge Documentation

The following must be included in the participant's medical record at discharge:

- The reason(s) for discharge.
- The participant's status and condition at discharge.
- A final evaluation summary of the participant's progress toward the outcomes and goals.
- A plan developed in conjunction with the participant and their support system for an ongoing mental health crisis plan upon discharge.
- A summary of referral information made while receiving services.
- Documentation that the participant was advised they may return to services if they desire, and space is available.

Waiting List

Waiting list records are created when an individual has been determined eligible for Forensic Multidisciplinary Teams services but is at maximum capacity and access is not immediately available. Consent to participate in services by an individual must be obtained to add them to a waiting list.

IV. Outcome Measures

Beginning Fiscal Year 2025-26, the Managing Entities shall collect and analyze baseline-setting data for the following potential performance measures. The Department and the Managing Entities will evaluate the effectiveness and reasonableness of adopting these measures for future implementation.

- Percent of adults with a serious mental illness who live in a stable housing environment *equal to or greater than 90 percent.*
- While enrolled, *fewer than 25 percent of individuals served* will be admitted to a Baker Act Receiving Facility.
- On an annual basis, *70 percent of all individuals served* will either maintain or show improvement in their level of functioning, as measured by a valid assessment tool or rating scale.
- Upon successful completion, *90 percent of individuals* will live in a stable housing environment.
- Upon successful completion, *90 percent of individuals* will maintain or improve their level of functioning, as measured by a valid assessment tool or rating scale.

V. Reporting Requirements

The Department shall request ad hoc data from the Managing Entities.

Template 25: Forensic Multidisciplinary Team Report

This report displays the team's aggregate census information, waiting list, and other essential data for the Department to determine outputs and outcomes.

VI. Managing Entity Responsibilities

- When provided with funding, the Managing Entity shall subcontract with a Network Service Provider according to the specifications outlined in Guidance 28.
- The Managing Entity shall ensure individuals being served meets eligibility criteria and continues to need the level of care provided. Additional outcome measures will be created by the Regional Substance Abuse and Mental Health (SAMH) office in collaboration with the Managing Entities.
- The Managing Entity shall track capacity and utilization of the Forensic Multidisciplinary Teams each quarter. Targets will be determined by each Regional SAMH office.
- No later than the due dates established herein, the Managing Entity shall submit the data elements required by **Template 25 - Forensic Multidisciplinary Team Report**, to the Contract Manager and the Department's designated statewide Forensic Community Liaison.