



FORENSIC MULTI-DISCIPLINARY TEAM GUIDELINES



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CENTRAL FLORIDA CARES HEALTH SYSTEM FORENSIC MULTI-DISCIPLINARY GUIDELINES

PROGRAM GOALS

Forensic Multidisciplinary Teams (FMTs) provide a 24 hour a day, seven days per week, comprehensive approach to divert individuals from commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) and other residential forensic programs by providing community-based services and supports. The FMTs will serve individuals in the pre- and post-adjudicatory phases. Many of these individuals are charged with “lesser” felony offenses and do not have a significant history of violent offenses. Each team will have the capacity to serve a total of 45 individuals at any given time.

The FMT model is comprised of a self-contained support team responsible for directly providing or coordinating the majority of treatment, rehabilitation, and support services. Services shall be individualized, comply with each individual’s court order, and be provided primarily in out-of-office settings.

The FMT model is recovery oriented, promotes empowerment, and encourages personal responsibility. Guiding principles include participant choice, cultural competence, person-centered planning, stakeholder inclusion, and meaningful input by the individual into their treatment. The FMTs shall promote the safety of the individuals and the community at large while providing oversight and structure to individuals who need community-based services and supports. The FMT shall base services on the principles of Trauma Informed Care.

The goals for the FMTs include:

- Diverting individuals who do not require the intensity of a forensic secure placement from the criminal justice system to community-based care;
- Eliminating or lessening the debilitating symptoms of mental illness that the individual experiences;
- Addressing and treating co-occurring mental health and substance abuse disorders;
- Reducing hospitalization;
- Increasing days in the community by facilitating and encouraging stable living environments; and
- Collaborating with the criminal justice system to minimize or divert incarcerations.

POPULATION SERVED/ELIGIBILITY CRITERIA

Pursuant to Guidance Document 28, the Department of Children and Families (DCF) has defined the following individuals to be served by the FMT:

1. Individuals determined by a court to be Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI), pursuant to Chapter 916, F.S., on a felony offense; or
2. Persons with serious and persistent mental illness who are charged with a felony offense and, prior to adjudication, are referred to the FMT by duly authorized representatives of

local law enforcement, local courts, the State Attorney, the Public Defender, jail personnel, family or the Managing Entity.

**** Priority should be given to individuals in jail or in the community and individual's being discharge to the community on conditional release from a State Mental Health Treatment Facility may also be served.*

**** In the event the FMT is operating at its maximum capacity, the FMT shall establish a wait list for additional referrals.*

STAFFING REQUIREMENTS

The FMT staffing configuration is comprised of practitioners with a diverse range of skills and expertise. This enhances the team's ability to provide comprehensive care based on the individual's needs. The FMT shall employ a minimum of:

1. Licensed Team Leader (1.0 FTE)

The Team Leader is responsible for administrative and clinical supervision of the FMT and functions as a practicing clinician. The Team Leader must have at least one year of full-time work experience with individuals with serious mental illnesses as well as prior supervision experience. The Team Leader must be a full-time employee and possess a Florida license in one of the following professions:

- (a) Clinical Social Worker;
- (b) Marriage & Family Therapist;
- (c) Mental Health Counselor;
- (d) Psychiatrist;
- (e) Registered Nurse; or
- (f) Psychologist

2. Case Managers (3.0 FTE's)

Case Managers must have a minimum of a bachelor's degree in a behavioral science or be credentialed as a Certified Recovery Peer Specialist. Case Managers must have a minimum of one year of work experience with adults with serious mental illnesses. Case Managers are supervised by the Team Leader. Case Managers are primarily responsible for providing or coordinating the services. The FMT shall designate one (1) Case Manager as the team specialist for each of the following supportive domains:

- (a) **Forensic Specialist** with expertise in assisting individuals in justice system compliance, including the mandates of conditional release orders. Responsibilities include:
 - Provide competency restoration training;
 - Attend court hearings with the individual;
 - Communicate with Public Defenders, State Attorneys, Judges, and other court personnel;
 - Provide written updates at each status hearing and as requested by the court;
 - Monitor compliance with the conditional release plan.
- (b) **Housing Specialist** with expertise in assisting individuals obtain and maintain stable community housing. Responsibilities include:

- Assess safety and quality of current living environment;
- Provide alternative housing options for clients in need of housing;
- Meet with housing providers to negotiate cost of living;
- Maintain an up to date housing resource list; and
- Aid in identification of housing options for clients newly admitted.

(c) **Benefits and Resources Specialist** with expertise in assisting individuals obtain and maintain benefits and identifying additional resources to address unique individual needs. The Benefits and Resource Specialist will also be trained in and will utilize the SOAR model in order to increase access to SSI/SSDI for eligible clients.

Responsibilities include:

- Assist clients with obtaining and maintaining benefits;
- Network with community partners to develop relationships to successfully transition individuals from the team;
- Identify additional resources to address unique individual needs;
- Identify specific contacts within the local Social Security Office; and
- Assisting clients with monetary routines including budgeting or payee services.

3. Psychiatric Advanced Registered Nurse Practitioner (ARNP) or Psychiatrist (0.5 FTE)

The Psychiatrist or Psychiatric ARNP provides clinical supervision to the entire team as well as psychopharmacological services for all participants. He or she also monitors non-psychiatric medical conditions and medications, provides brief therapy, and provides diagnostic and medication education to participants, with medication decisions based in a shared decision making paradigm. If participants are hospitalized, he or she communicates directly with the inpatient psychiatric care provider to ensure continuity of care. The Psychiatric ARNP or Psychiatrist shall provide psychiatric evaluation, and medication management, administration and education on a regular schedule with arrangements for non-scheduled visits during times when the individual has increased stress or is in crisis. The Psychiatrist or Psychiatric ARNP also conducts home and community visits with participants as needed. This position must be licensed by the State of Florida and is supervised by the Team Leader.

4. Therapist (1.0 FTE)

This position must be a Master's Level Clinician with at least one year of full-time experience with adults with serious mental illness and co-occurring disorders, and prior experience with individual and group counseling, and with substance abuse interventions. This position is supervised by the Team Leader.

5. Administrative Assistant (0.5 FTE)

The Administrative Assistant is responsible for organizing, coordinating, and monitoring the non-clinical operations of the FMT. Functions include direct support to staff, serving as a liaison between FMT participants and staff, including attending to the needs of office walk-ins and calls from individuals and their natural supports. This position is supervised by the Team Leader.

The FMT shall maintain a Case Manager-to-Individual ratio of no more than 1:15.

In addition to the direct service staff, the FMT provider shall provide as-needed capacity to provide psychiatric care and administrative support.

The FMT provider must ensure access to a 24 hour on-call mental health professional for crisis support and information and referral services.

SERVICES AND SUPPORTS

The FMT program is adapted from the Florida Assertive Community Treatment (FACT) model. The FACT approach to performing services is based on recovery orientation and promotes empowerment. The guiding principles include participant choice, cultural competence, person-centered planning, rights of persons served, stakeholder inclusion, and voice. The FMTs shall promote the safety of the individuals and the community at large while providing oversight and structure to individuals who need community-based services and supports.

Service intensity is dependent on need and can vary from minimally once weekly to several contacts per day. On average, participants receive 3 weekly face-to-face contacts. This flexibility allows the team to quickly ramp up service provision when a program participant exhibits signs of decompensation prior to a crisis ensuing. Teams must provide a minimum of 75% of all services and supports in the community. This means providing services in areas that best meet the needs of the individual, such as the home, on the street, or in another location of the participant's choosing.

Using the FACT approach, the FMT team must provide the following services:

1. Screenings

The FMT shall coordinate with jail staff to identify and screen persons with serious and persistent mental illness who are charged with a felony offense and are at risk of admission to a Forensic SMHTF within 48 hours of their booking into jail. The Team Leader must review all screenings and collateral information to determine if the individual can be diverted.

- (a) If it is determined that the individual can be diverted, the Team Leader immediately will notify the defense attorney informing them of the diversion opportunity and monitor response.
- (b) The FMT will also go to the jail and continue to engage the individual using evidenced-based, person-centered practices such as Motivational Interviewing.
- (c) The FMT will also work with the defense attorney and court towards the diversion of the individual.
- (d) If the individual is eligible for a conditional release or released but are not court ordered, the FMT will complete the transitional planning.
- (e) The FMT will provide competency restoration, support services and/or peer services while the individual is in jail.
- (f) If it is determined that the individual can be diverted into another program if appropriate (e.g., Veteran's Administration, Agency for Persons with Disabilities, pre-trial release, residential substance use treatment), the FMT will refer, coordinate and provide follow up to ensure a seamless transition.

During the screening process, the Team Leader should review collateral information for individuals adjudicated or at risk of being adjudicated ITP or NGI. The documentation below should be maintained in the clients file:

- a) Incompetent to Proceed (ITP)/ Not Guilty by Reason of Insanity(NGI) Order;
- b) Competency Evaluation;

- c) Charging Document;
- d) Signed Conditional Release Order (CRO), if applicable;
- e) Amended CRO's, if applicable;

2. Comprehensive Assessments

The FMT shall initiate all assessments within 72 hours of the individual's admission to the program. The Team Leader must ensure that the individual's assessments are completed within 15 days of admission. Each assessment area is completed by a FMT team member with knowledge and skills in the area being assessed and is based upon all available information. The assessments shall include, at a minimum:

- (a) Psychiatric history and diagnosis, including co-occurring disorders;
- (b) Stipulations from the individual's Court order(s);
- (c) Mental status;
- (d) Strengths, abilities, and preferences;
- (e) Physical health;
- (f) History and current use of drugs or alcohol;
- (g) Education and employment history and current status;
- (h) Social development and functioning;
- (i) Activities of daily living; and
- (j) Family relationships and natural supports.

The team updates assessments at least annually and uses the updated assessments to update the recovery plan. All necessary areas essential for planning must be included in the updated assessment.

3. Comprehensive Recovery Plan

The team completes a comprehensive recovery plan within 30 days of admission, following completion of all assessments. The Comprehensive Recovery Plan shall adhere to the following guidelines:

- (a) Planning is person-centered and actively involves the participant, guardian (if any), and family members and significant others the participant wishes to participate.
- (b) The plan is reviewed and updated, at minimum, every three months during planned meetings, unless clinically indicated earlier, by the treatment team and the participant.
- (c) The plan is based on assessment findings and:
 - Identifies the participant's strengths, resources, needs and limitations;
 - Identifies short and long-term goals with timelines;
 - Identifies participant's preferences for services;
 - Outlines measurable treatment objectives and the services and activities necessary to meet the objectives and needs of the participant; and
 - Targets a range of life domains such as symptom management, education, transportation, housing, activities of daily living, employment, daily structure, and family and social relationships, should the assessment identify a need and the individual agrees to identify a goal in that area.

4. Crisis Intervention and On-Call Coverage

This service shall be available 24 hours a day, seven days per week. The team must operate an after hour on-call system at all times, staffed with a mental health professional.

5. Case Management

These services include the provision of direct services and the coordination of ancillary services designed to:

- (a) Assess the individual's needs and develop a written treatment plan;
- (b) Locate and coordinate any needed additional services;
- (c) Coordinate service providers;
- (d) Link participants to needed services;
- (e) Monitor service delivery;
- (f) Evaluate individual outcomes to ensure the participant is receiving the appropriate services;
- (g) Provide competency restoration training and skills building;
- (h) Coordinate medical and dental health care;
- (i) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan;
- (j) Coordinate individual access to eligible benefits and resources;
- (k) Address educational service needs; and

6. Coordination of Forensic Services

The FMT will coordinate all forensic, legal services, and court representation needs, including the following:

- (a) Attend all court hearings involving individuals with mental illness adjudicated or at risk of being adjudicated ITP or NGI.
- (b) Communicate with Public Defenders, State Attorneys, Judges, and other court personnel, as needed.
- (c) Provide the court with routine progress reports as required by the Conditional Release Order and notify the Court of any conditional release violations via affidavit or sworn statement per s. 916.17(2), F.S.
- (d) Address the need for continued supervised follow-up care or recommend termination.

7. Family Engagement and Education

With consent of the participant, families are engaged in the treatment process and are educated on topics related to their family member's recovery goals, diagnosis, and illness management.

8. Medical Services

The Psychiatric ARNP or Psychiatrist shall provide psychiatric evaluation, and medication management, administration and education on a regular schedule with arrangements for non-scheduled visits during times when the individual has increased stress or is in crisis.

9. Substance Abuse and Co-Occurring Services

The FMT shall address co-occurring needs of individuals through integrated screening and assessment, followed by therapeutic interventions consistent with the individual's readiness to change their behaviors.

10. Therapy

Clinicians provide and coordinate individual, group, and family therapy services. The type, frequency and location of therapy provided are based on individual needs and utilize empirically supported techniques for that individual and their symptoms and behaviors.

11. Wellness Management and Recovery Services

The team assists participants to develop personalized strategies for managing their wellness, set and pursue personal goals, learn information and skills to develop a sense of mastery over their psychiatric illness, and help them put strategies into action in their everyday lives.

12. In-Home and On-Site Services

The FMT shall provide or coordinate individual, group, and family therapy services. The type, frequency, and location of therapy provided shall be based on individual needs and shall use empirically supported techniques for the individual, their symptoms and behaviors.

13. Transportation

Staff assists with transportation to medical appointments, court hearings, or other related activities outlined in the care plan.

14. Competency Restoration Training

For participants who are adjudicated incompetent to proceed, the team will provide competency restoration training and assist the participant through the legal process.

15. Supported Housing

The team assists the participant in accessing affordable, safe, permanent housing of their choice through provision of multiple housing options with assured tenancy rights regardless of progress or success in services.

16. Incidental Expenses

FMT funds may be used to provide Incidental Expenses, pursuant to Rule 65E-14.021, F.A.C., and applicable Managing Entity policy.

17. Outreach and Information and Referral

The FMT shall provide Outreach services to individuals who may benefit from FMT services and to educate potential referral sources on the program design and capacity. The FMT shall provide Information and Referral services to address individual rehabilitative and community support needs beyond the scope of the FMT service array. All program services and contacts are documented and are confidentially maintained as part of the client's record.

18. Administrative Tasks

The FMT performs administrative tasks that include the following:

(a) Establishment and maintenance of written policies and procedures for

- Personnel,
- Program organization,
- Admission and discharge criteria and procedures,
- Assessments and recovery planning,
- Provision of services,
- Medical records management,
- Quality assurance/quality improvement,
- Risk management, and

- Rights of persons served.
- (b) Accurate record keeping reflecting specific services offered to and provided for each participant, available for review to managing entity and Department staff;
- (c) Coordination of services with other entities to ensure the needs of the participant are addressed at any given time;
- (d) Providing staff training and supervision to ensure staff is aware of their obligations as an employee; and
- (e) A plan for supporting participants in the event of a disaster including contingencies for staff, provision of needed services, medications, and post-disaster related activities.

**** All program services and contacts are documented and are confidentially maintained as part of the client's record. Progress notes content shall include: (1) Dates of contact with client, and as needed, client's family, friends, and involved service or resource agencies; (2) Description of client progress, or lack thereof, relative to the service plan or Treatment Plan; and (3) Description of any modification to the service plan or Treatment Plan resulting from such factors as changes in client's needs, changes in resources and new assessment findings.*

DISCHARGE PROCESS

Discharge planning begins at admission. Each individual must be advised that FMT services are transitional with the goals of recovery and independence. Prior to any decision regarding the discharge of an individual from FMT services, the case must be staffed at a team clinical staffing. Discharge status must be addressed **every 3 months** after admission to the program. If an individual continues to receive FMT services **for one year or more**, justification for continued FMT services must be approved by the ME, Regional Substance Abuse and Mental Health Office and the DCF Forensic Community Liaison. The FMT will ensure coordination and linkage for individuals transitioning to another treatment program. The FMT will complete the Discharge Summary within 7 days of the scheduled discharge date.

Individuals may be discharged from a FMT for the following reasons:

1. Successful completion of the treatment plan and recommendations;
2. Non-engagement by the individual;
3. Dismissal of criminal charges;
4. The participant moves outside of the geographic areas of the FMT team's responsibility;
5. The participant has been adjudicated guilty of a felony crime and subsequently sent to a state or federal prison;
6. Admission of the individual to a longer term residential setting such as a State Mental Health Treatment Facility, Residential Treatment Facility, or Assisted Living Facility; OR
7. The participant dies.

The team must document the discharge process in the participant's medical record, including:

1. The reason(s) for discharge;
2. The participant's status and condition at discharge;
3. A final evaluation summary of the participant's progress toward the outcomes and goals set forth in the recovery plan;

4. A plan developed in conjunction with the participant for treatment upon discharge and for follow-up that includes the signature of the Team Leader, Psychiatrist, and the participant or legal guardian;
5. Documentation of referral information made to other agencies upon discharge.
6. For ITP and NGI clients, an order releasing CRO or supervision of NGI's.

REPORTING & OUTCOMES

The FMT shall submit the following reports to CFCHS Forensic Coordinator and CFCHS Contract Manager as indicated below:

1. Weekly Census due on the first Monday of each week.
2. Vacancy Position Report due on the 10th of each month.
3. **EXHIBIT E** - FMT Quarterly Outcomes due on the 10th of each quarter.

Goals	Measures	Outcomes	Notes
1. Diverting individuals who do not require the intensity of a forensic secure placement from the criminal justice system to community-based care;	Total number of individuals served to date for the fiscal year = 45		
2. Eliminating or lessening the debilitating symptoms of mental illness that the individual experiences;	Reduction of Symptoms over baseline as measured by FARS – 60% of participants will show improvement in functioning according to FARS scores (decrease in scores from previous measure).		
3. Addressing and treating co-occurring mental health and substance abuse disorders; Reduction in frequency of substance use or maintenance of abstinence as required by the court;	80% of participants will have negative drug screen results after 90 days in the program.		
4. Reducing hospitalization;	80% of those served year to date will have no new psychiatric admissions.		
5. Increasing days in the community by facilitating and encouraging stable living environments;	90% of participants entering the program as homeless will be living in permanent, safe,		

	affordable housing within 60 days of return to the community.		
6. Collaborating with the criminal justice system to minimize or divert incarcerations.	80% of those served year to date will have no new arrests.		