

## **Adult Mental Health – Civil Commitment**

### ***Policy***

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) that adult civil State Mental Health Treatment Facility (SMHTF) admissions and discharges meet all requirements as defined in the master contract and Chapter 394, F.S.

### ***Purpose***

The purpose of this policy is to establish guidelines for the processing of applications for state hospital admission, and to ensure continuity of care from the community to an SMHTF, and back to the community, as set forth in Chapter 394, F.S., 65E-5 F.A.C. and Guidance Document 7.

### ***Procedure***

1. Procedures for Admission to a Florida Adult Civil SMHTF
  - A. The admission and acceptance of individuals to the Florida adult civil SMHTF is contingent upon meeting all the requirements set forth in Chapter 394, Part 1, Florida Statutes, also known as the Florida Mental Health Act or “Baker Act”.
  - B. Appropriate paperwork must be presented in an admission packet, which includes legal, medical and clinical documentation. Required documentation is outlined on the next page of this policy. The admission packet should be completed, in full, prior to admission.
  - C. The components of the state hospital admission packet are scanned separately in their respective sub-categories (legal, medical, clinical) and encrypted before being electronically submitted to CFBHN.
  - D. CFBHN ensures that the admission packet is complete, and responds to all requests for additional information needed by the SMHTF.
  - E. CFBHN ensures that the least-restrictive alternatives have been explored and individuals served are diverted, as appropriate, prior to utilization of the SMHTF. Each individual served is screened by the FACT Team from their resident county prior to SMHTF admission.
  - F. Individuals in the process of admission to the state hospital, either voluntarily or involuntarily, are assigned to a case manager. If the individual is a member of the FACT team or already has a case manager, this step does not apply.

It is the role of CFBHN to assure that the following duties are being performed by the NSP’s case manager/forensic specialist/FACT team. The case manager/forensic specialist/FACT team:

- 1) Maintains an open case for the individual during the time he/she resides in an SMHTF;
- 2) Participates in the development of an SMHTF recovery plan;
- 3) Participates in monthly reviews of the recovery plan;
- 4) Maintains at least monthly contact with SMHTF staff concerning the status of the individual;
- 5) Maintains contact with the individual’s family, consistent with Chapter 394.9082(5) (r), F.S.;
- 6) Shares relevant information with the SMHTF staff;
- 7) Locates housing and services in the community, in collaboration with the SMHTF;
- 8) Has face-to-face contact with the individual in the community within 2 business days of discharge from the SMHTF; and
- 9) Maintains progress notes in the SMHTF medical record, reflecting all meetings and communications with SMHTF staff, the resident, the family or significant others.

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2. Procedures for Discharge from a Florida Adult Mental Health Civil State Hospital
  - A. CFBHN works in collaboration with the SMHTF during the individual’s stay in the facility.
  - B. For the purposes of discharge planning, all CFBHN-contracted case managers and FACT NSPs participate in recovery planning and placement-seeking teleconferences/video conferences, as needed, with the hospital. . The primary aim of the case manager/forensic specialist/FACT Team is to assess the individual’s areas of need in relation to living arrangements, learning styles/abilities, work and social environment, and any other necessary elements of aftercare to coordinate and continue treatment and services.
  - C. The documentation below must be provided by the state hospital prior to an individual’s discharge from their facility.
    - 1) Discharge Form – Form CF-MH 7001;
    - 2) Notice of Release or Discharge – Form CF-MH 3038 (Involuntary residents only);
    - 3) Physician to Physician Transfer Form – Form CF-MH 7002; and
    - 4) Referral packet for potential placement destinations and for continuity in aftercare.
  - D. CFBHN monitors discharge responsibilities and assures that all requirements and duties as expressed and referenced in 65E-5 F.A.C. and DCF Guidance Document 7 are followed.
    - 1) Prior to discharge, the case manager/forensic specialist/FACT team works with the SMHTF in the linkage and brokerage of aftercare services and community resources that address the needs of the individual served. These needs include:
      - a) Transportation resources;
      - b) Stable living arrangements or shelter, if homeless or transient;
      - c) Timely aftercare appointments for needed services, including 5-7 day follow-up for psychiatric services;
      - d) Continuity of psychotropic medications (On average, a 21-day supply is provided to all discharged individuals);
      - e) Written information on the common side effects of the individual’s prescribed medications;
      - f) Referrals to substance abuse, trauma and/or abuse recovery programs, as required;
      - g) Referral, program and contact information for community resources to aid in the management of the individual’s mental illness and social service needs;
      - h) Written information about the individual’s mental illness.
    - 2) SMHTF barriers to discharge must be resolved before the individual is placed on the ‘seeking placement’ list.

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- E. The goal for those being discharged from the Civil SMHTF is to prevent re-hospitalization and promote healthy and successful reintegration into the community.
- 1) After discharge, CFBHN ensures that case management/forensic services/FACT Team and resources provided to the individual are provided to meet the level of need.
  - 2) Case Managers, Forensic Specialists, and FACT Teams are responsible for meeting with an individual who has been discharged from a Civil SMHTF within 2 business days, unless the individual is placed in a residential program outside of the home county.

<p><b>Adult Mental Health - Civil Commitment</b></p> <p>Approval:  Linda McKinnon, President/Chief Executive Officer</p>	<p>Date Issued: <u>08/06/2010</u></p> <p>Last Revision: <u>04/08/2022</u></p> <p>Review Date: <u>04/08/2022</u></p>
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**REQUIRED ADMISSION DOCUMENTATION**

**LEGAL** (Note: If there have been amended court orders, the hospital will want both the original and the amended copies)

- State Mental Health Facility Admission Form – CF-MH 7000
- Transfer Evaluation (to a State Mental Health Treatment Facility) CF-MH 3089
- Order for Involuntary Placement CF-MH 3008
- Petition for Involuntary Placement CF-MH 3032
- Report and Recommendations of General Magistrate
- Certification of Person’s Competence to Provide Express and Informed Consent CF-MH 3104
- Report of a Law Enforcement Officer Initiating Involuntary Examination CF-MH3052a, OR Certificate of Professional Initiating Involuntary Examination CF-MH 3052b, OR Ex Parte Order for Involuntary Examination CF-MH 3001

***IF APPLICABLE:***

- Order Appointing Guardian Advocate Recommended Form CF-MH 3107 Feb 05
- Application for Voluntary Admission (State Treatment Facility) CF-MH 3098
- Notice of Right of Person on Voluntary Status to Request Discharge from a Treatment Facility CF-MH 3051b
- Guardianship Orders (Plenary or Limited) (Name, address and phone number)
- Forensic Incompetent to Proceed (ITP) or Not Guilty by Insanity (NGI) original court order

**MEDICAL**

- Lab Reports:
  - COVID 19 TEST- within one week of admissions
  - Mandatory serum pregnancy test for females
  - PPD Skin Test results (Tuberculosis Test or Chest X-Ray)
  - HIV test results (if consents have been signed)
  - Physical Exam and medical history
  - Mental Status and Psychiatric Evaluation
  - Psychiatrist’s Notes
  - Current prescribed medications (include medication history)
  - Any other significant lab results (includes MRSA, EBOLA statement required for South Florida State Hospital Correct Care only)

**CLINICAL**

- Name, Address and Phone Number of community mental health center resource coordinator or FACT Team information (included in part “C” on page 2 of CF-MH 7000)
- Service Implementation Plan and/or treatment plan
- Psychosocial History: Name; date of birth; marital status; race; religion; sex; education; living arrangement prior to admission to the receiving facility; significant others; county of residence; length of time living in Florida; source of income; history of mental illness; substance abuse history; employment history; and contact person.
- Denial Letter from Short-Term Residential Treatment (SRT)
- Clinical Progress Notes (the State Hospital can request up to one year of notes)
- *If applicable:* INS status for all non-citizens (to include green card, birth certificate; VISA financial statements, and all other pertinent information).
- *If available:* Psychological Evaluation
- *If available:* Advance Directives
- *If available:* Functional assessment; substance abuse or developmental disability assessment, receiving facility admission summary, emergency room report.