

Adult Forensic Services

Policy

It is the policy of Central Florida Behavioral Health Network, Inc. (CFBHN) to ensure that Network Service Providers (NSPs) adhere to service provision requirements for adult forensic individuals served.

Purpose

The purpose of this policy is to establish guidelines for the provision of services to adult forensic individuals, as set forth in state regulations and pursuant to Chapter 916, F.S.

Procedures

1. Eligibility
 - A. Florida's forensic system is a network of state facilities and community services for individuals who have a mental illness and are involved with the criminal justice system.
 - B. The goal is to provide assessment, evaluation, and treatment to individuals adjudicated incompetent to proceed (ITP) at any stage of the criminal proceedings or not guilty by reason of insanity (NGI).
 - C. Forensic services are provided to adults over the age of 18 years old, and to juveniles adjudicated as adults, who are found by the court to be either ITP or NGI, pursuant to Chapter 916, F.S.
Note: The court may order treatment without a diagnosis of severe and persistent mental illness (SPMI).
2. Procedures for Admission into a Florida Forensic Facility
 - A. Authority for the provision of these services is provided in Chapter 916, F.S.
 - B. Evaluation and treatment prior to adjudication of ITP or NGI is provided at the local level.
 - C. Individuals are served by state mental health treatment facilities after an adjudication of ITP or NGI and commitment criteria have been confirmed.
 - D. All individuals committed to the Department of Children and Families (DCF) for involuntary treatment, pursuant to Chapter 916, F.S., are charged with a felony offense.
 - E. The Forensic Facility Commitment Packet includes:
 - 1) Commitment order;
 - 2) Copies of all competency evaluations; and
 - 3) Charging documents and all supporting affidavits or other documents used in the determination of probable cause.
3. Coordination of Services to Persons on Conditional Release
 - A. Individuals who reside at a civil or forensic state treatment facility, and who no longer meet involuntary hospitalization criteria per Chapter 916, F.S. and Chapter 394, F.S., require coordination of services related to conditional release planning.
 - B. The responsibility for planning for an individual's conditional release is shared by the civil/forensic state treatment facility recovery team (if the individual is hospitalized), the community NSP that will monitor and provide mental health services for the individual, and the Forensic Specialist.

Adult Forensic Services (continued)

- 1) When the individual is hospitalized, the Forensic Specialist/Forensic Case Manager provides consultation and linkage to the community NSPs in their circuit.
 - 2) Facilities work in conjunction with community forensic NSPs to develop a conditional release plan to ensure continuity of care from the discharging facility into the community.
 - 3) Mental health services, including case management, are provided by the circuit in which the individual resides.
 - 4) Once a conditional release plan has been agreed upon, the state hospital sends it to the CFBHN Forensic Program Manager for approval.
 - 5) After the CFBHN Forensic Program Manager has signed off on the conditional release plan, the state hospital distributes copies of the conditional release plan to all parties held responsible, including the conditionally- released individual and the Forensic Admissions Coordinator.
- C. When an individual is placed on conditional release, the Forensic Specialist serves as the person's Forensic Case Manager.
- 1) The Forensic Specialist coordinates services and provides the court with routine progress reports as required by the conditional release order.
 - 2) The Forensic Specialist addresses the need for continued, supervised follow-up care or recommends case termination.
 - 3) Forensic Specialists working with individuals on forensic conditional release are responsible for monitoring compliance with the court-ordered conditional release plan, providing early intervention to avoid revocation of conditional release, and reporting to the court on progress/compliance as required by the court.
- D. Case Management/Continuity of Care
- 1) Upon notification of referral that an individual has been adjudicated ITP or NGI, a Forensic Specialist from the County of Jurisdiction is assigned.
 - 2) A Forensic Case Management Specialist is provided to Priority I individuals placed in the community or state hospital. Priority I clients:
 - a) Have priority for admission into the residential treatment program.
 - b) Are individuals who are ITP or NGI in accordance with Chapter 916 F.S. and on conditional release orders.
 - 3) As agreed to by the individual, a Forensic Case Management Specialist is provided to Priority II individuals with identified service needs.
 - a) Services include planning, linkage, coordination, monitoring of service delivery, and evaluation of service effectiveness.
 - b) Priority II individuals are those who have been found competent to proceed, are non-restorable (have had their charges dropped and received time-served or probation), or have previously been found NGI and the court has relinquished jurisdiction.

Adult Forensic Services (continued)

- c) These individuals may be served in a residential treatment program, if capacity is available, with the identified goal of preventing further criminal justice system involvement, incarceration or forensic hospitalization.
 - d) These delineations do not relate to other services outside of forensic residential services. The identification “labeling” is for internal purposes for admission into residential treatment facilities and for identification of an individual’s current forensic status. This identification system is not utilized outside of CFBHN/DCF.
 - E. Forensic Residential/Supported Housing and Adult Family Care Home Referral Process
 - 1) For admission to a forensic residential treatment facility (RTF), the forensic specialists/case managers, jail diversion programs/discharge planners, criminal justice system shall submit the Forensic Residential Referral Form to the CFBHN Forensic Program Manager.
 - 2) The CFBHN Forensic Program Manager shall consider the individual for appropriate placement by taking into account the individual’s history, appropriate updates/summaries, current forensic waitlist, and current placement.
 - 3) Upon approval, the CFBHN Forensic Program Manager shall send the encrypted referral out to forensic residential placements and assigned referral source notifying them of both the CFBHN approval and referral.
 - 4) The Forensic Program Manager will review residential referrals and, when appropriate, forward them to forensic residential providers within seven (7) business days. Review timelines may be extended due to extenuating circumstances, including but not limited to incomplete or missing documentation, staffing capacity, or a high volume of pending referrals.
- 4. Community-Based Competency Restoration Training
 - A. Community-based competency restoration training is currently provided by the following NSPs:
 - 1) IBIS Healthcare - Hillsborough County;
 - 2) Suncoast Center, Inc. - Pinellas, Manatee, Sarasota and Desoto counties;
 - 3) Baycare Behavioral Health – Pasco County
 - 4) SalusCare - Lee, Charlotte, Hendry and Glades counties;
 - 5) David Lawrence Center - Collier County.
 - 6) Peace River Center - Polk, Highlands, and Hardee counties.
 - B. Each of the NSPs listed above provides training in the individual’s home, as well as in facilities (RTFs, Assisted Living Facilities [ALFs], county jails, etc.). The training can also be provided on an individual basis or in a group setting, depending on the needs of the individual(s) served.

Adult Forensic Services Approval:  Alan Davidson, President/Chief Executive Officer	Date Issued: <u>07/29/2010</u> Last Revision: <u>04/08/2022</u> Review Date: <u>06/18/2025</u>
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