

**SUBJECT: MENTAL HEALTH OMBUDSMAN PROGRAM**

EFFECTIVE DATE: 1/28/2022

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**I. PURPOSE:**

To provide an overview regarding the goals, objectives, and organization of the Florida Department of Corrections Mental Health Ombudsman program, the primary objective of which is to ensure access to necessary health and mental health care.

**II. GENERAL GUIDELINES**

- A. Each mental health inpatient unit will have at least one Regional Mental Health Ombudsman assigned to the unit.
- B. Regional Mental Health Ombudsman (RMHO) positions are under the supervisory authority of the Central Office Mental Health Ombudsman (COMHO). RMHOs will coordinate closely with the warden or his/her designee to proactively identify concerns pertinent to access necessary health and mental health care.
- C. Incidents of allegations of staff abuse or neglect taking place within an inpatient unit will be copied to the COMHO and the RMHO assigned to the institution where the allegations occurred.

**III. DEFINITIONS:**

- A. **Central Office Mental Health Ombudsman (COMHO)**, where used herein, refers to the FDC staff member in Central Office who oversees and coordinates the activities of the Regional Mental Health Ombudsman positions.
- B. **Corrective Action Report (CAR)**, where used herein, refers to a system whereby issues identified by Regional Mental Health Ombudsmen requiring corrective action in order to comply with current FDC policies and procedures are recorded and monitored.
- C. **Corrections Mental Health Treatment Facility (CMHTF)**, where used herein, refers to an inpatient mental health unit that provides ongoing involuntary mental health treatment in accordance with section 945.40-49, F.S.
- D. **Crisis Stabilization Unit (CSU)**, where used herein, refers to an inpatient mental health treatment unit that includes intensive management, observation, and treatment intervention while seeking rapid stabilization of acute symptoms and conditions.
- E. **Individualized Services Plan (ISP)**, where used herein, refers to a dynamic, written description of mental health problems, goals, and services that is developed and implemented by a multidisciplinary services team and the patient.

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- F. Inpatient Unit**, where used herein, refers to a crisis stabilization unit (CSU), transitional care unit (TCU), or corrections mental health treatment facility (CMHTF).
- G. Mental Health Clinician**, where used herein, refers to a Psychologist, Psychiatrist, Psychiatric Advanced Registered Nurse Practitioner (ARNP), or Behavioral Health Specialist.
- H. Multidisciplinary Services Team (MDST)**, where used herein, refers to a group of staff representing different professions, and/or disciplines, which has the responsibility for ensuring access to necessary assessment, treatment, continuity of care and services to patients in accordance with their individually identified mental health needs, and which collaboratively develops, implements, reviews, and revises an “Individualized Service Plan,” DC4-643A, as needed.
- I. Regional Mental Health Ombudsman (RMHO)**, where used herein, refers to a FDC doctorate-level mental health staff member credentialed by the Office of Health Services.
- J. Residential Continuum of Care (RCC)**, where used herein, refers to specialized residential mental health units that provide augmented outpatient mental health treatment and habilitation services in a protective environment for inmates with serious psychological impairment associated with a historical inability to successfully adjust to daily living. In general, RCC units include cognitive treatment units (CTU), diversion treatment units (DTU) and/or secure treatment units (STU).
- K. Structured Out-of-Cell Treatment and Services (SOCTS)**, where used herein, refers to a weekly scheduled individualized treatment services, psychoeducational groups, and therapeutic activities in an inpatient unit to ameliorate disabling symptoms of a diagnosed mental illness and improve behavioral functioning as identified in the individualized service plan.
- L. Transitional Care Unit (TCU)**, where used herein, refers to a mental health inpatient treatment unit that includes intermediate level care for patients transitioning from a more intensive level of inpatient care (CSU or CMHTF) back to an outpatient setting, and long-term care for patients with chronic and severe mental illness.

**IV. PROGRAM STAFF AND DUTIES:**

- A. Central Office Mental Health Ombudsman (COMHO) will be responsible for oversight and supervision of the RMHOs. Their ongoing leadership will include but is not limited to:
- i. Serve as principal liaison to the Chief of Mental Health Services;

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- ii. Conduct annual site visits and consultations with Wardens, Assistant Wardens of Mental Health, Psychological Service Directors, Director of Nursing, Health Service Administrators, Regional Mental Health Directors and the institutional inpatient psychologist;
  - iii. Review reports summarizing the clinical justification and action plans for patients who have been in the CSU for more than 60 calendar days;
  - iv. Review reports summarizing the clinical justification and action plans for patients who have been in the TCU for more than one year;
  - v. Review of mental health summaries and action plans of any patient refusing to come out of her/his cell for all SOCTS for more than 14 calendar days;
  - vi. Monitor and examine trends of issues identified by RMHOs in the Corrective Action Report (CAR) system and within Structured Therapeutic Activities Monitoring Instrument (STAMI) reports;
  - vii. Review and provide responses to inpatient grievance appeals;
  - viii. Review all incident reports of allegations of staff abuse or neglect on the mental health inpatient units;
  - ix. Conduct weekly conference calls with RMHOs to discuss concerns, issues, and identified deficiencies pertinent to the access of necessary health and/or mental health care;
  - x. Conduct monthly conference calls with RMHOs, Assistant Wardens of Mental Health, and Psychological Service Directors to address any identified impediments to health and/or mental health care and ensure effective communication and collaboration;
  - xi. Assign RMHO review of emergent or urgent issues identified in a Residential Continuum of Care unit, as needed; and,
  - xii. Review and approve same level of care transfers within the inpatient system.
- B. Regional Mental Health Ombudsman (RMHO) positions will be assigned to the inpatient units under the authority of the Central Office Mental Health Ombudsman (COMHO). Their duties and responsibilities include:

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- i. Provide weekly briefings to the Warden on issues, concerns, and best practices within the inpatient unit;
- ii. Conduct meetings at least weekly with the Warden or his/her designee and the Psychological Services Director to discuss identified concerns and address issues for resolution pertinent to access of necessary health and mental health care;
- iii. Review of provided health and mental health services such as MDST meetings, Risk Assessment Team (RAT) meetings, and structured-out-of-cell therapeutic services (SOCTS) to ensure compliance with Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*. Corrective Action Report (CAR) items will be generated when issues of noncompliance or concern are noted;
- iv. Review and audit structured out-of-cell therapeutic services (SOCTS) notated on the DC4-664, *Mental Health Structured Out-of-Cell Treatment and Services Attendance Record* of a randomly selected group of patients. Report and provide results using the Structured Therapeutic Activities Monitoring Instrument (STAMI) to the Warden and/or designee, Psychological Services Director and forward to the COMHO;
- v. Conducting weekly well-being checks on a randomized sample of the population and documented on the DC4-642R, *Inpatient Well-Being Check Incidental Note*. Any face-to-face interviews will be documented on the DC4-642S, *Well-Being and Mental Status Exam*. Referrals to mental health, psychiatry, medical, nursing, and/or dental will be made, as needed;
- vi. Ensure patients have access to health and comfort items in accordance with "Inmate Health and Comfort Items-Issuance," NI1-071, in chapter 33-602.101, F.S.;
- vii. Ensure patients have access to kiosk, tablet and video visitation in accordance with chapters 33-404.102, 33-602.900, and 33-602.901, F.S.;
- viii. Ensure patient have access to medical care in accordance with HSB 15.05.20, *Medical and Dental Care for Mentally Disordered Inmates*.
- ix. After consultation and authorization from COMHO, order emergent transfers to higher levels of care as clinically indicated;
- x. Review, revise, and approve jointly with Assistant Warden of Mental Health, the monthly schedule of SOCTS in each inpatient unit;

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- xi. Review all incident reports of allegations of staff abuse or neglect on the mental health inpatient units; and,
- xii. Perform other tasks assigned by the COMHO to address any impediments to access to health or mental health care within the inpatient units.

**VI. CORRECTIVE ACTION REPORT (CAR) PROCESS**

- A. The CAR system will allow for the recording and monitoring of issues identified by RMHOs. Areas identified will include, but are not limited to:
  - i. Mental health treatment and services;
  - ii. Risk assessment and disciplinary reports;
  - iii. Health care record organization and documentation;
  - iv. Suicide and self-injury prevention; and
  - v. Psychotropic medication management.
- B. Issues requiring corrective action will produce a notification via email from the CAR system to the PSD. The PSD will review identified issues within three (3) business days and record the corrective action taken to rectify the issue within fourteen (14) calendar days.
- C. The RMHO will review the actions taken by the PSD for adequacy of resolution within fourteen (14) calendar days. If the issue has been resolved, it will be closed within the CAR system. If the issue has not been fully resolved, they will send the issue back to the PSD for further consideration.
- D. The COMHO will review items within the CAR system and provide feedback to FDC Mental Health Leadership and contracted Mental Health Leadership concerning systemic, recurring or longstanding issues or trends identified.

**V. RELATED LAWS, REGULATIONS, FORMS, AND DOCUMENTS:**

- A. Florida Statutes 945.40-49
- B. Rule 33-404.102, F.A.C.
- C. Rule 33-602.101, F.A.C.
- D. Rule 33-602.900, F.A.C.
- E. Rule 33-602.901, F.A.C.
- F. FDC Procedure 404.004, *Mental Health Inpatient Multidisciplinary Treatment and Services*
- G. HSB 15.05.20 *Medical and Dental Care for Mentally Disordered Inmates.*
- H. DC4-643A *Individualized Service Plan*

FLORIDA DEPARTMENT OF CORRECTIONS  
OFFICE OF HEALTH SERVICES

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- I. DC4-642R, *Inpatient Well-Being Check Incidental Note.*
- J. DC4-642S, *Well-Being and Mental Status Exam*
- K. NI1-071, *Inmate Health and Comfort Items - Issuance*

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Director of Health Services

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Date

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