

SUBJECT: MENTAL HEALTH RE-ENTRY AFTERCARE
PLANNING SERVICES

EFFECTIVE DATE: 11/13/2020

I. PURPOSE

The purpose of this health services bulletin is to define the goals and scope of mental health re-entry services.

II. POLICY

The department arranges for continuity of post-release care for inmates who are receiving psychiatric care for the disabling symptoms of a mental disorder including Intellectual Disability and Neurocognitive Disorders. In addition, the Department ensures that inmates with milder forms of mental disorder are counseled according to clinical need in preparation for their re-entry into the community after release from prison.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

III. TARGET POPULATION

- A. Mental health re-entry services will be provided for the following groups of inmates:
1. Inmates with a mental health grade of S-2 or above,
 2. Inmates with a clinical diagnosis of intellectual disability, and
 3. Sex offenders who have been diagnosed with a sexual disorder during their current incarceration, regardless of current mental health grade, and who will not be on probation or conditional release supervision following release.

IV. DEFINITIONS

- A. **Circuit Aftercare Coordinator (or Managing Entity):** A Department of Children and Families employee or contracted staff person, designated to coordinate aftercare referral appointments for incarcerated individuals with severe and persistent mental illnesses who are being released from incarceration. The circuit aftercare coordinator may delegate these aftercare responsibilities to another person; however, the circuit aftercare coordinator is always the single point of contact with the Department of Corrections and must be copied in correspondence with a designee.
- B. **Community-Based Contracted Mental Health Provider:** Any provider that has contracted with Department of Children and Families to provide one (1) or more adult mental health services.
- C. **Comprehensive Health Care Contractor (CHCC):** Designated by the Department of Corrections to provide medical, dental and mental health services at designated institutions within a particular region.
- D. **Confidential Packet:** A compilation of pertinent paperwork that is provided to staff at a State Mental Health Treatment Facility or Receiving Facility. The packet of information contains no less than the [CF-MH 3032](#) *Petition for Involuntary Inpatient Placement* or [CF-MH 3052b](#) *Certificate of Professional Initiating*

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Involuntary Examination (Original), [CF-MH 7000](#) State Mental Health Facility Admission Form, [DC4-657](#), Discharge Summary for Inpatient Mental Health Care, the most recent [DC4-655](#), Psychiatric Evaluation, [DC4-643A](#), Individualized Service Plan, [DC4-643C](#), Bio-Psychosocial Assessment, [SSA-8000-BK](#) Application for Supplemental Security Income (if applicable), [SSA-827](#) Authorization to Disclose Information to Social Security Administration, and [SSA-3288](#) Consent for Release of Information.

- E. **Guardian Advocate:** An individual who is appointed by the court to be an advocate for an inmate in need of involuntary placement at an inpatient treatment facility following release from the Department of Corrections.
- F. **Home Circuit:** The Department of Children and Families circuit that encompasses the inmate's identified county of residence, or if s/he was a transient, the county in which the crime was committed.
- G. **Institutional Case Manager:** A Department of Corrections Mental Health staff operating as the single point of accountability for inmate mental health care/case management.
- H. **Institutional Re-Entry Specialist:** Department of Corrections Mental Health staff operating as the single point of accountability for inmate mental health re-entry services at any given Correctional Institution.
- I. **Receiving Facility:** Any public or private facility designated by DCF to receive and hold individuals involuntarily under emergency conditions or for psychiatric evaluation and to provide short-term treatment. The term does not include a county jail.
- J. **Re-entry Database System:** An internet based system that transmits referrals and aftercare appointments between Department of Corrections, Department of Children and Families (hereafter, "DCF"), and community providers. Referral updates are extracted automatically from OBIS each night.
- K. **Re-entry Log Report (42):** An Offender-Based Information System (OBIS) report which is accessed from the MH01 screen. This report lists inmates who will be released on or before the date specified.
- L. **Re-entry Services:** As used herein, "re-entry" and "re-entry services" refer to a range of activities undertaken by Mental Health staff, on behalf of an eligible inmate and with the inmate's written consent, which is intended to facilitate the continuity of necessary mental health care and adequate adjustment when the inmate is released to the community.
- M. **State Mental Health Treatment Facility:** Any state-owned, state-operated, or state-supported hospital, center, or clinic designated by DCF for extended treatment and hospitalization, beyond that provided by a receiving facility, of persons who have a mental illness pursuant to [Chapter 394, Part I, F.S.](#)
- N. **Tentative Release Date:** Refers to the date projected for release from custody by virtue of gain-time granted or forfeited pursuant to section [944.275, F.S.](#)

V. MENTAL HEALTH RE-ENTRY SERVICES

- A. The institutional psychologist shall assign mental health staff at each institution to coordinate the mental health re-entry services for the target population. A back-up to the institutional re-entry specialist shall also be appointed. The regional

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mental health consultant or contracted entity's equivalent shall make such assignments at those institutions that do not have an institutional psychologist. They will also approve all re-entry staff assignments.

- B. All inmates within the target population for mental health re-entry services planning shall be provided a fourteen (14) day supply of their current psychiatric medications at the time of their release.
- C. All re-entry activities must be documented as an incidental note in the inmate's health record using form DC4-643I, *Aftercare Services Note*. Any supporting correspondence from DCF and Social Security Administration should be placed in the "OTHER CORRESPONDENCE" section of the health record. Since some community provider information and events are triggered through the OBIS/SAMH interface, all re-entry activities have corresponding OBIS codes defined on the DC4-700M, *Mental Health Encounter Coding Form*, that must be entered at the time the activity or service is rendered.
- D. Starting at 150 days prior to an inmate's release, the institutional re-entry specialist shall contact the institutional classification release officer at a minimum of every 30 days to verify any changes and/or updates in an inmate's tentative release date or release address. This will ensure more accurate scheduling for all re-entry activities that are provided for inpatient or outpatient continuity of care.
- E. The institutional case manager must initiate a continuity of care plan at a minimum of 180 days prior to release by updating the DC4-643A, *Individualized Service Plan (ISP)* to address problem #309 Discharge/Aftercare Planning (referenced in the Mental Health Problem Index in Appendix I of HSB 15.05.11, *Planning and Implementation of Individualized Mental Health Services*).
- F. Refusal of any mental health re-entry service must be documented on the DC4-643I, *Aftercare Services Note*, and accompanied by a signed DC4-711A, *Refusal of Health Care Services* listing the specific service being refused.

VI. INMATES REQUIRING OUTPATIENT CARE AFTER RELEASE:

- A. For inmates having a mental health grade of S-2, case managers will focus on reentry aftercare planning based on clinical dynamics of transition from incarceration to post-release. If the case manager determines there is a clinical need for continued post-release counseling, community provider information can be given for the inmate to utilize in post-release. In the case of an S-2 inmate for whom post-release counseling is needed, the case manager will indicate verbally and in writing community provider information no later than 30 days prior to inmate's release. This follow-up encounter will be documented on the DC4-643 I, *Aftercare Services Note*, and will identify the name and contact information of the identified community provider.
- B. For all inmates with a mental health grade of S-3 or above, following initiation of discharge/aftercare planning on the individualized service plan, the

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institutional reentry specialist shall review the OBIS DC28 screen to determine the inmate's release planned place of residence. If an address is not posted, the institutional reentry specialist must attempt to obtain the information from the inmate. If the inmate is unable to specify a planned place of residence, the county of conviction will by default be identified as the planned place of residence. The institutional reentry specialist shall coordinate with classification staff to update the DC28 screen with the correct address.

- C. No later than thirty (30) days from the initiation of mental health re-entry planning on the ISP, the institutional re-entry specialist shall obtain a signed copy of the [DC4-711B, Consent and Authorization for Use and Disclosure, Inspection, and Release of Confidential Information](#). In the space labeled "to disclose to" the recipient of the protected information will be identified verbatim as the "*Department of Children and Families and its community-based contracted mental health provider/community mental health center.*"
- F. The inmate must initial the appropriate spaces indicating her/his consent or lack of consent to release substance abuse and HIV related information. Following receipt of the release of information, the institutional re-entry specialist shall complete the referral to DCF through use of the appropriate OBIS entries.
- G. If the inmate's planned place of residence changes at any time during the re-entry planning process, the institutional re-entry specialist must cancel the previous referral using the appropriate OBIS encounter code and complete a new referral to DCF.
- H. Between forty-five (45) days and thirty (30) days prior to release, the institutional mental health case manager must complete the [DC4-661, Summary of Outpatient Mental Health Care](#); or, for inmates in TCU level of care, the [DC4-657, Discharge Summary for Inpatient Mental Health Care](#); and forward a copy of the appropriate form to the institutional re-entry specialist.
- I. When the inmate is within thirty (30) days of release, the institutional re-entry specialist shall forward a copy of the [DC4-661](#) or [DC4-657](#) via regular mail, fax or email to the identified CMHC or clinic.
- J. As indicated, the institutional case manager is responsible for ensuring that a release medication order has been written. If the inmate has parole or probation in post-release, a copy of the completed SAMH Referral Form will be forwarded to the classification release officer for forwarding to the inmates' assigned Probation and Parole Office.
- K. All re-entry arrangements shall be completed and posted on the Re-Entry Database System when the inmate is within twenty (20) days of release or upon receipt of appointment information from the CMHC. The institutional re-entry specialist must inform the inmate verbally and in writing of the specific details of her/his re-entry arrangements. This notification must be documented in the inmate's health record via a DC4-643I.
- L. If significant clinical information becomes available after the [DC4-661](#) or [DC4-657](#) has been forwarded to the CMHC, the institutional case manager shall complete an addendum. The institutional re-entry specialist shall forward this document to the CMHC or clinic.

VII. INMATES REQUIRING INPATIENT CARE AFTER RELEASE

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- A. All patients requiring inpatient care after release must be housed in the inpatient setting or, in cases of emergency, housed in the IMR and referred for inpatient care.
- B. Involuntary Admissions:
1. Post-release inpatient care requires judicial commitment pursuant to Chapter [394](#), Florida Statutes (The Baker Act). Civil commitment procedures (Chapter 394) shall be initiated only from a Crisis Stabilization Unit (CSU) or from a Corrections Mental Health Treatment Facility (CMHTF). Inmates approaching release from prison in a Transitional Care Unit (TCU) or the general prison population and who are assessed to need inpatient care should be referred to one of these levels of inpatient mental health care. Documentation of the various actions related to the Involuntary Commitment process should be documented on the Baker Act (BA32) Involuntary Commitment section of the DC4-643I.
 2. The CSU or CMHTF shall identify members of their inmate population who are within one hundred twenty (120) days of release or earlier and who are likely to need additional inpatient mental health care after release. CSU inmates within sixty (60) days of release from incarceration shall not be transferred to a CMHTF without prior consultation with the Chief of Mental Health Services or his/her designee.
 3. CSU or CMHTF staff shall request a placement hearing for involuntary commitment for inmates determined to need inpatient mental health care after release from incarceration. When possible, mental health staff will begin planning approximately ninety (90) days prior to release. The petition should not be filed with the court until the inmate is within sixty (60) days of release. Department of Corrections staff shall file DCF form [CF-MH 3032](#) *Petition for Involuntary Inpatient Placement* within the judicial circuit where the Department of Children institution is located, pursuant to Chapter 394, F.S.
 4. Following the request for a placement hearing, the institutional re-entry specialist shall immediately notify the local circuit aftercare coordinator that these proceedings have begun.
 5. The institutional re-entry specialist shall secure a release of information on the form [DC4-711B](#), *Consent for Authorization for Use and Disclosure Inspection and Release of Confidential Information*, from the inmate. The release form shall designate verbatim that the protected information shall be disclosed to the “*Department of Children and Families and its community-based contracted mental health provider/community mental health center.*”
 6. The institutional re-entry specialist shall prepare an information packet to include the most recent [DC4-643C](#), *Biopsychosocial Assessment*”, [DC4-643A](#), *Individualized Service Plan*., and [DC4-655](#), *Psychiatric Evaluation*, along with any summary or progress notes detailing recent changes in the inmate’s mental status, medication changes, or other significant aspects of the inmate’s mental health and behavior.

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7. Prior to the placement hearing, the institutional re-entry specialist shall forward the information packet to the Department of Children and Families circuit aftercare coordinator in the district where the correctional institution is located.
8. The DCF circuit aftercare coordinator/designee shall review the inmate data and arrange for a community mental health provider to interview the inmate.
9. The DCF circuit aftercare coordinator and the interviewing community mental health provider shall discuss the inmate's needs and determine whether hospitalization is the best alternative.
10. If the individual's treatment needs may be provided in a less restrictive community setting, the DCF circuit aftercare coordinator shall ensure that the community mental health provider arranges for the individual's admission to the community treatment program.
11. If no less restrictive setting is appropriate and the inmate appears to meet the criteria for admission to a State Mental Health Treatment Facility, a representative from DCF shall complete and forward to the court a DCF form [CH-MH 3089](#) *Transfer Evaluation (To a State Mental Health Treatment Facility)*.
12. The institutional re-entry specialist shall secure the services of a qualified guardian advocate as defined in [Chapter 744, part IV](#), Florida Statutes. In securing a guardian advocate, the re-entry specialist should first look to the medical chart for a DC4-666, *Designation of a Health Care Surrogate*, for individuals who may have been designated previously by the inmate prior to incapacitation. If no such designation has been made, then preference shall be given to the following list in the order of the listing:
 - a. The inmate's spouse.
 - b. An adult child of the inmate.
 - c. A parent of the inmate.
 - d. The adult next of kin of the inmate.
 - e. An adult friend of the inmate.
 - f. An adult trained and willing to serve as guardian advocate for the inmate.
13. The institutional re-entry specialist shall coordinate with institutional staff for the guardian advocate to meet in person and talk with the inmate and the attending physician. If it is not possible to meet in person, arrangements must be made for a telephone interview in accordance with [Chapter 394.4598 \(3\), F. S.](#)
14. The community mental health provider shall communicate the results of the above actions at the placement hearing.
15. Following the hearing, the Department of Children and Families circuit aftercare coordinator shall initiate procedures for admission to the appropriate State Mental Health Treatment Facility.
16. Following the hearing, the institutional re-entry specialist at the correctional institution will immediately send the following documentation to the designated State Mental Health Treatment Facility and notify the DCF circuit aftercare coordinator of this transmission:

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- a. [CF - MH 3032 Petition for Involuntary Inpatient Placement](#)
 - b. [CF-MH 7000 State Mental Health Facility Admission Form](#)
 - c. [DC4-657, Discharge Summary for Inpatient Mental Health Care](#)
 - d. The most recent [DC4-655, Psychiatric Evaluation](#)
 - e. [DC4-643C, Bio-Psychosocial Assessment](#)
 - f. [DC4-643A, Individualized Service Plan](#)
 - g. [SSA-8000BK Application for Supplemental Security Income](#)
 - h. [SSA-827 Authorization To Disclose Information to Social Security Administration](#)
 - i. [SSA-3288 Consent for Release of Information](#)
17. An additional copy of the [CF-MH 3032](#) shall be forwarded to the DCF circuit aftercare coordinator in the circuit in which the inmate will receive treatment.
 18. The DCF circuit aftercare coordinator shall coordinate the State Mental Health Treatment Facility admission with the individual's release date.
 19. The institutional re-entry specialist will assure a confidential packet containing all paperwork referenced above in 16a – 16i will be prepared. This packet must be delivered to institutional staff (typically, a classification release officer or control room officer) to accompany the inmate on date of transport.
 20. The Department of Corrections' institution staff will transport the individual to the designated State Mental Health Treatment Facility on the designated admission date with a completed [CF-MH 7002 Physician to Physician Transfer Form](#).
 21. If the State Mental Health Treatment Facility waiting list precludes immediate admission, the inmate will be transported to the receiving facility designated by the DCF representative. The institutional re-entry specialist will forward a copy of the confidential information packet in advance to the designated receiving facility staff and will work in coordination with the DCF circuit aftercare coordinator and the receiving facility to assure the individual's placement. Department of Corrections staff will transport the person to the treatment or receiving facility on the admission date.
- C. Emergency Admission to a State Mental Health Treatment Facility or Referral to a Community Receiving Facility:

When an inmate with a diagnosed mental disorder requires emergency admission to a state mental health treatment facility or referral to a community receiving facility the following provisions shall be applied:

1. Documentation of all actions related to the Emergency Admission process should be documented on the Baker Act (BA52) Emergency Admission section of the DC4-643I.
2. When an inmate is to be released directly to a community receiving facility (pursuant to [394.463, Fla. Stat.](#)), the institutional re-entry

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- specialist shall notify the DCF circuit aftercare coordinator in the circuit of the inmate's home county.
3. The institutional re-entry specialist will prepare a Confidential Packet to include no less than [DC4-657](#), *Discharge Summary for Inpatient Mental Health Care*, the most recent [DC4-655](#), *Psychiatric Evaluation*, [DC4-643C](#), *Biopsychosocial Assessment*, [DC4-643A](#), *Individual Service Plan*, [SSA-8000BK](#) *Application for Supplemental Security Income*, [SSA-827](#) *Authorization To Disclose Information to Social Security Administration*, and [SSA-3288](#) *Consent for Release of Information*. The institutional re-entry specialist will provide this documentation to the DCF circuit aftercare coordinator in advance for their review and for the designated receiving facility's review and consideration.
 4. In the event that the assigned receiving facility is outside the local DCF circuit, the institutional re-entry specialist shall notify the circuit aftercare coordinator in the circuit where the assigned receiving facility is located.
 5. The attending physician shall complete a [CF-MH 3052b](#) *Certificate of Professional Initiating Involuntary Examination*. This original document and the Confidential Packet referenced above in D.2. Will accompany the inmate when the inmate is transported to the community receiving facility.
 6. Department of Corrections staff will transport the inmate from the correctional institution to the designated receiving facility specified by DCF. If DCF does not specify a facility, transport may be made to the nearest receiving facility.
 7. If the inmate has some form of community control following release, the institutional re-entry specialist shall forward the inmate's name; DC number; anticipated date/time of release; and the name, address and telephone number of the community receiving facility to the classification release officer for inclusion in the release packet sent to the Probation and Parole Circuit Office at least twenty-four (24) hours prior to release.

VIII. SOCIAL SECURITY:

- A. Assistance with the application process for SSI/SSDI benefits shall be provided for the following groups of inmates in both inpatient and outpatient mental health settings:
 1. S-3 and above inmates with a current diagnosis of Schizophrenia (or other psychotic disorders, including disorders with psychotic features), and
 2. Inmates with a diagnosis of Intellectual Disability;
 3. Any inmate for whom the Multi-Disciplinary Service Team (MDST) has reached the clinical determination that assistance with the SSI/SSDI application is indicated due to the inmate demonstrating chronic and severe symptoms of mental illness that connote the inmate's inability to engage in any substantial gainful activity after end-of-sentence.
- B. Inmates who meet the criteria for assistance with SSI/SSDI applications shall be interviewed by an institutional re-entry specialist. The purpose of this interview is to:
 1. Orient the inmate to the social security process;

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2. When appropriate, provide the inmate with the required social security worksheets, including medical and work history, and instruct the inmate on the proper way to complete the forms; schedule follow-up interviews for inmates needing additional assistance.
- C. No sooner than forty-five (45) days prior to end-of- sentence, and no later than thirty (30) days prior to end-of-sentence, the institutional re-entry specialist shall must forward the inmate's completed SSI/SSDI applications to the Social Security Administration.
- D. Inmates refusing social security assistance must sign a refusal for services on [DC4-711A](#), *Refusal of Health Care Services*. Re-entry staff shall document this refusal in the health record via the DC4-643I.

IX. SPECIAL POPULATIONS:

- A. Inmates Moving Out-of-State:
 1. Inmates moving out-of-state must not be referred via OBIS to DCF.
 2. The institutional re-entry specialist will make every effort to secure a re-entry appointment in the community to which the inmate will be moving. This includes all steps as identified herein with the exception of those involving DCF staff.
 3. The institutional case manager and institutional mental health re-entry specialist shall document any contacts with the out-of-state provider staff in the Comments section of the DC4-643I. In addition, a copy of all written correspondence shall be filed under the "Other Mental Health Related Correspondence" sub-divider.
- B. Inmates Released into the Custody of Another Agency:
 1. The institutional re-entry specialist shall identify all inmates within the target population who are scheduled to be released into the custody of another agency (county jail, INS, interstate compact, etc.). The status of identified inmates must be verified by classification staff.
 2. The institutional re-entry specialist is responsible and accountable for systematically monitoring the status of these inmates until they are released from the Department of Corrections.
 3. The institutional re-entry specialist is responsible and accountable for providing these inmates with a list of resources in their home circuit at least thirty (30) days prior to release.
- C. Inmates with Diagnosis of Intellectual Disability:
 1. Inmates who are clinically diagnosed with Intellectual Disability shall be referred for re-entry services to the Agency for Persons with Disabilities (APD).
 2. The institutional case manager shall initiate a continuity of care plan by opening problem #309 on the inmate's ISP no later than 180 days prior to the inmate's release date.
 3. The institutional re-entry specialist must review the inmate's record to verify the presence of the following documents:

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- a. Results of the current version of the Wechsler Adult Intelligence Scale or other non-abbreviated, reputable, individually administered intelligence test,
 - b. Completed [DC4-659](#), *Adaptive Behavior Checklist*, and
 - c. Any documentation of the onset of symptoms during the inmate's developmental period (i.e. school records, etc.). Per HSB 15.05.17, the diagnostic requirement of onset prior to age 18 is inferred unless there is documentation to the contrary.
 4. If intelligence testing or completion of the DC4-659 is missing from the inmate's record, the institutional re-entry specialist shall notify the supervising psychologist. The supervising psychologist is responsible for locating or completing testing and producing a report of the results which can be forwarded to APD. The institutional re-entry aftercare specialist is responsible for collaborating with the education department to obtain all educational records prior to age 18 which will be forwarded with the application.
 5. No later than thirty (30) days from the initiation of re-entry planning on the ISP, the institutional re-entry specialist shall obtain a signed copy of [DC4-711B](#). In the space labeled "to disclose to" the recipient of the protected information will be identified verbatim as "*the Agency for Persons with Disabilities and its community-based contracted providers*".
 6. If the inmate is housed at an S1/S2 institution, the institutional re-entry aftercare specialist will request assistance from the regional mental health consultant or contract vendor's equivalent.
 7. The institutional re-entry specialist will help the inmate complete an *Application for Services* ([Form Number 10-007](#)). The completed form must be forwarded via regular mail to the Agency for Persons with Disabilities area office nearest the inmate's planned place of residence.
- D. Inmates with a Diagnosis of a Sexual Disorder (during the current incarceration):
1. Mental Health Re-entry services under this section apply to only those inmates meeting all of the following criteria:
 - a. Inmates whose current sentence includes a sex offense;
 - b. Inmates diagnosed with a Sexual Disorder during their current incarceration regardless of current mental health grade; and
 - c. Inmates who will not be on probation or conditional release supervision following release.
 2. Mental Health Re-entry services for inmates with a sexual disorder will focus on assisting the inmate in establishing an initial appointment with a community provider for sexual disorder treatment before release from the Department of Corrections.
 3. The institutional re-entry specialist shall work with classification staff to identify all sex offenders within 180 days of release.

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4. Sex offenders within the target population shall be interviewed 150 days prior to release and given the opportunity to participate in re-entry planning.
5. Sex offenders refusing re-entry services must sign a refusal for re-entry services on [DC4-711A](#). Mental health staff shall document this refusal in the health record on the DC4-643I.
6. Sex offenders within the target population who choose to participate in reentry shall be provided the list of contracted and qualified providers nearest their planned place of residence. The current list of these providers can be obtained by contacting the Department's Mental Health Services section in Central Office.
7. The institutional re-entry specialist shall obtain a signed copy of [DC4-711B](#) to the identified community provider and for the Probation and Parole Circuit Office that will be receiving the [DC4-661](#) (see section IX. D. 10. below).
8. When the inmate is within forty-five (45) days of release, the institutional reentry specialist shall contact the identified community provider via telephone and establish an initial appointment for outpatient treatment.
9. For those inmates who participated in sexual disorder treatment during their incarceration, the institutional re-entry specialist shall forward a copy of [DC4-661](#)(relating to the inmate's participation in sexual disorder treatment) to the identified community provider no later than thirty (30) days prior to release.
10. The inmate shall be informed both verbally and in writing of their re-entry arrangements for continuing sexual disorder treatment. The re-entry arrangements, identifying the treatment site and/or provider, will be documented on the DC4-643I, *Aftercare Services Note*.
11. The institutional re-entry specialist shall forward a copy of [DC4-661](#) to the classification release officer for inclusion in the release packet sent to the Probation and Parole Circuit Office on all inmates who participated in sexual disorder treatment during their incarceration and on probation or conditional release supervision following release from prison.

E. Inmates at Work Release Centers:

1. Mental health re-entry services will not be provided for inmates transferred to a work release center.
2. If an inmate prior to transfer to the work release center was referred to Department of Children and Families for re-entry services, the referral will be cancelled.

F. Considerations for Inmates with Significant Medical Impairments and/or Disabilities that Require Mental Health Re-Entry Aftercare Planning Services:

Advanced planning is critical for inmates who have complex medical needs and who may require placement in an Assisted Living Facility or Nursing Home. Pre-release planning for this population should begin a minimum of six months (180 days) prior to release and be monitored closely at the institutional level. The Institutional Health Services Administrator/Nurse Manager will be the

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responsible party that coordinates and verifies any necessary information and documentation is completed in the required timeframes and submitted to the appropriate agencies and organizations. Institutional Classification and Health Services will collaborate on pre-release planning for these inmates and provide monthly status reports to the Warden or his/her designee, the Correctional Program Administrator in the Bureau of Admissions and Release, Government Analyst II/Special Population Program Manager, and the Chief of Nursing Services in the Office of Health Services. This will be completed in accordance with [HSB 15.03.29](#).

X. RELEVANT FORMS AND REFERENCES:

- A. [Chapter 394, F.S. \(The Baker Act\)](#)
- B. [Chapter 744, part IV, F.S.](#)
- C. [Section 944-275, F.S.](#)
- D. [CF-MH 3032 Petition for Involuntary Inpatient Placement](#)
- E. [CF-MH 3052b Certificate of Professional Initiating Involuntary Examination](#)
- F. [CF-MH 3098 Application for Voluntary Admission](#)
- G. [CF-MH 7000 State Mental Health Facility Admission Form](#)
- H. [CF-MH 7002 Physician to Physician Transfer Form](#)
- I. [DC4-643A, Individualized Service Plan](#)
- J. [DC4-643C, Biopsychosocial Assessment](#)
- K. DC4-643I, *Aftercare Services Note*
- L. [DC4-655, Psychiatric Evaluation](#)
- M. [DC4-657, Discharge Summary for Inpatient Mental Health Care](#)
- N. [DC4-659, Adaptive Behavior Checklist](#)
- O. [DC4-661, Summary of Outpatient Mental Health Care](#)
- P. [DC4-711A, Refusal of Health Care Services](#)
- Q. [DC4-711B, Consent for Authorization for Use and Disclosure Inspection and Release of Confidential Information](#)
- R. [Mental Health Problem Index \(Appendix I of HSB 15.05.11 Planning and Implementation of Individualized Mental Health Services\)](#)
- S. [10-007 Application for Services](#)
- T. [SSA-827 Authorization to Disclose Information to Social Security Administration](#)
- U. [SSA-8000-BK Application for Supplemental Security Income](#)
- V. [SSA-3288 Consent for Release of Information](#)
- W. SAMH Referral Form

Health Services Director

Date

This Health Services Bulletin Supersedes:

HSB 15.05.21 dated 10/06/08, 10/14/15, 6/20/16,

FLORIDA DEPARTMENT OF CORRECTIONS
OFFICE OF HEALTH SERVICES

HEALTH SERVICES BULLETIN NO: **15.05.21**

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SUBJECT: MENTAL HEALTH RE-ENTRY AFTERCARE
PLANNING SERVICES

EFFECTIVE DATE: 11/13/2020

03/29/17, AND 02/02/2018
