

CF OPERATING PROCEDURE  
NO. 155-29

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, November 6, 2019

Mental Health/Substance Abuse

MANAGEMENT OF MINIMUM STAFFING IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure provides guidelines for State Mental Health Treatment Facilities (SMHTF) in maintaining staffing coverage that ensures adequate staffing exists at all times, and provides a safe environment in which residents can live and staff can work.
2. Scope. This operating procedure applies to individuals employed at a SMHTF, whether operated by the Department of Children and Families or by contract with private entities. This includes the Florida Civil Commitment Center (FCCC).
3. References.
  - a. Chapter 916, Florida Statutes (F.S.), "Forensic Client Services Act."
  - b. Children and Families Operating Procedure 60-1, Chapter 2, Hours of Work, Overtime and Compensatory Leave.
  - c. Chapter 394, F.S., "Florida Mental Health Act."
  - d. Children and Families Operating Procedure 60-55, Chapter 1.
  - e. Chapter 60L-36, Florida Administrative Code (F.A.C.).
4. Definitions. For purposes of this operating procedure, the following definitions apply:
  - a. Minimum Staffing. The number of staff required to operate a ward, dorm or unit to support a safe and therapeutic environment that meets the needs of the residents. Minimum staffing does not include assigned specialized therapeutic observations such as 1:1 or 2:1. Specialized therapeutic observations will require additional staff.
  - b. Direct Care Staff. Includes all positions classified as care providers, i.e., Human Service Workers (HSW), Unit Treatment and Rehabilitation Specialist (UTRS), Mental Health Techs (MHT); can also be referred to as Ward Staff. Supervisors will provide coverage for each other and when additional supervisors are on duty, those positions may be counted in the daily unit minimum staffing.
  - c. Resident. A person who resides in a state mental health treatment facility (civil or forensic setting). The term is synonymous with "client", "consumer", "individual", "patient" or "person served".
  - d. Double-On. Working two (2) 8-hour shifts consecutively, or working no more than four (4) additional hours on a 12-hour shift (total of 16 consecutive hours) in order to provide minimum coverage. For both the 8-hour and the 12-hour shift, the employee must have worked a minimum of four (4) hours on the consecutive shift to fulfill the double-on requirement and to have the staff's name rotate to the bottom of the double-on list.

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This operating procedure supersedes CFOP 155-29 dated September 21, 2018.

OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; SMF; Region/Circuit Mental Health Treatment Facilities.

e. Double-Back. Working a regular scheduled off-duty day or approved leave day in order to provide minimum coverage.

5. Procedure.

a. Each hospital administrator or designee is responsible for making decisions regarding minimum coverage for his or her facility.

b. Each facility will have a facility operating procedure/protocol in place that has been signed and dated by the hospital administrator. The facility operating procedure/protocol will address the management of minimum staffing in accordance with the minimum staffing definition using the following guidelines:

(1) Staffing for each unit and shift will be established based on the acuity of the unit and the intensity of care required.

(2) The minimum number of staff required to maintain a safe and therapeutic environment will be assessed at least daily.

(3) The Unit Supervisor and/or Charge Nurse will ensure staffing on the unit complies with the minimum staffing for that unit indicated in the facility policy.

c. The number of required staff can be temporarily changed depending on the number and requirements of residents needing services at any given time, and the existence of any specialized therapeutic observations.

d. Management must arrange staff work schedules in such a way that overtime is not required, except in emergencies. In the case of emergencies, employees will be required to work extra hours when instructed to do so by their managers or supervisors. This may result in the employee doubling on or doubling back.

e. For general overtime purposes, emergencies are defined as:

(1) An established post of duty that must be covered 24 hours per day and staffing is not sufficient to maintain a safe and therapeutic environment;

(2) An identified danger to the life, health, or well-being of the public, employees, residents, or other persons that could occur if an employee is not required to be on duty or where danger to property is imminent; or,

(3) The appropriate delegated authority determines the direct or indirect statutory responsibilities as prescribed by the Department cannot be carried out unless overtime work is authorized.

f. Supervisors are responsible for approving overtime and compensatory leave credits unless other restrictions apply within the work unit.

6. Disciplinary Actions. This paragraph applies to direct care staff at state-operated facilities only.

a. All disciplinary actions shall be in accordance with CFOP 60-55 and Chapter 60L-36, F.A.C.

b. Direct care staff who refuse to double-on or double-back due to the following reasons, and who provide the minimum indicated supporting documentation, shall not be subject to disciplinary actions.

(1) The employee has already worked two (2) or more required double shifts over the past seven calendar days preceding the refusal.

(2) The employee presents documentation of emergency medical care or related emergency treatment for themselves or an immediate family member for whom the employee is a sole caretaker during the time scheduled for a double shift.

(3) The employee is restricted from doubling-on under the provisions of the Family Medical Leave Act (FMLA) or has an Americans with Disabilities Act (ADA) exemption. This does not apply to requirements to double-back.

(4) Any direct care staff coming back to work after extended medical leave will be given a one-day notice before being required to double-on or double-back.

c. Generally, disciplinary actions are progressive; i.e., if a direct care staff has received a disciplinary action as indicated on the chart below for any reason within the past 18 months, a refusal to double-on or double-back would result in the next progressive disciplinary action listed on the chart.

d. Direct care staff who refuse to double-on or double-back and fail to provide sufficient documentation to excuse the refusal as outlined in paragraphs 6b(1)-(3) above will be subject to progressive disciplinary action up to and including dismissal, as outlined in the chart below.

e. Direct care staff who refuse to double-on or double-back and offer no excuse/justification under any of the four circumstances outlined in paragraphs 6b(1)-(3) above will be subject to progressive disciplinary action beginning with a written reprimand or the next progressive disciplinary action if the staff has received a written reprimand within the past 18 months.

1 <sup>st</sup> Occurrence	Verbal Warning. Supervisors will document discussion with employee on form CF-MH 1070 (available in DCF Forms).
2 <sup>nd</sup> Occurrence	Documented Counseling. Counseling should be constructive and done with a primary view toward helping the employee correct the problem. A documentation of counseling is placed in the employee's personnel file. The employee will be required to sign receipt for the documented counseling.
3 <sup>rd</sup> Occurrence	Final Counseling
4 <sup>th</sup> Occurrence	Written Reprimand
5 <sup>th</sup> Occurrence	Notice of Intent to Dismiss

f. All refusals to double-on or double-back shall be documented on the Double-On/Double-Back Refusal (form CF-MH 1070, available in DCF Forms). This form must be reviewed and approved by the Charge Nurse as well as the Unit Supervisor or designee.

g. Nothing in this operating procedure will prevent the department from disciplining an employee for violation of other conduct standards, up to and including dismissal.

7. Training. All appropriate staff shall receive training on this operating procedure annually. Direct care staff in state-operated treatment facilities shall sign an acknowledgement of the facility's double-on/double-back policy upon employment and annually thereafter.

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

Annual review; added FCCC to operating procedure's scope in paragraph 2. No other changes made.