

Outpatient Forensic Mental Health Services

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| Requirement: | Chapter 916, F.S. Children & Families Operating Procedures (CFOP) 155-18 and 155-38 |
| Frequency: | Monthly Reports |
| Due Date: | 8th of each month |

This guidance specifies Network Service Provider responsibilities related to Managing Entity tracking and reporting of persons served in jail and Outpatient Forensic Mental Health Service settings. CFOP 155-18 and CFOP 155-38 should be consulted for details regarding the implementation of these responsibilities.

For the purposes of this guidance, “forensics” is defined as those consumers with current involvement in the criminal justice system; committed under Chapter 916, F.S.; deemed Incompetent to Proceed and/or Not Guilty by Reason of Insanity. The Forensic Mental Health Services Model is also included herein by reference for this guidance.

This guidance also identifies the role of the Forensic Specialist, defined as a staff member employed by a Network Service Provider under contract with the Managing Entity. The Forensic Specialist has oversight responsibilities for the forensic services adults receive from their contracted agency and/or in the covered circuit/counties, as applicable.

Applicability:

These responsibilities pertain only to adults or juveniles adjudicated as adults who are charged with or at-risk of being charged with a felony offense pursuant to Chapter 916, F.S., and who are referred to the Network Service Provider subject to conditional release, pre-commitment diversion, or post-commitment diversion. These responsibilities do not pertain to individuals with only misdemeanor offenses.

Individuals with non-violent felony offenses should be prioritized for diversion. Similarly, the Network Service Provider should ensure that individuals with non-violent felony offenses residing in a State Mental Health Treatment Facility (SMHTF) are prioritized for conditional release planning and discharge. A non-violent offense is a crime that does not involve a violent crime against a person and is not one of the violent or capital offenses found in s. 916.145, F.S.

- Pre-commitment diversion applies to individuals 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 Forensic State Mental Health Treatment Facility (SMHTF). Under pre-commitment diversion, an individual is referred, assigned or otherwise ordered to receive community or jail-based services prior to, or in lieu of, commitment to a Forensic State Mental Health Treatment Facility (SMHTF). Pre-commitment diversion occurs as a result of interventions by a forensic specialist, forensic case manager, the Managing Entity or other community mental health stakeholder and may include issuance of a conditional release order by the committing court.
- Post-commitment diversion applies to individuals who have been adjudicated as incompetent to proceed or not guilty by reason of insanity pursuant to Chapter 916, F.S. Under post-commitment diversion, the individual is committed to the Department, but permitted by the committing court to forego admission and reside in a less restrictive environment. The committing court vacates the order of commitment and typically issues a new order conditionally releasing the individual

to appropriate community or jail-based services. This diversion is a result of interventions by a Forensic Specialist, Forensic Case Manager, or representative of the Department, a Managing Entity or community mental health stakeholder prior to admission to a Forensic SMHTF.

Managing Entity Responsibilities:

The Managing Entity shall subcontract with one or more Network Service Providers to ensure:

- A.** All pre-commitment diversion options have been exhausted for individuals 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 Forensic SMHTF.
- B.** All post-commitment diversion options have been exhausted as established in CFOP 155-38, Procedures for Post-Commitment Diversions of Individuals Adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity.
- C.** Compliance with CFOP 155-18 Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent to Proceed due to a Mental Illness.

The Forensic Coordinator is a staff member employed by the Managing Entity, or their contracted provider, who has contractual and programmatic oversight responsibility of forensic services for adults in each court circuit in the covered area. The Forensic Coordinator shall be responsible for tracking and reporting the following data:

- A.** The release plan status of all forensic individuals referred by all Forensic or Civil SMHTFs;
- B.** All client level data to ensure that any legislative requests for information can be responded to in a reasonable amount of time.
- C.** The following summary outputs are to be reported monthly by circuit and county:
 - 1.** Forensic Diversion
 - a.** The total number of individuals diverted this month
 - b.** The number of individuals served in pre-commitment diversion
 - c.** The number of individuals diverted pre-commitment with non-violent charges that do not include any of the offenses listed in s. 916.145 F.S.
 - d.** The number of individuals served in post-commitment diversion; and
 - e.** The number of individuals diverted post commitment with non-violent charges that do not include any of the offenses listed in s. 916.145 F.S.
 - 2.** Conditional Release
 - a.** Number of individuals found Not Guilty by Reason of Insanity and placed on conditional release
 - b.** The number of individuals found Incompetent to Proceed and placed on conditional release
 - c.** The number of individuals discharged from a SMHTF on a CR
 - d.** Number by reason for discharge from conditional release:
 - 1.** Number who were restored to competency and adjudicated competent by the court
 - 2.** Number of those who were determined non-restorable by the court

3. Number Jurisdiction was terminated for NGI conditional release and
4. Number committed to State Hospital
- e. Number by type of placement or program for those placed on conditional release during reporting month:
 1. Independent Living
 2. Assisted Living Facility (ALF) / Adult Family Care Home (AFCH)
 3. Residential Treatment Facility (RTF)
 4. Other types of living environments
3. MH Community Forensic Beds
 - a. Community facilities identified as having designated community forensic beds funded by the Department of Children and Families (DCF) through the Managing Entities (ME) and their contracted Network Service Providers (NSP).
 - b. The following summary outputs are to be provided only for those individual community facilities and the beds funded with DCF dollars through the ME as MH Community Forensic Beds via OCA MH072.
 1. Official Capacity
 2. Operating Capacity
 3. Number of admissions
 4. Number of unsuccessful and successful discharges
 5. Number on waitlist

Each Forensic Coordinator shall submit all requested information regarding diversion and conditional release to the Managing Entity by the 8th of each month.

The Managing Entity shall submit the required data specified in *CFOP 155-18 Appendix A* to the Department's SMHTF Community Forensic Liaison via email no later than the 15th of each month.

Forensic Specialist Specific Tracking and Duties:

1. Tracking Conditional Release: The Network Service Provider's designated Forensic Specialist is required to submit a Conditional Release Report to the Managing Entity's Forensic Coordinator (known as the Clinical Care Support Specialist – Adult Special Populations) by the eighth (8th) calendar day of each month. The required monthly reporting, as outlined in Appendix A to CFOP 155-18, includes:
 - a. The overall number of persons on conditional release, fiscal year to date, AND broken down as follows:
 - i. Number of Incompetent to Proceed;
 - ii. Number of Not Guilty by Reason of Insanity;
 - iii. Number by type of placement or program (home, ALF, Residential Level 1, etc.); and
 - iv. Number by circuit and county of consumer's residence.

- b. Number of those on Conditional Release who were restored to competency that month; and
- c. Number of those on Conditional Release who were determined non-restorable that month.

***NOTE:** The Number of Incompetent to Proceed, and number of Not Guilty by Reason of Insanity should equal the number of persons on conditional release, as well the number by type of placement or program should equal the number of persons on conditional release.*

Incorrect submissions will not be accepted by the Managing Entity's Forensic Coordinator (known as the Clinical Care Support Specialist – Adult Special Populations)

The Managing Entity will notify the Network Service Provider of any incorrect submissions.

The Network Service Provider has one business day to correct and resubmit the document for approval, to the Managing Entity via encrypted email to the Clinical Department and Network Manager.

- 2. The Network Service Provider's Forensic Specialist shall track the release plan status of all forensic individuals referred by a forensic or civil treatment facility(s).
- 3. The Network Service Provider's Forensic Specialist shall track the following diversions:
 - a. Number of individuals with severe and persistent mental illnesses who are diverted from the forensic system prior to commitment;
 - b. Number of individuals with severe and persistent mental illness who are diverted from the forensic system after commitment, but prior to admission; and
 - c. Number of individuals served.
- 4. The Network Service Provider's Forensic Specialist shall track all client level data to ensure that any legislative requests for information can be responded to in a reasonable amount of time.
- 5. **DOC Aftercare Referral Duties:** For those consumers that are incarcerated at a Florida Department of Correction (DOC) facility, an identified release date or end of sentence (EOS), and have been referred for aftercare services:
 - a. The Network Service Provider's Forensic Specialist, or other provider staff designee, shall log in and review the DCF SAMH Department of Correction (DOC) Aftercare and Referral site daily, to identify pending DOC aftercare referrals for appointment requests, and complete direct data entry of scheduled aftercare appointment information.
 - b. The Network Service Provider is responsible for ensuring that follow up mental health service appointments are scheduled for all consumers referred, prior to their discharge from a Florida Department of Corrections (DOC) facility.
 - c. These appointments should be scheduled so that the consumer can be seen by the Network Service Provider within 30 days of their release date or end of sentence (EOS).
 - d. The Managing Entity will monitor and provide oversight of the Network Service Provider's compliance and timeliness with scheduling DOC Aftercare Referral appointments.
- 6. **Competency Restoration Duties:** The Network Service Provider shall provide outpatient competency restoration for adults who have been deemed incompetent to proceed under the

provisions of Florida Statute. Competency training shall be provided to applicable consumers, in the six competency areas:

- a. Appreciation of charges and allegations
- b. Appreciation of the range and nature of possible penalties
- c. Understanding of the adversarial nature of the legal process
- d. Capacity to disclose pertinent factors relevant to the case
- e. Ability to demonstrate appropriate courtroom behavior
- f. Capacity to testify relevantly

7. Reporting:

- a. Forensic Conditional Release Report – Network Service Providers must submit the **Template 22 – Forensic Mental Health Service Report f/k/a Conditional Release Report** found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> due by the 8th of each month following service delivery to the Managing Entity's Forensic Coordinator and the Network Manager.
 - b. Forensic Diversion Data Report – Network Service Providers must submit the **Template 23 – Forensic Diversion Report** found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> due by the 8th of each month following service delivery to the Managing Entity's Forensic Coordinator and the Network Manager.
 - c. Community Forensic Beds - Network Service Providers (DaySpring Village and LifeStream Behavioral Center only) must submit the **Template 33 – Community Forensic Beds** found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/substance-abuse-and-mental-health/samh-providers/managing-entities> due by the 8th of each month following service delivery to the Managing Entity's Forensic Coordinator and the Network Manager.
 - d. Ad Hoc and additional reporting may be required as determined necessary by LSF Health Systems or the Department of Children and Families.
8. The Network Service Provider shall follow F.A.C. 65E-14.021(4)(k)4.b.(V) when billing for incidental expenses.

The Outpatient Forensic Mental Health Services will be administered according to DCF Guidance 6, which can be found at following link using the applicable fiscal year: <https://www.myflfamilies.com/services/samh/samh-providers/managing-entities>