

**End-of-Sentencing (EOS) Guidelines/
Processing Referrals from the Florida Department of Corrections**

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to work with the Florida Department of Corrections (FDC) and Network Service Providers (NSPs) to offer services to address the severe and persistent mental illness of individuals released from incarceration or long-term hospitalization.

Purpose

The purpose of this policy is to outline the processes in place to manage aftercare referrals received from FDC.

Procedure

1. Referral Process for Outpatient Community Mental Health Services
 - A. The FDC's Institutional Re-entry Specialist will initiate a referral to the CFBHN Forensic Program Manager 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, the FDC's Institutional Re-entry Specialist shall enter into the Offender Based Information System (OBIS) the appropriate information to request a referral to a community mental health NSP. Consent from the inmate is necessary to require 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 automatically sends a message to the appropriate CFBHN Forensic Program Manager and the CFBHN Care Coordinator in the inmate's home community or county of release that a new referral is pending. The Forensic Program Manager or designee assigns the inmate to the appropriate NSP in their area and inputs this information into the DCF SAMH system. When the CFBHN staff save the record, a referral alert email is automatically sent out to the assigned NSP.
 - a) Considerations for the selection of the community mental health NSP includes the location of the NSP 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 CFBHN Forensic Program Manager considers the community mental health NSP's affiliation with Health Maintenance Organizations (HMO) and/or pre-paid mental health plans to promote continuity of care with NSPs and case managers upon the individual's eligibility for Medicaid-funded mental health services.
 - 4) When the NSP receives the automated email, they 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 NSPs 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.

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2. Transfer Evaluations
 - A. A Transfer Evaluation is required for all involuntary inpatient admissions to ensure that there is not a less restrictive environment available.
 - B. The evaluation is completed by a local mental health provider designated to conduct those evaluations by the DCF SunCoast office.
 - C. The staff that completes the Transfer Evaluation contacts the local Circuit Aftercare Coordinator and the Forensic Program Manager in the inmate's home community. If the inmate is transient (without a home community in Florida), the Forensic Program Manager in the county of conviction is contacted.
 - D. The interviewing staff and the Circuit Aftercare Coordinator discuss the individual's needs and determine the most appropriate treatment setting.
 - 1) If the individual's treatment needs are to be provided in a community setting, the Circuit Aftercare Coordinator in the inmate's home community ensures the community mental health NSP in the individual's home area arranges for the individual's admission to the selected, less- restrictive, treatment setting and documents the recommendation on the Transfer Evaluation form.
 - 2) 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 (SMHTF), the community mental health NSP documents a recommendation for inpatient placement on the Transfer Evaluation.
 - E. A copy of the signed Transfer Evaluation form is forwarded to the court and to the DCF Circuit Aftercare Coordinators in the area where the FDC institution is located and the Forensic Program Manager in the inmate's home community.
 - F. The FDC Institutional Re-entry Specialist makes every reasonable effort to secure the services of a qualified guardian advocate (GA) pursuant to 744, Part IV F.S. and 394.4598(5), F.S. In the event that the FDC is not successful in securing a GA, the Forensic Program Manager provides qualified advocate information to the FDC Staff.
 - G. If the individual to be released has a serious mental illness, but is determined NOT to meet the criteria of an adult with a 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.
3. Involuntary Inpatient Placement Hearing and Admission to a SMHTF
 - A. The mental health provider staff that examined the individual reports the results of the above actions at the individual's involuntary inpatient placement hearing.

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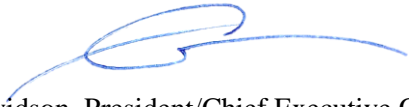
- B. The Circuit Aftercare Coordinator near the correctional facility attends the hearing. Following the hearing, the Circuit Aftercare Coordinator notifies the Forensic Program Manager in the inmate's home community of the results.
 - C. If inpatient placement is ordered, the Circuit Aftercare Coordinator sends a copy of the order to the Forensic Program Manager in the inmate's home community, who initiates procedures for the individual's admission to the appropriate SMHTF.
 - D. The Forensic Program Manager in the inmate's home community coordinates the SMHTF admission with the EOS date and ensures that the following documents are obtained from the correctional institution and are immediately sent to the designated SMHTF:
 - 1) CF-MH 3032, Petition for Involuntary Inpatient Placement;
 - 2) CF-MH 3008, Order for Involuntary Inpatient Placement;
 - 3) CF-MH 7000, State Mental Health Facility Admission Form;
 - 4) DC4-657, Discharge Summary for Inpatient Mental Health Care;
 - 5) DC4-655, Most recent Psychiatric Evaluation;
 - 6) DC4-643C, Bio-Psychosocial Assessment; and
 - 7) EOS/projected release date
 - E. The FDC's institution staff transport the individual to the designated SMHTF on the designated admission date with a completed CF-MH 7002, Physician-to-Physician Transfer Form.
 - F. If the SMHTF waiting list precludes immediate admission, the individual is transported to a receiving facility in his or her home community to wait for a SMHTF admission.
 - 1) The Forensic Program Manager in the person's home community forwards a copy of the materials provided to the SMHTF to the designated receiving facility in advance and coordinates the individual's admission with the Institutional Re-entry Specialist.
 - 2) The FDC's staff transport the person on the scheduled admission date.
4. Voluntary Hospitalization
- A. If an individual needing hospitalization agrees to a voluntary admission, the following procedures are applicable:
 - 1) The FDC's Re-entry Specialist notifies the Forensic Program Manager in the inmate's home community of the voluntary hospitalization request.
 - 2) The Forensic Program Manager initiates procedures for the individual's admission to the appropriate Crisis Stabilization Unit (CSU).
 - 3) The Re-entry Specialist at the FDC's institution sends the following documents immediately to the designated CSU:

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- a) CF-MH 3040, Applications for Voluntary Admission (receiving facility);
 - b) DC4-657, Discharge Summary for Inpatient Mental Health Care;
 - c) DC4-655, Psychiatric Evaluation (most recent);
 - d) DC4-643C, Bio-Psychosocial Assessment; and
 - e) EOS or projected release date.
- B. An FDC physician assesses and documents 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.
5. Emergency Involuntary Examination for Admission to a CSU
- A. 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, the following emergency procedures apply:
- 1) Appropriate licensed clinical staff at the correctional institution shall complete form CF-MH 3052B, Certificate of Professional Initiating Involuntary Examination.
 - 2) The Institutional Re-entry Specialist calls the CFBHN Forensic Program Manager in the circuit in the person's home community, specifying that an inmate requires an involuntary examination on the release date.
 - 3) The Forensic Program Manager assists the Institutional Re-entry Specialist in coordinating the admission to the CSU in the person's home community. The Circuit Aftercare Coordinator in the home community advises the Institutional Re-Entry Specialist of the community receiving facility to which the inmate is to be transported.
 - 4) If the person is transient and does not have a home community, the Institutional Re-entry Specialist calls the Forensic Program Manager in the county of conviction. The Forensic Program Manager assists in arranging admission to the most appropriate CSU in that area. This Forensic Program Manager advises the Institutional Re-Entry Specialist of the community receiving facility to which the inmate is to be transported.
 - 5) If there is a question regarding the person's capacity to tolerate extended transit to their home community, the Re-entry Specialist contacts 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 is conducted by a licensed mental health professional as defined in s. 394.463(2)(a)(3), F.S.
 - 6) For those referrals to DCF that occur in less than 48 hours of release, the FDC Re-entry Specialist makes every effort to simultaneously pre-arrange transportation to the person's home community as they are making the referral to DCF. Once details are known, the FDC plans accordingly.

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- 7) The Institutional Re-entry Specialist prepares an informational packet that accompanies the individual to the CSU. The packet contains:
 - a) Certificate of Professional Initiating Involuntary Examination (CF-MH 3052B);
 - 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.
- 8) The correctional institution transports the individual to the designed CSU on the release date.
- 9) Within 72 hours of the examination at the CSU, one of the following must occur:
 - a) Individual is released from the CSU and appropriate aftercare appointments are scheduled;
 - b) Petition for involuntary inpatient/outpatient placement is filed with the court; or
 - c) Individual is transferred to voluntary status if all criteria in s. 394.4625, F.S. are met.

<p>End-of-Sentencing (EOS) Guidelines</p> <p>Approval: </p> <p>Alan Davidson, President/Chief Executive Officer</p>	<p>Date Issued: <u>07/29/2010</u></p> <p>Last Revision: <u>04/08/2022</u></p> <p>Review Date: <u>07/02/2024</u></p>
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