



Charlie Crist, Governor
Robert A. Butterworth, Secretary

Discharge Planning for Residents of State Mental Health Treatment Facilities

Council on Homelessness

May 16, 2008

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.**



State Mental Health Treatment Facilities

Facility	Type	Bed Capacity	Forensic Step Down Beds	Baker Act Beds
Florida State Hospital, Chattahoochee	Civil Forensic	490 528	290	200
Northeast Florida State Hospital, Macclenny	Civil	613	152	461
North Florida Evaluation and Treatment Center, Gainesville	Forensic	216		
West Florida Community Care Center, Milton	Civil	80		80
Treasure Coast Forensic Treatment Center, Indiantown	Forensic	175		
South Florida State Hospital, Pembroke Pines	Civil	335	55	280
South Florida Evaluation and Treatment Center, Florida City	Forensic	213		
South Florida Evaluation and Treatment Center Annex, Miami	Forensic	100		

Total Beds = 2,750; Total Forensic Beds = 1,729; Total Baker Act Beds = 1021



Who do we serve?

People with a severe and persistent mental illness committed to a state mental health treatment facility pursuant to Chapter 394, Florida Statutes, or Chapter 916, Florida Statutes

- Criteria for placement under Chapter 394, F.S., (Baker Act):
 - Due to a major mental illness, the person is either
 - A danger to themselves or others, or
 - Likely to suffer from neglect or refuse to care for themselves
 - May be voluntary or involuntary. Voluntary must be competent and able to give express and informed consent.
 - Less restrictive placement in the community is not available
 - Must be 18 years of age or older



Who we serve (continued)

- Criteria for commitment under Chapter 916, F.S. (forensic):
 - Person is charged with a felony offense and is either Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI)
 - Person is mentally ill and because of the mental illness
 - Incapable of surviving alone or with the willing help of others
 - Likely to suffer from neglect, or refuse to care for themselves, **and**
 - Likely to inflict serious bodily harm to self or others
 - Less restrictive alternatives are judged inappropriate
 - Must be 18 years of age or older or a juvenile adjudicated as an adult

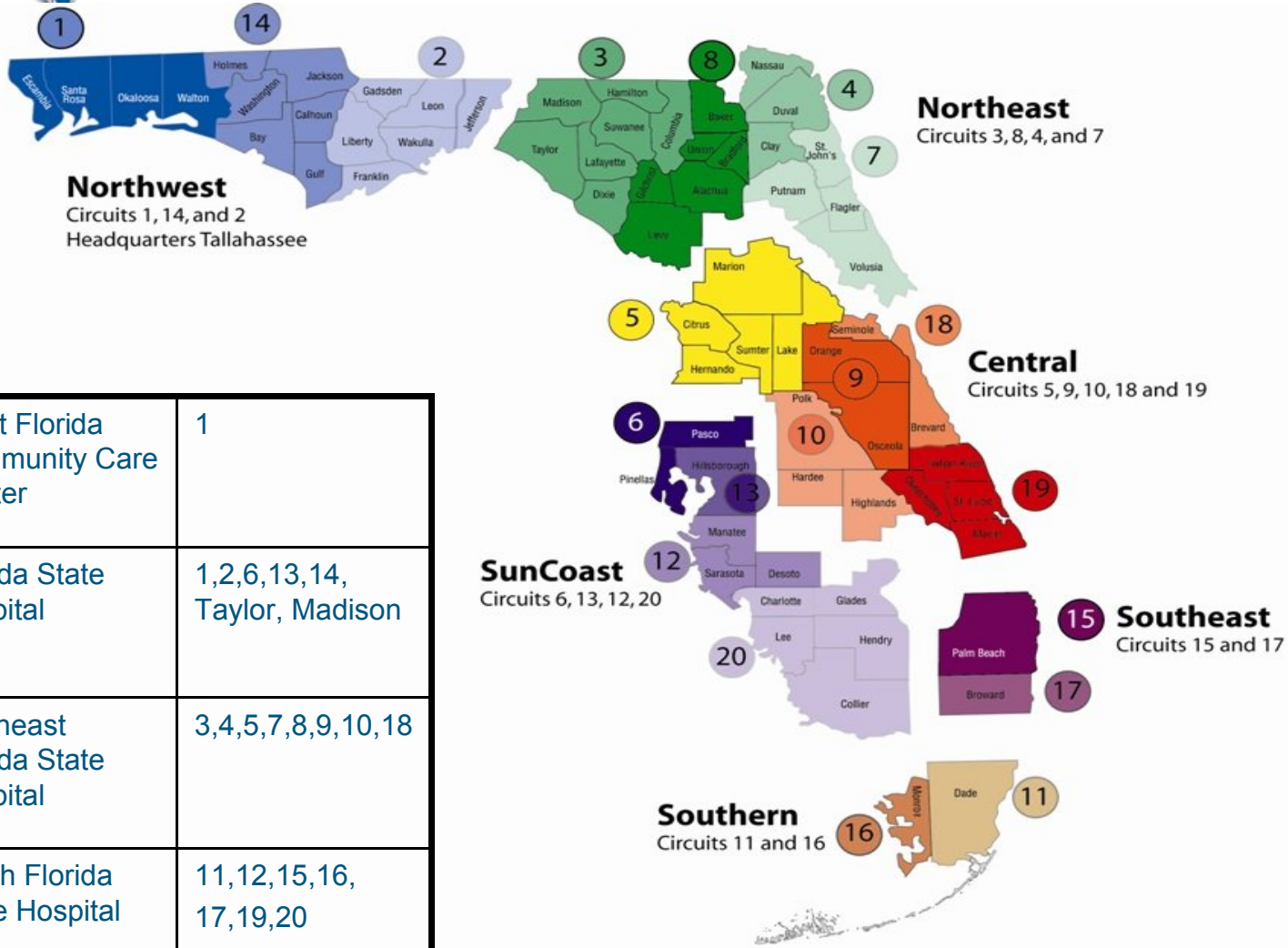


Admission to a Civil State Mental Health Treatment Facility

- Needs more intensive services and supports than those provided in the community
- Evaluated by a receiving facility and determined appropriate for state hospital admission – all other community alternatives deemed inappropriate or unavailable
- Petition court for placement if seeking involuntary commitment (majority of commitments)
- Referral to the state mental health treatment facility in their catchment area
- Admission is scheduled in order of receipt of a complete referral packet and available bed



Civil Facility Catchment Areas



West Florida Community Care Center	1
Florida State Hospital	1,2,6,13,14, Taylor, Madison
Northeast Florida State Hospital	3,4,5,7,8,9,10,18
South Florida State Hospital	11,12,15,16, 17,19,20



Admission to a Forensic State Mental Health Treatment Facility

- Adjudicated NGI or ITP
- Evaluations conducted – recommend needed services
- Court ordered for placement at a state mental health treatment facility (all are involuntary)
- Diversion to the community considered inappropriate
- Referral packet sent to the Mental Health Program Office
- Admission scheduled for next available bed statewide



Discharge Planning Authority

- Chapter 394, F.S.
- Chapter 916, F.S.
- 65E-5, Florida Administrative Code, Mental Health Act Regulation
- Chapter 916, F.S.
- 65E-15, F.A.C., Continuity of Care Case Management
- Department operating procedures



Responsibilities

- State Mental Health Treatment Facility
- Recovery Teams
- Community Case Manager or Forensic Case Manager
- Circuits



Discharge Planning for Civil Residents

- Begins at admission
- Supports and services wanted/needed in the community
- Resident involvement
- Making informed choices
- Requires participation of resident, recovery team, case manager



Discharge Planning Process

- Recovery Plan developed within 30 days of admission to a state mental health treatment facility addresses discharge barriers, discharge criteria and recommended placement needs.
- Recovery Plan is reviewed/updated every 30 days
- Recovery Team includes residents, clinical professionals, family, case manager, etc.



Types of Civil Commitments Impact Discharge Process

- Involuntary – discharged when resident no longer meets commitment criteria (harm to self or others) under Chapter 394, F.S.
- Voluntary – Resident may request discharge or revoke consent to admission. Must be discharged within 24 hours, unless commitment status is changed to involuntary. Can be extended to three working days to allow for adequate discharge planning.



Prior to Discharge

- Apply for benefits
- Research and identify placement and services
- Secure placement, services, and supports
- Develop conditional release plan for forensic residents only
- Seek a conditional release order from the court for forensic residents
- Coordinate final discharge meeting
- Copy of discharge plan given to case manager
- Schedule discharge date and aftercare appointments



Discharge Plan

- Financial Resources
- Employment and Education
- Physical and Mental Health
- Living Environment
- Self Care Capabilities
- Relationships (family/guardian, other)
- Legal Status
- Special Needs
- Transportation
- Aftercare and Support Services
- Leisure Activities



Post Discharge

- Aftercare services provided by some facilities through the transition period
- Case management services provided by case manager
- Medication provided from treatment facility until aftercare appointment is held (with psychiatrist)
- Court notified of civil discharge



Forensic Discharges

- Majority discharged back to jail, with eventual return to the community
- Some conditional released into community
- Conditional release requires court approval of discharge, including community placement and services
- Usually not a concern regarding homelessness due to conditional release requirement



Facility Best Practices

- Living Environments Alternative Preferences (LEAP)
- Monthly and Quarterly Provider and Catchment Area Meetings
- Aftercare Follow Up Services
- Community Needs Assessment (in development)



Difficulties

- Legal vs. Ethical Issues
 - Voluntary residents request discharge, three days to discharge
 - Baker Act Commitment not continued unexpectedly
 - Resident is not a United States Citizen and does not have benefits



Closing thoughts

- Discharging people into a homelessness situation is a rare occurrence
- May happen due to legal constraints and issues related to individual rights
- The facilities and case managers work closely together with the resident to develop a viable plan for community living prior to discharge
- Facilities are meeting discharge guidelines in s.420.626



Data on Discharging into Homelessness

Facility Type	Discharges	FY 05-06	FY 06-07	2 Year Total
Civil	Total	875	808	1,683
	Homeless	7	0	7
Forensic	Total	1,250	1,309	2,559
	Homeless	0	0	0

*Data retrieved from the Substance Abuse and Mental Health data system