

CF OPERATING PROCEDURE  
NO. 155-63

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, January 3, 2020

Mental Health/Substance Abuse

FREEDOM OF MOVEMENT OF RESIDENTS IN  
CIVIL STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. Access to grounds is a right of all residents in a Civil Mental Health Treatment Facility (SMHTF). This operating procedure is a guideline to ensure that any limitation of freedom of movement or access to grounds is the least restrictive alternative and to ensure the safety and security of residents and staff.

2. Scope. This procedure applies to all Civil State Mental Health Treatment Facilities (SMHTF) whether operated by the Department of Children and Families or by contract with private entities. It does not apply to the Sexually Violent Predator Program (SVPP).

3. References.

- a. Florida Statutes, Chapter 394, Part I, Florida Mental Health Act.
- b. Florida Statutes, Chapter 415, Adult Protective Services.
- c. Florida Administrative Code, Chapter 65E-5, Mental Health Act Regulation.
- d. CFOP 155-35, Violence Risk Assessment Procedure in State Mental Health Treatment Facilities.
- e. CFOP 155-53, Suicide and Self Injury Prevention.

4. Definitions. For the purposes of this operating procedure, the following definitions shall apply:

a. Boundary Map. A map of facility grounds including any restricted campus area. The map should clearly identify each living area/unit, areas where residents are allowed access and areas that are out-of-bounds.

b. Clinical Risk Assessment (CRA). A process of gathering information relating to issues impacting the health, safety, or security of a resident or others through identification and rating of factors that could possibly result from harm or serious injury.

c. Freedom of Movement (FOM). A resident's access to designated areas of facility grounds. Any limitation or restriction of a resident's access to the grounds or treatment programs requires a physician's order and shall be based on clearly documented evidence of risk to self or others.

(1) Restricted. A resident's access to grounds is temporarily suspended due to physical or behavioral health reasons. A resident whose access to grounds has been restricted shall not leave their living area/unit unless there is a physician's order that specifies where and under what conditions.

(2) Supervised Access. The resident may leave their living area/unit only when escorted and supervised by staff or other persons authorized by the Recovery Team to activities and programming.

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OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; SMF; Region/Circuit Mental Health Treatment Facilities.

(3) Unlimited Access. A resident may leave their living area/unit unescorted at administratively specified times and locations without direct supervision by staff.

d. Long-Term Certification. Certification through the Recovery Team and documented in the record that a resident will experience long-term limitation of freedom of movement due to severe adaptive deficits or a chronic physical condition that place them at risk for injury to self or others.

e. 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.

f. Restricted Campus Area. Certain areas of the campus and sections of buildings may be designated as off limits to persons other than those for whom it is an assigned work station. Residents and non-staff members are not allowed in these areas without proper escort due to health/safety or security risks presented in these locations.

## 5. Policy.

a. A resident's initial level of freedom of movement (FOM) will be established within 72 hours of admission based on the outcome of a Clinical Risk Assessment (CRA) completed by a physician or Advanced Practitioner Registered Nurse (APRN). A resident's FOM may be initially restricted to the living area/unit to allow enough time for staff to observe behavior, physical health and psychiatric stability.

b. Recovery Teams shall review all FOM limitations, including initial FOM restriction, at least every seven (7) days. An individualized plan shall be developed and documented in the resident's record for those identified as experiencing significant and repeated loss of FOM. Teams shall show progressive actions taken to manage significant, recurring issues for residents in the least restrictive manner possible. Interventions must be documented to show the use of the least intrusive, most positive methods for the restoration of FOM and follow through with treatment before the use of more restrictive options. An exception shall be those with Long-Term Certification.

c. Any limitation to a resident's FOM shall be based on the Recovery Team's assessment. Decisions about changes to FOM shall be based in part on the assessment of risk and criteria influencing FOM status changes shall be documented in the resident's record. An assessment of risk shall consider, at a minimum, the following categories of risk:

- (1) Suicide attempts or threats;
- (2) Intentional self-injury;
- (3) Homicide;
- (4) Assault;
- (5) Elopement/Escape;
- (6) Substance misuse;
- (7) Physically vulnerable;
- (8) Psychotropic medication issues; and,

(9) Other potentially harmful behaviors.

d. In emergency situations, a Registered Nurse (RN) may suspend a resident's FOM temporarily. The limitation must be reviewed within one (1) hour by the attending or on-duty physician. If supported, the RN will notify the Recovery Team immediately. If the change in FOM occurs after hours or on the weekend, the Recovery Team will review the limitation on the next business day.

e. Facilities will develop and post in a conspicuous place, a schedule of the times that residents will be allowed FOM and to exercise their right to grounds access. To ensure the safety and security of residents, Facility Administrators may change full grounds access times and locations. These times should not conflict with medication times, meals and prescribed programming.

f. A resident's FOM status or level will not be affected solely by staffing levels.

g. A resident's FOM status or level should not be changed for punitive reasons or as a consequence of behaviors that are not risk indicators.

h. Residents will retain their FOM level when transferring from one living area/unit to another unless their condition has changed requiring a limitation to access to grounds, based on a clinical risk assessment.

i. All residents, regardless of FOM level will be provided the opportunity to exit the living area/unit for outside time and physical exercise daily for at least one-half hour per day.

j. Residents who disagree with FOM limitations have a right to appeal the limitation to the Facility Administrator.

k. At admission and when transferred from one living area/unit to another, facilities will provide residents with an orientation to grounds and a map of the facility boundaries that includes any restricted campus area.

6. Implementation. Civil facilities shall maintain an internal access to grounds policy that directs their processes and procedures to ensure these policy provisions are implemented.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

JACQUELINE A. YOUNG  
Director, State Mental Health Treatment Facilities, Policy and Programs