

CF OPERATING PROCEDURE
NO. 155-47

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, July 1, 2009

Mental Health/Substance Abuse

PROCESSING REFERRALS FROM THE DEPARTMENT OF CORRECTIONS

1. Purpose. The purpose of this operating procedure is to provide Circuit Aftercare Coordinators a consistent approach to processing aftercare referrals from the Department of Corrections. Formerly incarcerated individuals with severe and persistent mental illnesses or serious mental illness released to the community or determined to be in need of long-term hospitalization are the focus of these guidelines.

2. Explanation of Terms.

a. Baker Act Criteria. A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:

(1) The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **or** the person is unable to determine for himself or herself whether examination is necessary; **and**,

(2) Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **or** there is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

b. Circuit Aftercare Coordinator. A Department of Children and Families (DCF) employed or contracted staff person, designated by the Circuit Substance Abuse and Mental Health Program Supervisor, to coordinate aftercare referral appointments for incarcerated individuals with severe and persistent mental illnesses or serious mental illnesses who are being released from a Department of Corrections' institution. The Circuit Aftercare Coordinator may delegate these aftercare responsibilities to another person; however, the designated Aftercare Coordinator is always the single point of contact with the Department of Corrections.

c. Expiration of Sentence or EOS. The date of release from a Department of Corrections' institution.

d. Home Circuit. The Department of Children and Families circuit that encompasses the incarcerated individual's county of residence.

e. Institutional Re-entry Specialist. Also known as an "Institutional Case Manager," and is a Department of Corrections (DC) staff or Department of Corrections' contracted staff operating as the single point of accountability for the incarcerated individual's mental health aftercare planning services.

f. OBIS. The Department of Corrections Offender-Based Information System.

OPR: PDMH

DISTRIBUTION: X: OSES; OSLS; ASGO; PDMH; Region/Circuit Substance Abuse and Mental Health Program Supervisor; Region/Circuit Mental Health Treatment Facilities.

g. Qualified Guardian Advocate. A person appointed by a court to make decisions regarding mental health treatment on behalf of a patient who has been found incompetent to consent to treatment. A guardian advocate may be granted specific additional powers by written order of the court, as provided in s. 394.4598, Florida Statutes (F.S.).

h. Receiving Facility. Any public facility designated by the Department of Children and Families to receive and hold individuals involuntarily under emergency conditions for psychiatric evaluation and to provide short-term treatment. The term does not include a county jail.

i. SAMH System. The Department of Children and Families Substance Abuse and Mental Health data system.

j. Severe and Persistent Mental Illness. Conditions involving an Axis I mental disorder as defined in the most current Diagnostic and Statistical Manual of Mental Disorders, and the co-existence of the documented evidence of co-occurrence of long-term (at least 12 months) psychiatric disability; and,

(1) Current or past eligibility for public financial assistance (e.g., Supplemental Security Income, Social Security Disability Insurance, Veterans or other) for mental health reasons; and/or,

(2) The individual is unable to perform independently in day-to-day activities of daily living as a result of their mental illness (e.g., personal hygiene, dressing appropriately, obtaining regular nutrition and housekeeping); and/or,

(3) At risk of institutionalization or incarceration for mental health reasons.

k. State Mental Health Treatment Facility (SMHTF). Any state-owned, state-operated, state-supported, or state-contracted hospital, center, or clinic designated by the Department of Children and Families for extended treatment and hospitalization, beyond that provided for by a receiving facility, of persons who have a mental illness when rendering such services to a person pursuant to Chapter 394, Part I, F.S.

3. Referral Process for Outpatient Community Mental Health Services.

a. All communication between the Department of Corrections' (DC) institution and the Department of Children and Families, (DCF) staff about specific referrals will be through the Circuit Aftercare Coordinator who is responsible for implementation of these guidelines. Whenever the Aftercare Coordinator is not available, the Circuit Substance Abuse and Mental Health Program Supervisor shall designate another person to assume the Aftercare Coordinator's responsibilities. The Aftercare Coordinator may be a Department staff person other than the Forensic Coordinator charged with assisting individuals involved in Chapter 916, F.S., activities.

b. The Department of Corrections' Institutional Re-entry Specialist will initiate a referral to the Circuit Aftercare Coordinator no earlier than 90 days prior to the incarcerated individual's expiration of sentence by entering the following information into the database system as prescribed below:

(1) 90-180 days prior to the anticipated released date of an inmate, Department of Corrections' Institutional Re-entry Specialist shall enter into OBIS the appropriate information to request a referral to a community mental health provider. Consent from the inmate is necessary to request the referral.

(2) Approximately 90 days prior to the anticipated release, the OBIS system extracts the file and transfers it to the DCF-SAMH system.

(3) The DCF-SAMH system will automatically send a message to the appropriate DCF Circuit Aftercare Coordinator (in the inmate's home community or "county of release") that a new referral is pending. The Circuit Aftercare Coordinator will assign the inmate to the appropriate provider in their area and input this information into the DCF-SAMH system. When the circuit staff saves the record, a referral alert email is automatically sent to the provider by the DCF-SAMH system.

(a) Considerations for the selection of the community mental health provider should include the location of the provider nearest the incarcerated individual's proposed residence, the comprehensive nature of the types of services available, as well as the incarcerated individual's preferences.

(b) If there is a pending Social Security application, the Circuit Aftercare Coordinator should consider the community mental health provider's affiliation with Health Maintenance Organizations (HMO) and/or pre-paid mental health plans to promote continuity of care with providers and case managers upon the individual's eligibility for Medicaid mental health services.

(4) When the provider receives the automated email, they shall log into the referral system and assign a date/time/place for the first appointment. The appointment must be within 30 days of the anticipated inmate's release. **It is recommended that providers attempt to make appointments between 10 and 20 days following the anticipated release date in case the release date is changed as a result of gain time** (e.g., time taken off of their sentence for good behavior). Once entered, this information automatically populates the inmate's appointment letter.

(5) The Department of Corrections Institutional Re-entry Specialist shall inform the incarcerated individual of the aftercare arrangements both verbally and in writing by printing the appointment letter and giving it to the inmate. The Institutional Re-entry Specialist will then check off in the OBIS system that the letter was provided to the inmate.

(a) The Institutional Re-entry Specialist will forward copies of form DC4-711B, Consent and Authorization for Use and Disclosure Inspection and Release of Confidential Information, the case summary of clinical notes, and information on prescribed medications to the selected community mental health provider in preparation for the released individual's first appointment.

(b) The Institutional Re-entry Specialist will forward copies of form DC4-661, Summary of Outpatient Mental Health Care, or DC4-657, Discharge Summary for Inpatient Mental Health Care, to the designated contact person at the local community mental health provider no later than 30 days prior to the individual's Expiration of Sentence (EOS).

(c) The Institutional Re-entry Specialist will assist the inmate with the application for Social Security benefits before release (per Department of Corrections policy) and will inform, via e-mail or letter, the designated community mental health provider of the status of the individual's application for Social Security benefits.

(d) The Institutional Re-entry Specialist will ensure that a 30-day supply of the incarcerated individual's prescribed psychotropic medication(s) is given at the time of EOS.

(e) The Institutional Re-Entry Specialist will update the individual's DC4-661 or DC4-657 no later than 15 days prior to the individual's EOS, if indicated, to include changes relevant to the individual's aftercare. The Institutional Re-entry Specialist will complete an Addendum to Discharge Summary of Outpatient Mental Health Care or the Discharge Summary from Inpatient Mental Health Care. The Institutional Re-entry Specialist will forward a copy to the designated contact person at the local community mental health provider.

(f) On the day of the individual's initial intake/medication appointment, the community mental health provider will make an entry in the database indicating whether the individual kept the appointment, whether the case was opened, and/or whether the individual was referred elsewhere and if so, where. If the individual does not show up for the appointment and does not contact the community mental health provider to re-schedule the appointment by the date/time of the appointment, the provider will mail a follow-up letter to the individual at his/her release address.

4. Admission of a Department of Corrections' Incarcerated Individual With Severe and Persistent Mental Illness to a State Mental Health Treatment Facility (SMHTF).

a. To affect a post-release hospitalization, the Department of Corrections must:

(1) Initiate civil commitment procedures only from a Department of Corrections' crisis stabilization unit (CSU) or from the Department of Corrections' Mental Health Facility (CMHF). Inpatient care after EOS requires judicial commitment pursuant to s. 394.467, F.S.

(2) If admission to a staff appears to be necessary upon release, the Department of Corrections' CSU or CMHF Institutional Re-entry Specialist will arrange for involuntary examinations (form CF-MH 3032) by Department of Corrections' mental health professionals authorized to perform such examinations pursuant to s. 394.467, F.S.

(3) It is the responsibility of the Department of Corrections to request a hearing on involuntary admission pursuant to Chapter 394.467, F.S., within the judicial circuit where the Department of Corrections' institution is located 60 days prior to the scheduled release, when possible.

(4) The Institutional Re-entry Specialist will notify via email, and follow-up by phone as necessary, the Circuit Aftercare Coordinator in the county in which the Department of Corrections' institution is located, that these proceedings have been initiated.

(5) The Institutional Re-entry Specialist will secure authorization for release of information from the incarcerated individual.

(6) The Institutional Re-entry Specialist will prepare an informational packet to include:

(a) Petition for Involuntary Inpatient Placement (CF-MH 3032);

(b) The most recent Bio-Psychosocial Assessment (DC4-643C);

(c) The Individualized Service Plan (DC4-643A, Parts I, II and III);

(d) Psychiatric Evaluation (DC4-655); and,

(e) Summary or progress notes detailing recent changes in the individual's mental status, medication changes, or other significant aspects of the individual's mental health and behavior.

b. Transfer Evaluation. A Transfer Evaluation is required for all involuntary inpatient admissions to ensure that there is not a less restrictive environment available. This evaluation is completed by a local mental health provider designated to conduct these evaluations by the DCF Circuit office.

(1) Prior to the court hearing for involuntary inpatient placement, the Institutional Re-entry Specialist shall forward the information packet noted in paragraph 4a(6) above to the Circuit Aftercare Coordinator where the Department of Corrections' institution is located. The Circuit Aftercare

Coordinator will review the individual's clinical record and arrange for a community mental health provider in the area of the Department of Corrections' institution to complete a Transfer Evaluation (form CF-MH 3089) during a face-to-face interview with the individual.

(2) The interviewing staff will contact the local Circuit Aftercare Coordinator and the Circuit Aftercare Coordinator in the inmate's home community. If the inmate is transient (without a home community in Florida), the Circuit Aftercare Coordinator in the County of conviction will be contacted.

(a) The interviewing staff and the Circuit Aftercare Coordinator will discuss the individual's needs and determine the most appropriate treatment setting.

(b) If the individual's treatment needs are to be provided in a community setting, the Circuit Aftercare Coordinator in the inmate's home community will ensure the community mental health provider in the individual's home area arranges for the individual's admission to the selected less restrictive treatment setting and shall document the recommendation on the Transfer Evaluation form (CF-MH 3089).

(c) If a less restrictive setting is not appropriate and the individual appears to meet the criteria for admission to a state mental health treatment facility, the community mental health provider shall document a recommendation for inpatient placement on the Transfer Evaluation (form CF-MH 3089).

(d) The interviewing staff will forward a copy of the signed Transfer Evaluation form to the court and to the DCF Circuit Aftercare Coordinators in the area where the Department of Corrections' institution is located and in the inmate's home community.

(e) The Department of Corrections' Institutional Re-entry Specialist will make every reasonable effort to secure the services of a qualified guardian advocate pursuant to s. 744, Part IV, and s. 394.4598(5), F.S.

(3) If the individual to be released has serious mental illness, but is determined NOT to meet the criteria of an adult with severe and persistent mental illness (SPMI) or the criteria for case management services, all aftercare arrangements are still required, with the exception of the provision of case management.

c. Involuntary Inpatient Placement Hearing and Admission to a State Mental Health Treatment Facility.

(1) The community mental health provider staff that examined the individual shall report the results of the above actions at the individual's involuntary inpatient placement hearing.

(2) The Circuit Aftercare Coordinator near the Correctional facility shall attend the hearing. Following the hearing, the Circuit Aftercare Coordinator shall notify the Aftercare Coordinator in the inmate's home community of the results.

(3) If inpatient placement was ordered, the Circuit Aftercare Coordinator will send a copy of the order to the Circuit Aftercare Coordinator in the inmate's home community who will initiate procedures for the individual's admission to the appropriate SMHTF.

(4) The Circuit Aftercare Coordinator in the inmate's home community will coordinate the SMHTF admission with the EOS date and ensure that the following documents are obtained from the Correctional Institution and are immediately sent to the designated SMHTF:

- (a) CF-MH 3032, Petition for Involuntary Inpatient Placement;
- (b) CF-MH 3008, Order for Involuntary Inpatient Placement;
- (c) CF-MH 7000, State Mental Health Facility Admission Form;
- (d) DC4-657, Discharge Summary for Inpatient Mental Health Care;
- (e) DC4-655, Most recent Psychiatric Evaluation;
- (f) DC4-643C, Bio-Psychosocial Assessment; and,
- (g) Expiration of Sentence (EOS)/projected release date.

(5) The Department of Corrections' institution staff will transport the individual to the designated SMHTF on the designated admission date with a completed CF-MH 7002, Physician-to-Physician Transfer Form.

(6) If the SMHTF waiting list precludes immediate admission, the individual will be transported to a receiving facility in his or her home community to wait for a SMHTF admission. The Circuit Aftercare Coordinator in the person's home community will forward a copy of the materials provided to the SMHTF to the designated receiving facility in advance and coordinate the individual's admission with the Institutional Re-entry Specialist. The Department of Corrections' staff will transport the person on the scheduled admission date.

5. Voluntary Admission.

a. If an individual needing hospitalization agrees to a voluntary admission, the following procedures are applicable:

(1) The Department of Corrections' Re-entry Specialist will notify the Circuit Aftercare Coordinator in the inmate's home community of the voluntary hospitalization request. That Circuit Aftercare Coordinator will initiate procedures for the individual's admission to the appropriate CSU.

(2) The Re-entry Specialist at the Department of Correction's institution will send the following documents immediately to the designated CSU:

- (a) CF-MH 3040, Application for Voluntary Admission (receiving facility);
- (b) DC4-657, Discharge Summary for Inpatient Mental Health Care;
- (c) DC4-655, Most recent Psychiatric Evaluation;
- (d) DC4-643C, Bio-Psychosocial Assessment; and
- (e) Expiration of Sentence (EOS) or projected release date.

b. A Department of Corrections' physician shall assess and document the individual's clinical competence for fully informed consent and the incarcerated individual's commitment to treatment before referring the incarcerated individual for voluntary hospital admission. Persons who have been adjudicated incapacitated are not eligible for voluntary admission.

6. Emergency Involuntary Examination for Admission to a Crisis Stabilization Unit (CSU). When an individual, who is being released, appears to meet Baker Act criteria for involuntary admission and there is insufficient time to pursue civil commitment proceedings as outlined in paragraph 4 above, the following emergency procedures shall apply:

- a. Appropriate licensed clinical staff at the Correctional Institution shall complete form CF-MH 3052B, Certificate of Professional Initiating Involuntary Examination.
- b. The Institutional Re-entry Specialist will call the Circuit Aftercare Coordinator in the circuit in the person's home community specifying that an inmate requires an involuntary examination on the release date.
- c. That Circuit Aftercare Coordinator will assist the Institutional Re-entry Specialist in coordinating the admission to the Crisis Stabilization Unit in the person's home community. The Circuit Aftercare Coordinator in the home community will advise the Institutional Re-Entry Specialist of the community receiving facility to which the inmate is to be transported.
- d. If the person is transient (does not have a home community), the Institutional Re-entry Specialist will call the Circuit Aftercare Coordinator in the County of conviction. The Circuit Aftercare Coordinator shall assist in arranging admission to the most appropriate Crisis Stabilization Unit in that area. The Circuit Aftercare Coordinator will advise the Institutional Re-Entry Specialist of the community receiving facility to which the inmate is to be transported.
- e. If there is a question regarding the person's capacity to tolerate extended transit to their home community, the Re-entry Specialist shall contact the Circuit Aftercare Coordinator near the correctional institution to request that the nearest CSU staff conduct a clinical examination to determine whether an extended transport is in the person's best interest. The examination shall be conducted by a licensed mental health professional as defined in s. 394.463 (2)(a)(3), F.S.
- f. For those referrals to DCF that occur in less than 48 hours of release, the Department of Corrections Re-entry Specialist shall make every effort to simultaneously pre-arrange transportation to the person's home community in general as they are making the referral to DCF. Once details are known, the Department of Corrections will plan accordingly.
- g. The Institutional Re-entry Specialist will prepare an informational packet that will accompany the individual to the CSU. The packet will contain:
 - (1) Certificate of Professional Initiating Involuntary Examination (CF-MH 3052B);
 - (2) The most recent Bio-Psychosocial Assessment (DC4-643C);
 - (3) The Individualized Service Plan (DC4-643A, Parts I, II and III);
 - (4) Psychiatric Evaluation (DC4-655); and,
 - (5) Summary or progress notes detailing recent changes in the individual's mental status, medication changes, or other significant aspects of the individual's mental health and behavior.
- h. The Correctional Institution will transport the individual to the designated CSU on the release date.

i. Within 72 hours of the examination at the DCF community CSU, one of the following must occur:

(1) Individual is released from the CSU and appropriate after-care appointments are scheduled;

(2) Petition for involuntary inpatient/outpatient placement is filed with the court; or,

(3) Individual is transferred to voluntary status if all criterion in s. 394.4625, F.S. are met.

7. Data.

a. The Circuit Aftercare Coordinator shall keep a quarterly log of all Department of Corrections' inpatient referrals (involuntary and voluntary), all involuntary inpatient orders and emergency involuntary examinations above. The log shall include the date of referral, name of referred, disposition of referral, and any brief relevant notes regarding the referral process.

b. The log shall be submitted to DCF Adult Mental Health section in the headquarters office in Tallahassee by the 15th of January, April, July, and October and will include data from the preceding three months (e.g., January report will include data from October, November, and December).

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

WILLIAM H. JANES
Assistant Secretary for
Substance Abuse and Mental Health