Admission, Coordination, and Discharge Responsibilities for State Mental Health Treatment Facilities (SMHTFs) and Behavioral Health Teaching Hospitals (BHTHs)

I. Authority

Chapter 394, Florida Statutes (F.S.), Florida Mental Health Act
Chapter 395.903, F.S., Behavioral Health Teaching Hospital Grant Program
Chapter 916, F.S., Mentally Ill and Intellectually Disabled Defendants
Rule 65E-4.014, Florida Administrative Code (F.A.C.)
Chapter 65E-5, F.A.C.
Chapter 65E-20, F.A.C.
Children and Families Operating Procedures (CFOP) 155-13, 16, 17, 19, 22, 38, 48, 64

II. Purpose

The purpose of this guidance is to outline the responsibilities of Network Service Providers related to individuals admitted to, residing in, or discharged from:

State Mental Health Treatment Facilities (SMHTFs)

Behavioral Health Teaching Hospitals (BHTHs)

This guidance applies to individuals served under Chapters 394, 395, and 916, F.S.

Network Service Providers are responsible for ensuring appropriate service coordination, case management oversight, and continuity of care for individuals transitioning into or out of SMHTFs and BHTHs.

III. NETWORK SERVICE PROVIDER RESPONSIBILITIES

Network Service Providers must ensure appropriate case management and service coordination for individuals whose home county falls within the Network Service Providers' service area.

Responsibilities include the following:

1. Case Management Services

Ensure the availability of case management services for individuals admitted to or discharged from SMHTFs and BHTHs under Chapters 394 and 395, F.S.

2. Coordination with Facilities and Providers

Coordinate with:

- SMHTFs
- BHTHs

Network Service Providers to support timely admissions, discharge planning, and continuity of care.

3. Oversight and Monitoring

Network Service Providers shall ensure compliance with:

- Contractual requirements

- Chapters 394 and 395, F.S.

Applicable CFOP provisions

4. Required Activities for Network Service Providers

Managing Entities must ensure subcontracted providers complete the following activities for individuals transitioning into or out of SMHTFs and BHTHs:

a. Maintain an Active Case

Maintain an open case for the individual throughout the duration of the individual's stay in SMHTFs or BHTH.

b. Communication with Facility Staff

Maintain communication with SMHTFs and BHTHs staff at least monthly regarding the individual's status. Communication may occur via email, virtual meeting, or in person during treatment team meetings.

c. Documentation Requirements

Document coordination activities, participation in recovery planning, and discharge-related actions using a monitoring tool provided by the Department to demonstrate compliance for auditing purposes.

d. Recovery Team Participation

Participate in recovery team planning meetings and treatment reviews to support discharge readiness and continuity of services.

5. Network Service Providers must complete the following activities for individuals transitioning into or out of SMHTFs and BHTHs:

- Maintain an active case throughout the individual's residency in the SMHTFs or BHTHs
- Attend and participate in monthly recovery team reviews
- Maintain communication with the individual's family when appropriate and consistent with Chapter 394.9082(5)(r), F.S.
- Share relevant information with SMHTFs and BHTHs staff

IV. CORRECTIVE ACTION

The Managing Entity and the Department will implement corrective action when necessary if deficiencies related to:

- Service coordination
- Documentation

Continuity of care are identified through monitoring, audits, or other oversight activities.

V. ADDITIONAL NETWORK SERVICE PROVIDER RESPONSIBILITIES

Network Service Providers must also ensure the following activities occur:

Housing and Community Placement

Identify appropriate housing and community-based services for individuals preparing for discharge from SMHTFs and BHTHs.

Housing Follow-Up

Submit follow-up actions on housing referrals and coordinate placement efforts with contracted providers.

Post-Discharge Contact

Ensure a face-to-face meeting with the individual in the community or jail within two (2) business days following discharge from an SMHTFs or BHTHs.

Benefits Coordination

Ensure coordination between Network Service Providers and the Social Security Administration occurs within five (5) business days of discharge when individuals have active or pending benefits to support timely activation of benefits.

1. Priority Populations

Managing Entities must prioritize case management or intensive case management services, when clinically appropriate, for the following individuals:

- Individuals awaiting admission to an SMHTFs or BHTHs
- Individuals currently residing in an SMHTFs or BHTHs
- Individuals transferring between regions who were previously receiving services
- Individuals who are incarcerated, at risk of incarceration, or at risk of institutionalization due to mental health conditions
- Individuals discharged from an SMHTFs or BHTHs
- Individuals with prior admissions to a Crisis Stabilization Unit (CSU), Short-Term Residential Treatment (SRT), inpatient psychiatric unit, or mental health residential treatment facility
- Individuals who have resided in a facility at any time within the past 36 months
- Individuals living in the community who have experienced two or more facility admissions within the past 36 months.

VI. CONTINUITY OF CARE

1. Civil Admissions to SMHTFs and BHTHs

The Network Service Provider shall comply with Rule 65E-5.1301, F.A.C.

Responsibilities include:

a. Assignment of Case Manager

A community case manager or other assigned behavioral health staff member must be assigned to each individual within three (3) business days of admission to an SMHTFs or BHTHs, and contact information must be provided to the designated facility staff.

b. Information Sharing

Ensure all information necessary to support the individual's treatment is provided by the community case manager to the SMHTFs or BHTHs treatment team.

c. Pre-Admission Coordination

Conduct weekly pre-admission calls with civil SMHTFs and BHTHs for individuals on the waiting list to exchange pertinent information.

d. Waiting List Monitoring

Review the civil admission waiting list for SMHTFs and BHTHs at least weekly to identify opportunities to divert individuals to less restrictive community-based setting.

e. Diversion Review

For individuals who remain on the SMHTFs or BHTHs civil admission waiting list for more than 30 days, Managing Entities must:

- Assess continued need for facility-level treatment, and
- Explore potential diversion to community-based placements.

f. Community Resource Training

Ensure mental health receiving facilities and BHTHs receive annual training on available community resources.

g. Diversion Notification

Ensure mental health receiving facilities notify the designated facility staff within one (1) business day when an individual is diverted from admission to an SMHTFs or BHTHs and removed from the waiting list.

h. Reporting

Report civil diversions to the SAMH Regional Office on a monthly basis.

VII. DISCHARGE PLANNING

1. Civil Discharges from SMHTFs and BHTHs

- Managing Entities must ensure subcontracted providers comply with:CFOP 155-17 – Guidelines for Discharge of Residents from SMHTFs and BHTHs
- CFOP 155-16 – Recovery Planning and Implementation in Mental Health Treatment Facilities

2. Providers must collaborate with SMHTFs and BHTHs staff to:

- Develop a comprehensive recovery plan

- Coordinate housing and community-based services
- Maintain at least monthly communication with SMHTFs and BHTHs social services staff
- Support continuity of care prior to discharge

VIII. FORENSIC SMHTFS REQUIREMENTS

1. Forensic SMHTF Admissions

The Network Service Provider must adhere to the following:

- Forensic Specialists or Forensic Case Managers must explore post-commitment diversion options in accordance with CFOP 155-38.
- A Forensic Specialist or Forensic Case Manager must be assigned within three (3) business days of admission.
- Contact information must be provided to facility staff.
- Relevant information must be shared with the facility to support treatment planning.

2. Recovery and Discharge Coordination

Network Service Providers shall:

- Participate in all recovery plan reviews for individuals served.
- Conduct quarterly visits with individuals residing at the SMHTFs and BHTHs.
- Remain actively involved in the discharge planning process.
- Collaborate with the SMHTFs and BHTHs recovery teams to identify appropriate living environments and community-based services that will support the individual's level of need upon discharge.

The Managing Entity shall ensure that subcontracted Network Service Providers comply with the following requirements:

a. **Compliance with State Requirements**

Comply with the standards established in CFOP 155-22, Leave of Absence and Discharge of Residents Committed to a SMHTF Pursuant to Chapter 916, F.S.

b. **Recovery Planning and Community Placement**

Collaborate with SMHTFs facility staff to develop a recovery plans and assist with identifying appropriate housing and community services for forensic residents who are actively seeking return to the community on conditional release or aftercare conditions.

c. **Staffing Requirements**

Ensure that a sufficient number of Network Service Providers are designated as Forensic Specialists or Forensic Case Managers to support individuals served.

d. **Participation in Recovery Reviews**

Ensure the Forensic Specialist or Forensic Case Manager:

- Participates in all recovery plan reviews, and conducts quarterly visits with individuals at the SMHTFs.
- The forensic specialist or forensic case manager must also remain actively involved in the discharge process and collaborate with the SMHTFs recovery teams to identify appropriate living environments and community services that support the individual's needs.

e. **Conditional Release Planning**

Assist the SMHTFs and appropriate court personnel in the development of conditional release plans and ensure compliance with the Forensic Mental Health Service Model.

f. **Communication with Courts and Legal Representatives**

Provide relevant information to the courts and attorneys, upon request, regarding the individual's treatment and progress while residing in the in the SMHTFs.

g. **Continuity of Services After Discharge**

Ensure that services recommended by the Forensic Specialist, Forensic Case Manager and SMHTF Recovery Team are available and accessible when the individual returns to the community through:

- Direct discharge from the SMHTFs, or release from jail.

The State Mental Health Treatment Facility Admission and Discharge Processes will be administered according to DCF Guidance 7, which can be found at following link using the applicable fiscal year: https://www.myflfamilies.com/services/samh/providers/managing-entities.