

CF OPERATING PROCEDURE
NO. 155-54

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, December 21, 2020

Mental Health/Substance Abuse

ADMINISTRATIVE REVIEWS OF INDIVIDUALS IN HIGH PROFILE SITUATIONS

1. Purpose. This operating procedure provides the basic guidelines for the completion of administrative reviews involving Forensic and residents in High Profile situations.
2. Scope. The scope of this operating procedure includes forensic and civil residents in High Profile situations being considered for conditional release from state operated and contracted treatment facilities, as well as forensic residents in High Profile situations being considered for transfer to state operated or contracted civil treatment facilities. This operating procedure does not apply to residents in the Florida Civil Commitment Center.
3. Definitions. For the purposes of this operating procedure, the following definitions shall apply:
 - a. Civil Resident. Any individual residing in a mental health treatment facility pursuant to Chapter 394, Florida Statutes (F.S).
 - b. External Administrative Review. Program office staff members reviewing the proposed disposition of an individual and determining whether the disposition would be appropriate.
 - c. Forensic Resident. Any individual residing in a mental health treatment facility pursuant to Chapter 916, F.S.
 - d. High Profile Situations. Individuals are considered in high profile situations, for the purposes of this operating procedure, when their current criminal charges or histories include a charge dismissal, conviction, or insanity acquittal for homicide, sexual offense against a person, arson, or other charge or known behavior facility staff consider as dangerous and in need of external administrative review.
 - e. Mental Health Summary Reports. Summaries which provide relevant background information including known criminal history, mental health status, and discharge plans related to a resident for the purpose of a high-profile review. A Sample Mental Health Summary report is included as Appendix A to this operating procedure.
4. Procedure for High Profile Review.
 - a. The Program Office will complete reviews of high profile situations following referrals from the treatment facilities. Referral information will consist of a draft court report and conditional release plan, if applicable, for Forensic residents and a mental health summary report for Civil residents. Program Office staff will evaluate descriptions of the resident, their backgrounds and reports of current status. The review process will be accomplished through reviewing referrals, periodically arranging face-to-face evaluations, or periodically consulting with attending recovery teams, Facility Administrators or other related staff. Evaluations will result in recommendations to proceed as proposed by the facilities, or to modify the proposed course of treatment and/or placement. Reviews should be completed within 15 days.

This operating procedure supersedes CFOP 155-54 dated June 15, 2015.

OPR: SMF

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

b. For individuals in high profile situations, each facility will establish procedures to refer cases to the Policy and Programs division of the Office of Mental Health Treatment Facilities.

c. Facility staff will email (either encrypted or password protected files) or fax draft court reports or mental health summary reports, or equivalent, to the Policy and Programs Director, the Chief Hospital Administrator, and the Psychological Services Director in the Policy and Programs division of the Office of Mental Health Treatment Facilities.

d. Facility staff will review the results of a program office summary and respond according to any instructions or directives. Facility staff may contact the program office should questions arise or if additional explanations are needed.

e. The Psychological Services Director will complete administrative reviews of cases involving individuals in high profile situations. The Psychological Services Director will:

(1) Review draft court reports and proposed conditional release plans for forensic residents, or mental health summary reports, or equivalent, for civil residents;

(2) Review the quality of the reports (including whether the proposed disposition seems appropriate);

(3) Provide facilities with summarized feedback; and,

(4) Refer summaries as needed to the Director of Policies and Programs for review, discussion, and final approval.

f. If the Psychological Services Director has no substantive concerns following a review, he/she will provide a brief summary of findings to the referral source and copy the Director of Policies and Programs, and the Chief Hospital Administrator. In any situation in which the planned release of an individual has resulted in concern that the proposed disposition is not appropriate, the Psychological Services Director will refer the information to the Director of Policy and Programs and appropriate Regional Counsel (as deemed necessary) for additional review.

g. The Director of Policy and Programs and/or the Assistant Secretary for Substance Abuse and Mental Health will review cases as needed, collect information as indicated, and provide guidance in terms of the Department's recommendations regarding dispositions of the residents. The Psychological Services Director will provide the referral sources and Facility Administrators with brief summaries of findings and directives.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

JACQUELINE A. YOUNG
Director, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Expanded the scope of the operating procedure to include review of forensic residents with High Profile situations who are being considered for transfer to civil treatment facilities; updated titles of and added personnel involved in the processing and review of High Profile Reviews; added referral to appropriate Regional Counsel (as deemed necessary) in paragraph 4f; and, revised title of Director of State Mental Health Treatment Facilities to Director of Policy and Programs.

SAMPLE MENTAL HEALTH SUMMARY REPORT

MENTAL HEALTH SUMMARY REPORT

Facility: Good Hands Treatment Center

Date of Report: October XX, 2015

Resident: John Doe, 000000

Gender: Male

Date of Birth: July 1, 1946

Marital Status: Single

Race/Ethnicity: African-American

Legal Status: Chapter 397

Case Number(s): 2010-MH-XXXXX

Relevant Charge(s)/Purpose for High Profile Review: Aggravated Battery

[commitment information] Mr. Doe was committed to the Department of Children and Families on July 1, 2010. Concerns related to mental status and behaviors included, but are not limited to, paranoid delusions and attacking his mother. Admission to the Good Hands Treatment Center (GHTC) occurred on July 7, 2010.

[report diagnosis] Staff in the GHTC have diagnosed Mr. _____ as experiencing Paranoid Schizophrenia. Staff are also considering a cognitive disorder.

[relevant psychosocial history related to risk assessment]. This section would include the underlying facts to support the rating of historical information in the HCR-20^{V3}. The evaluator would not repeat information presented elsewhere in the report. Information may include, but are not limited to facts which are related to previous violence (if other than violent acts in the Description of Criminal Allegations), age at first violent incident, relationship instability, employment problems, substance use problems, major mental illness, psychopathy, early maladjustment, personality disorder, and prior supervision failure.

[relevant and significant behavioral observations during hospitalization/date each incident report]

[report current mental status and date of examination] Mr. _____ presented as an individual of average height with a slightly overweight appearance. His eyes and medium length hair were brown. Outstanding physical characteristics consisted of a tattoo of an anchor on his right forearm and a tattoo of a sardine can on his left forearm. He presented in casual attire and had a disheveled appearance. His standards of hygiene and grooming were unsatisfactory, as he was malodorous and presented with his hair not combed. Motor movements were within normal limits.

Mr. _____ was cooperative and rapport was easily established. Speech was clearly articulated with normal volume and some latency at times. He described his mood as "regular" and "sad" because he is "locked up." Affect demonstrated some range and was mildly constricted. Sleep was reported as 12 hours daily, and appetite was reported as satisfactory. Processes of thought included blocking at times and there was no evidence of flight of ideas and tangentiality. Content of thought was free of suicidality, homicidal ideations, magical thinking, preoccupation, and Déjà vu experiences. However, Mr. _____ was paranoid and viewed some people as zombies. He denied visual, tactile, and olfactory hallucinations; and, he did not appear to be responding to internal stimuli. However, he reported hearing voices at least once a week which tell him to look out for zombies.

Mr. _____ was oriented to person, place, time, and date. Attention and concentration were impaired. For example, as previously mentioned, his thoughts seemed blocked at times. In addition, he

was unable to attend and concentrate sufficiently to perform simple tasks. For example, the defendant did not demonstrate the ability to start with the number 100 and count backwards seven digits at a time. Although he was able to spell the word "WORLD," he did not demonstrate the ability to spell the word backwards. Intellectual deficits seemed evident. Insight and judgment were impaired as the defendant denied any problems and the need for assistance.

[HCR-20^{V3} and other relevant assessments] **HCR-20**. [required language] On September 15, 2015, the undersigned completed the HCR-20. Consistently accurate predictions of future instances of violence, however, cannot be made by mental health professionals. Whether a person will behave aggressively is a function of a variety of factors that include history, personal disposition and situational factors (e.g., provocation) that cannot all be known in advance. However, it is possible to consider the available historical data, mental status features, and the anticipated placement/situational factors to estimate relative risk. This is the basis for the current risk assessment. It should be considered advisory in nature, as the ultimate decision to recommend release to a less restrictive setting should be based upon the entirety of information available to the recovery team.

[required language] The HCR-20^{V3} Assessing Risk for Violence was completed to assist the interdisciplinary recovery team in making a determination as to the feasibility of placing Mr. _____ in a less restrictive treatment setting. The HCR-20^{V3} Assessing Risk for Violence is based upon twenty factors which research has found to be predictors of future violence. These include ten historical factors (past), five clinical factors (current), and five risk management factors (future), each rated for severity.

[example for reporting results] Of the ten rated Historical Items, eight are present as problems, Violence, Relationships, Employment, Substance Use, Major Mental Disorder, Traumatic Experiences Personality Disorder, and Treatment or Supervision Response. Of the five Clinical Items, one is present as a recent problem, Symptoms of Major Mental Disorder; and three items are partially or possibly present as recent problems, Insight, Violent Ideation or Intent, and Treatment or Supervision Response. Of the five Risk Management Items, two are present as problems, Professional Services and Plans and Stress or Coping; and three items are partially or possibly present as problems, Living Situation, Treatment of Supervision Response, and Personal Support. Another consideration is command auditory hallucinations with instructions for harm to self and others. Results suggest a high risk for recidivism if released into the community at this time.

On September June 14, 2015, Mr. _____ was administered 10 subtests of the Wechsler Adult Intelligence Scale – Fourth Edition (WAIS-IV) from which his Full Scale IQ (FSIQ) was derived. The purpose of this test was to estimate his level of intellectual functioning. According to this assessment, Mr. _____ is currently functioning in the Low Average range of intelligence when compared to same-age peers (FSIQ =84). Digit Span and Letter-Number Sequencing were far below average.

[provide brief summary, conclusions, and recommendations for disposition and aftercare] This section should include discharge planning summary, discharge placement selection, aftercare plan, and Case Manager contact information.

If the Mental Health Program Office needs additional information, please contact _____ at telephone number (555) 555-555.

Respectfully Submitted,

Jane Doe, Psy.D., Ph.D., M.D.
 Title
 License #