

CF OPERATING PROCEDURE
NO. 155-23

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, January 13, 2021

Mental Health/Substance Abuse

RESIDENT TRANSFERS BETWEEN
STATE FORENSIC MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure describes standards for the safe and orderly transfer of residents between state forensic mental health treatment facilities, when such transfers are clinically indicated and appropriate as described below.
2. Scope. This operating procedure addresses the process for transfers of residents between forensic mental health treatment facilities in the State of Florida. The operating procedure applies to individuals committed to the department pursuant to Chapter 916, Florida Statutes, as Incompetent to Proceed or Not Guilty by Reason of Insanity and residing in South Florida Evaluation and Treatment Center, Treasure Coast Forensic Treatment Facility, North Florida Evaluation and Treatment Center, or Florida State Hospital – Forensic.
3. References.
 - a. Chapter 916, Florida Statutes (F.S.), “Forensic Client Services Act.”
 - b. Chapter 65E-20, Florida Administrative Code, Forensic Client Services Act Regulation.
4. Transfer Process. Transfers of residents between forensic facilities will be considered when it would improve the treatment or training provided to residents in a secure setting. A transfer date will be determined based on space availability and the status of the forensic waiting list.
 - a. Transfer Considerations. The recovery team must determine if a change in forensic placement will improve the resident’s opportunity to regain competency or to obtain the skills and abilities necessary to successfully return to the community. Transfers of residents will be considered for the following reasons and in accordance with the following criteria:
 - (1) Transfers To Allow Increased Family Contact.
 - (a) There must be documented evidence of family interest and willingness and ability to visit and provide the resident support (i.e., visits, phone calls, recovery team contacts expressing support, written requests for transfer from family members).
 - (b) A transfer request of this type must include a clinical recommendation and provide a rationale for how increased family contact will improve the resident’s recovery.
 - (2) Transfers To Facilitate Discharge Planning Efforts.
 - (a) Residents should be considered stable and in the discharge planning process.
 - (b) The transfer must allow for increased case manager contact, and improved community program access to the resident for interviews and/or program visits.

This operating procedure supersedes CFOP 155-23 dated June 30, 2017.

OPR: SMF

DCF Tracker Assignment Number: A21-004140.

(3) Transfers To Change Treatment Environments. A transfer request of this type must indicate why a change in the resident's treatment environment is necessary to improve recovery.

b. Final Referral Authority. Although the decision to recommend transfer of a resident to another forensic treatment facility is made by the recovery team, the final referral authority rests with the facility administrator or designee.

c. Referral Process. Facility administrators shall comply with the following referral process:

(1) The referring facility will prepare a written request to transfer a resident and provide clinical justification for the move as indicated based on the transfer criteria. The resident's current behavioral and mental status shall be clearly reported to the receiving facility. The transfer request letter and transfer documents, as required by the Facility to Facility Transfer Checklist (form CF-MH 1060, available in DCF Forms), will be forwarded to the receiving facility administrator. A copy of the transfer request letter will be mailed simultaneously to the Chief Hospital Administrator (CHA) and the Forensic Admissions Coordinator as a notice of request for a resident transfer.

(2) The CHA or designee will review the request and contact the referring facility administrator or designee within seven (7) working days to inform him/her of the decision to accept or reject the resident's transfer, ask questions, or request additional information regarding the proposed transfer.

(3) If accepted, the CHA or designee will contact the Forensic Admissions Coordinator in the Mental Health Program Office and request a transfer date.

(4) If rejected, the CHA or designee will:

(a) Provide the rationale for the rejection; and,

(b) State under what conditions they would accept the transfer.

(5) If vacancies are readily available, the Forensic Admissions Coordinator in the Office of State Mental Health Treatment Facilities, Policy and Programs, will instruct the two facilities to schedule a mutually agreeable date. The referring facility will advise the Forensic Admissions Coordinator of the transfer date. If vacancies are not readily available, the Forensic Admissions Coordinator will schedule a transfer date based on space availability and notify both the referring and receiving facility administrators or designees.

(6) The two facility administrators may negotiate which facility will transport, but normally it is the responsibility of the referring facility to provide the resident's transport.

(7) Twenty-four (24) hours prior to the transfer, the sending facility will fax or email an up-to-date Medication Administration Record (MAR), current progress notes, and any other recent relevant information to the receiving facility.

d. Court and Community Notification. The referring facility will notify the committing court in writing of the resident's transfer, providing the transfer date, transfer facility name and address, as well as the name and telephone number of the facility administrator as a contact person. A copy of this letter shall be sent to the individual's circuit/region forensic coordinator and forensic specialist/case manager.

e. Transfer Exceptions. Exceptions to this operating procedure will be considered on a case by case basis. The referral request letter should note the case as an exception and provide justification for transferring the individual outside the parameters of this operating procedure.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

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

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

In paragraph 4c(5), updated the name of the office.