

CF OPERATING PROCEDURE
NO. 155-64

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 15, 2020

Mental Health/Substance Abuse

GUIDELINES FOR ADMISSION TO A CIVIL STATE MENTAL HEALTH TREATMENT FACILITY

1. Purpose. This operating procedure describes the admission process to a Civil State Mental Health Treatment Facility for an individual committed pursuant to Chapter 394, Florida Statutes.
2. Scope. This operating procedure applies to individuals who are referred for placement in a Civil State Mental Health Treatment Facility (SMHTF) pursuant to Chapter 394, Florida Statutes. Civil Facilities include West Florida Community Care Center, Florida State Hospital, Northeast Florida State Hospital and South Florida State Hospital.
3. References.
 - a. Chapter 394, Florida Statutes (F.S.), Florida Mental Health Act.
 - b. Rule 65E-5, Florida Administrative Code (F.A.C.), Mental Health Act Regulations.
 - c. CFOP 155-16, Recovery Planning and Implementation in Mental Health Treatment Facilities.
4. Definitions. As used in this operating procedure, the following terms shall mean:
 - a. Admissions Checklist. A document that outlines the required legal/court order(s), forms, reports and medical records needed for transfer and/or admission to a SMHTF. This document must be attached to all referral packets. The approved template is shown in Appendix A to this operating procedure.
 - b. Admission Waiting List. A log maintained by the civil SMHTFs used to list all individuals referred to a civil state mental health treatment facility to track their status for admission.
 - c. Commitment Criteria. Those standards applied to an adult individual who is mentally ill and committed to the Department of Children and Families, pursuant to s. 394.467, F.S.
 - d. Complete Admission Packet. A packet containing all applicable items identified on the admissions checklist.
 - e. Department. The Department of Children and Families (DCF), hereafter also known as “the Department.”
 - f. Community Representative. An individual who works with residents and their families, community service providers, and the recovery team to ensure continuity of care. The Community Representative employed by the Managing Entity or contracted community provider assesses resident needs, plans services, links the resident to services and supports, assists in securing community placement, monitors service delivery and evaluates the effectiveness of service delivery. The community liaison, FACT Team leaders/ case managers, forensic specialist, forensic case manager, and any other community staff may function as a civil or forensic resident’s Community Representative.

OPR: SMF

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

g. Identifying Documents Barrier/Benefits Tracking List. A master log used by SMHTF staff to track each resident's identifying documents and benefits status at admission and throughout their stay.

h. Managing Entity (ME). As defined in s. 394.9082(2)(b), F.S., an entity that manages the delivery of behavioral health services.

i. Resident. A person who receives mental health treatment services in a civil state mental health treatment facility. The term is synonymous with "client", "consumer", "individual", "patient", or "person served."

j. State Mental Health Treatment Facility (SMHTF). A facility operated by the Department of Children and Families or by a private provider under contract with the Department to serve individuals committed pursuant to Chapter 394, F.S.

k. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR). A national project funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) designed to increase access to SSI/SSDI for eligible adults with mental illnesses who are homeless or at risk of homelessness. Additional information about SOAR trainings and technical assistance is available at <https://soarworks.prainc.com>.

l. 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 as determined by the resident's needs, goals, and preferences.

m. Working Days. Monday through Friday except State Holidays.

5. General Procedures for Processing Admissions Packets.

a. Within three (3) working days of receipt of an Admission Packet, SMHTF staff shall:

(1) Review the packet for all necessary documents;

(2) Notify Receiving Facility of receipt and provide status (complete or incomplete), and;

(3) Add the individual to the Admission Waiting List maintained at each SMHTF whether the packet is complete or not.

b. An admission packet shall be considered complete when it includes all the applicable items on the Admissions Checklist (Appendix A to this operating procedure). The admissions checklist should accompany the packet.

c. Additional information for incomplete packets shall be requested within three working days of receipt of packet. Designated SMHTF staff will send an email to the established contact at the receiving facility to request assistance with obtaining missing paperwork or to seek clarification. The admission staff at each SMHTF shall contact the referring staff at the receiving facility to obtain the status of the requested information within three working days of the initial request if it has not been received.

d. Designated SMHTF staff shall send their admission waiting list to the SAMH headquarters designated staff no later than the fifth calendar day of each month or more frequently as requested.

6. Admission Procedures. SMHTF facility shall follow established department and internal procedures as outlined in CFOP 155-16, Recovery Planning and Implementation. Each SMHTF will ensure there

are designated staff to carry out these functions. Discharge planning begins on the day of admission. The following should occur during the first 120 hours:

- a. Identifying Document Barrier/Benefits Tracking List (facility form).
- b. Stabilization Plan completed by the Recovery Team (120 hours).
- c. An application for benefits using SOAR is recommended.
- d. Notification via email to the Community Representative that the individual has been admitted to the SMHTF (72 Hours).
- e. Social Security must be notified when a resident is admitted regarding their benefit status.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

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

Admission Packet Checklist

Note: Please use the following checklist as your guide to supply the information listed below.

✓	Documents	Comments
	Transfer Evaluation (CF-MH 3089)	
	State Mental Health Facilities Admission (CF-MH 7000)	
	Physician to Physician Transfer (CF-MH 7002)	
	If voluntary, documentation by the admitting physician the person’s ability to give express and informed consent for admission (CF-MH 3104). If not, the person must be discharged or transferred to involuntary status.	
	If applicable, Application for Voluntary Admission (CF-MH 3040, or 3097 or 3098)	
	General Authorization for Treatment Except Psychotropic Medications (CF-MH 3042A)	
	All appropriate applicable legal documents: <ol style="list-style-type: none"> 1. Involuntary Court Order w/Date, Court Report, No-contact Order (provide to facility attorney) 2. Petition for Involuntary Inpatient Placement (CF-MH 3032) 3. Guardianship/GA Orders 4. Police Report 5. Ex-parte Order when applicable 6. Probation and State Attorney’s office Contact Information 	
	All significant and most recent Lab and Diagnostic Reports: <ul style="list-style-type: none"> • HIV Test results (Actual Test/Supporting Documents) and signed consent • PPD (Actual Test or chest X-Ray/Supporting Documents) • MAR (if available all medications that have been tried) • Pregnancy Test – all females • Lipid Panel • A1C for diabetes and fasting blood sugar • Dementia Work-up Folic Acid (B12 and CT Scan) • Hepatitis Profile (including Hepatitis B and C) • Drug Screening (Ex. Urinalysis, Lab Report or Checklist) • Chem 7 • CBC with differential • Liver Function Tests • COVID-19 negative test results (current – within 1 week of admission) • COVID-19 Screening Form 	
	Progress Notes from all disciplines involved in treatment: (last two weeks) Minimum of two weeks of progress notes submitted with packet for review. Additional 2 weeks of current notes submitted to facility immediately prior to admission. <ul style="list-style-type: none"> • Psychiatric • Medical • Social Work • Nursing • Recovery/Treatment Team • Case Management notes if available (Ex. Psychosocial) 	

	Psychological Evaluation where available (ex. Intellectual Disability Diagnosis and supporting documents)	
	Psychiatric Evaluation	
	Physical Exam and Medical History	
	Nursing Assessment	
	Personal Safety Plan (CF-MH 3124) if available	
	Face Sheet Include information regarding Veterans status if known	
	All available ID and Vital Documents: <ul style="list-style-type: none"> • Photocopy of driver license or Government Issued Photo identification card • Social Security Card • Green Card (upon availability) or U.S. Citizenship and Immigration Services (USCIS/INS) Documentation for all non-citizens (a green card is part of USCIS/INS documents) • INS for all non-citizens (including VISA, financial statements and all pertinent information) • Birth Certificate • Veteran ID Card or VA Claim number 	
	Guardian, Guardian Advocate Contact info: <ul style="list-style-type: none"> • Name • Address • Phone Number • Email Address • Name of Agency Community Case Manager Contact info: <ul style="list-style-type: none"> • Name • Address • Phone Number • Email Address • Name of Agency Name and contact information of 1st or other relative: <ul style="list-style-type: none"> • Name • Address • Phone Number • Email Address 	