

Guidance 28 Forensic Multidisciplinary Team

Contract Reference:	<i>Sections A-1.1 and Exhibit C-2</i>
Authorities:	<i>FY 16-17 General Appropriations Act, Line 382</i>
Frequency:	<i>Ongoing</i>
Due Date:	<i>15th of each month</i>
Discussion:	<i>This document provides guidance on the implementation of Forensic Multidisciplinary Teams.</i>

A. OVERVIEW

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.

1. Definitions

- a. Pre-commitment Diversion is the process by which an individual is provided community-based services prior to, or in lieu of, commitment to a state forensic mental health treatment facility. The diversion process applies to adults or juveniles adjudicated as adults who have been charged with a felony offense, booked into the county jail or local detention facility, identified as having a mental illness and at risk for commitment to a state forensic treatment facility, pursuant to Chapter 916, F.S. The individual is diverted to appropriate services as a result of interventions by the forensic specialist, forensic case manager, other community mental health stakeholders or the Managing Entity.
- b. Post Commitment Diversion is the process by which an individual is permitted by the committing court to forego admission to a secure forensic facility and reside in a less restrictive environment. The diversion process applies to adults or juveniles adjudicated as adults who have been charged with a felony offense, and adjudicated as incompetent to proceed or not guilty by reason of insanity pursuant to Chapter 916, F.S. The individual is diverted post commitment to a less restrictive community mental health treatment facility or the order of commitment is vacated, and a new order is issued conditionally releasing the individual to appropriate community-based services as a result of interventions by the Circuit or Region Forensic Specialist, Forensic Case Manager, other community mental health stakeholders or Circuit staff prior to, or in lieu of, admission to a SMHTF.

2. Program Description

The FMT program is adapted from the Florida Assertive Community Treatment (FACT) model. 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 according to the range of services specified in **Section C.2**. 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.

3. Program Goals

The goals for the FMTs include:

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

4. Individuals to Be Served

- a. The FMT provides services to:
 - (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.
- b. Priority should be given to individuals in jail or in the community. Individuals being discharged to the community on conditional release from a State Mental Health Treatment Facility may also be served.
- c. In the event the FMT is operating at its maximum capacity, the FMT shall establish a wait list for additional referrals.

B. MANAGING ENTITY RESPONSIBILITIES

1. When provided with FMT funding, the Managing Entity shall subcontract with a Network Service Provider according to the specifications in **Section C**.
2. The Managing Entity shall ensure each individual being served meets eligibility criteria and continues to need the level of care provided. Outcome measurements will be created by the Regional Substance Abuse and Mental Health office in collaboration with the Managing Entities.
3. The Managing Entity shall track capacity and utilization of the FMT's each month. Targets will be determined by each Regional SAMH office.
4. No later than the 15th of each month, the Managing Entity shall submit the data elements required by **Template 25 - Forensic Multidisciplinary Team Report**, to the Contract Manager and the Department's designated statewide Forensic Community Liaison.
5. When the FMT outcome measures, targets or program goals are not being met, the Managing Entity, Regional Substance Abuse and Mental Health Office (SAMH) and Forensic Community Liaison must agree on an intervention for improvement. This may include technical support, onsite training and/or additional tracking. The FMT must follow-up with recommendations resulting from the improvement intervention. The FMT, Managing Entity, Regional SAMH office and Forensic Community Liaison shall develop a strategic plan with measurable benchmarks and reporting timeline for program outcome improvement.

C. NETWORK SERVICE PROVIDER RESPONSIBILITIES

1. Staffing Requirements

a. Minimum Staffing Standards

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.

- (1) The FMT shall employ a minimum of:
 - (a) 1.0 Full-Time Equivalent (FTE) Licensed Team Leader;
 - (b) 3.0 FTE Case Managers;
 - (c) 0.5 FTE Psychiatric Advanced Registered Nurse Practitioner (ARNP) or Psychiatrist;
 - (d) 1.0 FTE Therapist; and
 - (e) 0.5 FTE Administrative Assistant.
- (2) The FMT shall maintain a Case Manager-to-Individual ratio of no more than 1:15.
- (3) The FMT shall designate 1 Case Manager as the team specialist for each of the following supportive domains:
 - (a) A Housing Specialist with expertise in assisting individuals obtain and maintain stable community housing;
 - (b) A Forensic Specialist with expertise in assisting individuals in justice system compliance, including the mandates of conditional release orders;
 - (c) A Benefits and Resources Specialist with expertise in assisting individuals obtain and maintain benefits and identifying additional resources to address unique individual needs.
- (4) The FMT is encouraged to include a credentialed Recovery Peer Specialist as one of the Case Managers.
- (5) In addition to the direct service staff, the FMT provider shall provide as-needed capacity to provide psychiatric care and administrative support.
- (6) The FMT provider must ensure access to a 24 hour on-call mental health professional for crisis support and information and referral services.

b. Staff Roles and Qualifications

(1) Team Leader (1.0 FTE)

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.

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.

(2) Case Manager (3.0 FTE)

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 specified in **Section C.2**.

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

This position provides medical and psychopharmacological services to FMT recipients. He or she monitors psychiatric and medical conditions and medications; provides brief therapy, diagnostic services, and medication education to individuals. 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.

2. Services

The FMT shall offer the following services.

a. 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.

b. 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 in. The Team Leader must review all screenings and collateral information to determine if the individual can be diverted.

(1) 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.

(2) The FMT will also go to the jail and continue to engage the individual using evidenced-based, person-centered practices such as Motivational Interviewing.

(3) The FMT will also work with the defense attorney and court towards the diversion of the individual.

(4) If the individual is eligible for a conditional release or released but are not court ordered, the FMT will complete the transitional planning.

(5) The FMT will provide competency restoration, support services and/or peer services while the individual is in jail.

(6) 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.

c. 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 complete 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:

- (1) Psychiatric history and diagnosis, including co-occurring disorders;
- (2) Stipulations from the individual's Court order(s);
- (3) Mental status;
- (4) Strengths, abilities, and preferences;
- (5) Physical health;
- (6) History and current use of drugs or alcohol;
- (7) Education and employment history and current status;
- (8) Social development and functioning;
- (9) Activities of daily living; and
- (10) Family relationships and natural supports.

d. Case Management and Intensive Case Management

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

- (1) Assess the individual's needs and develop a written treatment plan;
- (2) Locate and coordinate any needed additional services;
- (3) Coordinate service providers;
- (4) Link participants to needed services;
- (5) Monitor service delivery;
- (6) Evaluate individual outcomes to ensure the participant is receiving the appropriate services;
- (7) Provide competency restoration training and skills building;
- (8) Coordinate medical and dental health care;
- (9) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the individual's treatment plan;
- (10) Coordinate individual access to eligible benefits and resources;
- (11) Address educational service needs; and
- (12) Coordinate forensic, legal services, and court representation needs.

e. 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.

f. 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.

g. 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.

h. 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.

i. 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.

j. Discharge Planning

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 DFC 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) Non-engagement by the individual;
- (2) Dismissal of criminal charges;
- (3) Successful completion of the treatment plan and recommendations; or
- (4) 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.