STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, October 30, 2023

CF OPERATING PROCEDURE
NO. 155-19

Mental Health/Substance Abuse

EVALUATION AND REPORTING OF COMPETENCY TO PROCEED

1. Purpose. This operating procedure establishes standards for competency evaluation and reporting to the Court relative to issues of an individual's competence to proceed at any material stage of a criminal proceeding as set forth in Section 916.13(2), Florida Statutes.

2. Scope. This operating procedure applies to all individuals committed involuntarily for treatment to the Department as incompetent to proceed due to mental illness pursuant to Section 916.13, Florida Statutes.

a. Forensic facilities include:

(1) Florida State Hospital – Forensic Service, Chattahoochee;

(2) North Florida Evaluation and Treatment Center, Gainesville;

(3) South Florida Evaluation and Treatment Center, Florida City;

(4) Treasure Coast Forensic Treatment Facility, Indiantown; and,

(5) Any additional forensic facilities opened following the implementation of this operating procedure.

b. Civil facilities include:

(1) South Florida State Hospital, Pembroke Pines;

(2) Florida State Hospital – Civil Service, Chattahoochee;

(3) Northeast Florida State Hospital, Macclenny; and,

(4) Any additional civil facilities opened following the implementation of this operating procedure.

c. Community Forensic Commitment Programs include community facilities contracted by the Department to serve Incompetent to Proceed individuals committed to the department for competency restoration services.

3. References.

a. Department of Children and Families Operating Procedure (CFOP) 155-13, Incompetence to Proceed and Non-Restorable Status.

b. CFOP 155-18, Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent to Proceed Due to a Mental Illness.

This operating procedure supersedes CFOP 155-19 dated July 15, 2019.
OPR: SMF
DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Mental Health Treatment Facilities.

c. CFOP 155-35, Violence Risk Assessment Procedure in State Mental Health Treatment Facilities.

d. Diagnostic and Statistical Manual of Mental Disorders – 5-TR, American Psychiatric Association, 2022.

e. Florida Forensic Examiner Training Manual, Published by the Department of Mental Health Law and Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2022.

f. Florida Rules of Criminal Procedure, Rules 3.211 and 3.212, 2010.

g. Forensic Client Services Act, Chapter 916 of the Florida Statutes, 2010.

4. Explanation of Terms. As applied in this operating procedure, the following terms shall mean:

a. Annual Progress Report. An annual progress report is a report to the court which will be completed 30 days prior to each annual commitment anniversary, or at a date designated by the committing court. This progress report is completed when the defendant remains incompetent and is estimated to have restorable competency. See sample progress report in Appendix C to this operating procedure.

b. Court. "Court" means circuit court.

c. Competency Evaluation. Competency evaluation is the clinical process of examining an individual's capacities to assist legal counsel and to understand relevant legal procedures.

d. Competency Evaluation Administration Record. The Competency Evaluation Administration Record is a tracking form used throughout treatment to assist in assessing an individual's competency, identifying service needs, and addressing statutory competency requirements. (A copy of the administration record is in Appendix A to this operating procedure. The administration record or an alternative record developed at the facility level shall be maintained in each individual's clinical record. Any alternative record shall retain content of the Competency Evaluation Administration Record.)

e. Competency Evaluation Report to the Court. This report is a standardized mental health document addressing relevant mental health issues and the individual's clinical status regarding competence to proceed. The document is submitted to the Court pursuant to Section 916.13(2) of the Florida Statutes (see sample in Appendix B to this operating procedure).

f. Competent to Proceed. An individual is competent to proceed if the individual has sufficient present ability to consult with her or his attorney with a reasonable degree of rational understanding, and has a rational, as well as, factual understanding of relevant proceedings.

g. Department. Department is the Department of Children and Families, also known as the Department of Children and Family Services.

h. Incompetent to Proceed. An individual is incompetent to proceed if the individual does not have sufficient present ability to consult with her or his lawyer with a reasonable degree of rational understanding or if the individual has no rational, as well as factual, understanding of the proceedings against him or her.

~~h.~~ i. Initial Report to the Court. An initial report sent to the court within 60 days of admission to a facility.

j. Interim Progress Report. Subsequent to the initial 60-day report to the court, facilities must follow judicial orders and provide reports at a minimum, on an annual basis.

5. Competency Evaluator Training. This training is a specialized course of instruction to prepare mental health professionals, including psychiatrists, licensed psychologists, and qualified staff supervised by licensed psychologists or psychiatrists to evaluate competency. The list below includes the training requirements for evaluators and state mental health treatment facilities:

a. Each treatment facility administrator is responsible for ensuring participation in training.

b. The minimum standard for knowledge-based training is the Florida Forensic Examiner Training offered by the Florida Mental Health Institute.

c. Skills based training shall consist of the satisfactory completion of at least six Competency Evaluation Reports while under direct supervision of a licensed psychologist or psychiatrist credentialed to perform such evaluations.

d. Employees without histories of direct training from the Florida Mental Health Institute shall receive interim training at the facility level. Instruction shall include a comprehensive review of the most recently updated training manual from the Florida Mental Health Institute or other source approved by the Department. The trainers shall be licensed psychologists or psychiatrists who have participated in the training and have at least three years of experience routinely performing competency evaluations.

e. Each evaluator should receive direct training within a year of employment.

f. All evaluators shall participate in knowledge-based refresher training every two to three years.

g. Permanent employees without histories of refresher training may participate in interim training within a facility.

h. Each facility is required to maintain a list of trained evaluators.

6. Competency Evaluation Intervals.

a. Forensic Mental Health Treatment Facilities.

(1) For all forensic facilities, competence to proceed shall be checked on a weekly basis following admission for the first eight weeks. For the first week, status regarding competency shall be evaluated using the Competency Evaluation Administration Record (form CF-MH 1059, Appendix A to this operating procedure) or an approved alternative form). Brief checks of competency are expected for weeks two through eight following a patient's admission. The brief check shall be documented as a progress note indicating whether mental status is improving, whether competency is improving, and whether there are any new recommendations for treatment. After week eight, competency is to be assessed monthly using the Competency Evaluation Administration Record or and approved alternative form.

(2) If the individual remains incompetent, the team shall address the individual's competency status and propose any additional means to overcome barriers to competency. The recovery plan shall be updated to reflect changes associated with competency related issues and/or therapeutic interventions.

(3) Instructors of competency education shall document each patient's progress at least every two weeks for the first eight weeks of admission and then monthly thereafter and notify evaluators immediately upon the patient appearing competent.

(4) Psychiatric medication prescribers, evaluators of competency, and any other staff with relevant information shall establish daily lines of communication to discuss patients who are presenting as challenges to competency restoration and plan a course of action to manage each case.

(5) For patients remaining incompetent to proceed 90 days following admission, the Recovery Team shall re-evaluate and document reviews of their cases and adjust treatment and/or the recovery plan as appropriate.

(6) For patients who refuse recommended psychotropic medications deemed necessary by their recovery teams, the facility shall file court petitions in a timely manner for medications against will, as clinically indicated. Reasonable exceptions to filing timely court petitions may be documented by the facility designee and/or recovery team. Examples of reasonable exceptions include, but are not limited to, additional time needed to assess a suspected malingerer or to build a therapeutic alliance with the patient.

b. Civil Mental Health Treatment Facilities.

(1) Individuals **admitted directly** to a civil facility from a county jail shall be evaluated using the forensic facility evaluation intervals indicated above.

(2) Incompetent to proceed individuals **transferred** to a civil step-down facility shall be evaluated within 30 days of transfer to establish a competency baseline. The Competency Evaluation Administration Record or designated substitute shall be completed and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record.

(3) Subsequent evaluations shall be completed at a minimum of every 6 months until the individual regains competency or for as long as the individual remains committed to the Department pursuant to section 916.13, Florida Statutes. Patients who are considered as clinically non-restorable shall be evaluated at least every six months and annual court reports remain a requirement. The Competency Evaluation Administration Record shall be completed following each evaluation and the results of the evaluation and treatment recommendations shall be documented in the individual's clinical record. Patients determined as non-restorable by a facility, and who are subsequently considered as non-restorable by the Court, are excluded from having the Competency Administration Record completed for them. The facility will ensure that the Court is notified of a patient's clinically non-restorable status on at least an annual basis.

(4) Instructors of competency education shall document each patient's progress weekly for the first eight weeks of admission and then monthly thereafter and notify evaluators and treatment teams when patients appear competent.

c. Forensic Community Commitment Programs. Competence to proceed shall be reviewed on a monthly basis. The Competency Evaluation Administration Record (form CF-MH 1059, Appendix A to this operating procedure) shall be completed following each evaluation and the results of the review and treatment recommendations shall be documented in the individual's clinical record.

7. Competency Report Intervals. The Competency Evaluation Report to the Court (see sample in Appendix B to this operating procedure) shall be written, at a minimum, within 60 days of admission to a facility; when an individual is opined as competent; when an individual is opined as non-restorable; when community placement is a recommendation; in response to specific judicial orders; and preceding transfers between facilities. The most recent Competency Evaluation Report to the Court preceding a transfer shall not pre-date the date of transfer more than 90 days. Annual and interim progress reports, as appropriate, will be completed when defendants have remained incompetent but restorable, and have remained in the same treatment facility since the last report or progress letter submitted to the court. Annual progress reports will be completed 30 days prior to each annual commitment

anniversary. Interim progress reports will be completed when members of the court request information within the first 90 days of the initial period of commitment, and between anniversary dates. Annual and interim progress reports may be completed using facility letterhead addressed to the current Judge, or an abbreviated report format with headings tailored to the purpose of the report, to be decided by each facility. A sample progress report is included in Appendix C to this operating procedure.

8. Competency Evaluation Report Content and Format. Guidelines for the format and minimal content for each Competency Evaluation Report to the Court is included in Appendix B to this operating procedure. Evaluators should add relevant and appropriate information as necessary to report an individual's status and needs. Evaluators are encouraged to glean and report information necessary to support opinions. Evaluations and reports should not be delayed to obtain missing information or data that are difficult to collect and have insignificant clinical value in terms of developing opinions regarding competency, placement, or continuity of care. Evaluations and reports should provide a streamlined, focused compilation of the relevant facts and data underlying the facility's conclusions and recommendations being offered to the Courts.

9. Cover Letters and Distribution of the Competency Evaluation Report to the Court. Cover letters shall be used by facilities to expedite the processing of reports. The appropriate personnel in each facility may determine the format and content of letters, unless otherwise specified by another Children and Families operating procedure. Distribution of evaluation reports shall include the attending Judge, defense counsel, prosecutor, clerk of court, and personnel in the receiving jail providing medical and mental health services. In addition, distribution to strengthen continuity of care shall include Region Legal Counsel and the appropriate circuit Substance Abuse and Mental Health Program Supervisor or designee in the Department of Children and Families.

10. Dismissal of Charges. Evaluators in the Department shall address relevant procedures associated with the CFOP 155-13, Incompetence to Proceed and Non-Restorable Status.

11. Competency Training (State Operated Facilities). Hospital or facility administrators are to ensure that patients lacking factual knowledge of legal proceedings shall have available to them at least seven to ten hours of competency education every seven days. Lacking factual knowledge of proceedings shall be an issue in the patient's medical record and there shall be a related treatment plan with objectives specific to each patient's deficits. Patients incapable of seven hours of training weekly shall be offered training at a level consistent with their capabilities and the reason(s) for less than seven hours participation shall be documented. Patients refusing to participate in all training shall have the fact documented in their medical records and the patients shall be offered weekly meetings with their treatment teams to discuss the need for training.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

MADELEINE NOBLES
Chief of Mental Health Facilities

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

This policy was updated to change the term from “Resident” to “Patient.” Changed the initial report due date from within five months to 60 days in Items 4.i. and 7. Updated the competency training requirement in Item 11.

COMPETENCY EVALUATION ADMINISTRATION RECORD

FACTOR	COMPETENCY CRITERIA	EVALUATION DATES						
1	**Appreciation of Charges**							
	Acknowledges being accused of an offense							
	Able to describe allegations							
	Acknowledges consequences may be harmful							
2	**Appreciation of Possible Penalties**							
	Acknowledges the possibility of probation or prison							
	Able to state minimum and maximum length of time for possible penalties							
	Able to describe conditions and restrictions of probation and prison							
	Understands plea options or plea bargaining							
3	**Understanding of Adversarial Legal Process**							
	Describes attorney's job is to help him/her							
	Describes State Attorney's job is to prove him/her guilty							
	Describes Judge as impartial and protects his/her rights and the State's rights							
	Describes jury as impartial							
4	**Disclose Pertinent Facts to His/Her Attorney**							
	Gives consistent, rational and relevant account of facts surrounding the offense							
	Disclosure not impaired by intellect, perception, memory or amnesia							
	Likely to disclose to his/her attorney							
5	**Appropriate Courtroom Behavior**							
	Currently behaves appropriately							
	Likely to behave appropriately when under the stress of court							
6	**Testify Relevantly**							
	Likely to testify coherently, relevantly, and independently in court							
	Cognition and affect do not impair ability to testify							
7	**Other Competency Related Issues**							
	COMPETENCY CONCLUSION (C=Competent OR I=Incompetent)							
	Treatment Issues If Not Competent (Y/N)							
	a. Meets criteria							
	b. Will respond to treatment							
	c. Treatment available							
	d. No less restrictive treatment alternative							
	Evaluator's Signature							

INSTRUCTION: To be completed by designated staff at each formal competency evaluation and filed in the individual's record.

Competency Criteria Code:
A = Acceptable
U = Unacceptable
NA = Not Applicable
? = Questionable

ADDRESSOGRAPH:

*****CONFIDENTIALED & PRIVILEGED INFORMATION*****
COMPETENCY EVALUATION ADMINISTRATION RECORD

FORENSIC MENTAL HEALTH ASSESSMENT

SAMPLE COMPETENCY EVALUATION REPORT TO THE COURT

Chapter 916, Part II, Florida Statutes

I. IDENTIFYING DATA:

Defendant:
Gender: **Date of Birth:**
Marital Status: **Race/Ethnicity:**

Case Number(s):
Related Charges:

Original Commitment Date:

II. REFERRAL AND SERVICE INFORMATION:

The defendant was committed to the Department of Children and Families, as Incompetent to Proceed by the Honorable _____, Circuit Court Judge in the _____Judicial Circuit, in and for _____County on , 20__. He/She was admitted to _____/Hospital/Facility/Center on _____, 20__.

Current Evaluator(s):
Reviewed By:
Date of Report:

III. GENERAL FINDINGS:

Findings Regarding Competency.

Does the defendant appear to be competent to proceed pursuant to Section 916.12, F.S.? Yes/No

If the defendant's competency is not restored, is it likely to be restored in the foreseeable future pursuant to Section 916.13(1)(c), F.S.? Yes/No/Questionable

If restorable, does the defendant appear appropriate for conditional release? Not Applicable/Yes/No

Is the defendant past incompetence to proceed for five years or within six months of the five year period? Yes/No

Recommended Setting. Continue current setting or Discharge to _____(Jail; Secure Community Forensic; Forensic Step-Down Unit; Community Residential Treatment via Conditional Release)

IV. SOURCES OF INFORMATION AND EVALUATION PROCEDURES:

The evaluation process consisted of interviewing and a review of records. Mr./Ms. _____was interviewed by the undersigned on _____, 20__, to assess his/her mental status and competency to proceed as specified in Section 916.12 of the Florida Statutes. The limits of confidentiality were explained to Mr./Ms. _____and he/she indicated that he/she understood. In addition to the interview, the following records were reviewed:

Mr./Ms. ___'s clinical record maintained in the facility, which contains among other things court documents associated with the current commitment, clinical assessment and evaluation reports

SAMPLE COMPETENCY EVALUATION REPORT TO THE COURT
Re: Defendant's Name, Hospital or Identification Number
Date of Report:

performed before and since admission, reports of Mr./Ms. ___'s treatment and rehabilitative progress since admission, and observations of his behavior since admission.

Staff also reviewed competency evaluation reports completed by _____.

V. RELEVANT PSYCHO-LEGAL HISTORY RELATED TO COMPETENCY:

The evaluator will briefly summarize the relevant community-based competency evaluation reports the court used to determine incompetency. The summary is to be brief, naming the evaluators, dates of the court reports, the signs and symptoms reported, and the diagnoses. For example, "Prior to commitment, the defendant was evaluated by Drs. Jane Doe (01/01/17), John Doe (02/02/17), and Junior Doe (03/03/17). Various symptoms reported were labile affect, racing thoughts, agitation, depressed mood, elevated mood, and paranoid delusions. Various diagnoses reported were Schizoaffective Disorder, Bipolar Type; Unspecified Schizophrenia; Delusional Disorder; and Malingering.

Other Relevant Historical Information. This section is optional. This section consists of historical information which the evaluator opines may be of interest in regard to assisting with management of the defendant's competency.

VI. DIAGNOSTIC IMPRESSION, OBSERVATIONS MEDICATIONS, AND CURRENT MENTAL STATUS:

Current DSM-5 Diagnostic Impressions. If the evaluator is a licensed psychologist privileged to provide diagnoses in the facility, the evaluator may provide relevant symptoms and diagnostic impressions related to competency. If psychologists are not privileged to diagnose in the facility, the evaluator will report the relevant symptoms and diagnoses of the psychiatric medication prescriber.

Observations .

The evaluator will provide a brief summary of target symptoms and salient observations during the period of treatment for each evaluation report.

Current Medications Related to Mental Disorder. [example] Dr. Jane Doe has prescribed the following medications Abilify, an antipsychotic medication, 30 milligrams at the hour of sleep; and Prozac, an antidepressant, 20 milligrams daily. The patient is compliant with treatment [address compliance, for example, whether the patient is compliant with treatment, report that medication is court ordered when appropriate].

Relative Assessments (if applicable)

Current Mental Status (date).

Section 916.12(2), Florida Statutes, require that evaluators "first determine whether the person is mentally ill." Offered in this section of the report is a narrative description of an individual's presentation during the evaluation. Periodically, clinicians may rely on observational data or other data as appropriate when individuals refuse to participate in the process of evaluation. This section typically includes, but is not limited to appearance, behavior, speech, mood/affect, thought processes, thought content, perceptions, cognition, intelligence, insight, judgment, response style, and other symptoms as appropriate. Evaluator must also describe whether and in what ways the mental status is consistent or

SAMPLE COMPETENCY EVALUATION REPORT TO THE COURT
Re: Defendant's Name, Hospital or Identification Number
Date of Report:

variable across days and time (this is what separates a facility's report from the "one shot snapshot" of a community examiner).

Bulleted content follows for quick reference.

- appearance (e.g., physical description including hygiene and grooming)
- behavior (e.g., eye contact, motor movements, level of activity, violence toward others)
- speech (e.g., volume, rhythm, intonation, pitch, articulation, quantity, rate, spontaneity, latency, relevance, coherence)
- mood and affect (e.g., normal, neutral, sad, appropriate, apathetic, irritable, constancy/lability, flat, exaggerated, blunted, congruent/incongruent)
- thought process (e.g., poverty of thought, blocking, loose associations, tangentiality, derailment, circumstantial, flight of ideas)
- thought content (e.g., delusions, topics of preoccupation, suicidality, homicidal thoughts, Déjà vu, magical thinking, suspiciousness)
- perception (e.g., hallucinations, illusions, depersonalization, derealization)
- cognition (e.g., level of consciousness, orientation, attention/concentration, memory)
- intelligence (e.g., estimated as average, above average, borderline)
- insight (e.g., understanding of his or her mental illness)
- judgment (planning, impulsivity, sound reasoning)
- response style (e.g., reliable/honest, rapport, malingering, defensive, relevance/irrelevance, cooperative/uncooperative, impaired/unimpaired)
- other symptoms as appropriate (e.g., sleep, appetite, etc.)

The evaluator may select a structured clinical interview as appropriate (when using structured interviews, the evaluator should remain cognizant of applicable ethical standards of his or her profession and the legal standards regarding the use of instruments). Regardless of the clinical evaluation approach, evaluators should provide underlying facts when communicating conclusions/opinions. For example, if offering the opinion that the defendant is paranoid, the evaluator should provide the underlying facts, the statements and behaviors that support this opinion. Symptoms should be described or explained.

VII. COMPETENCY ASSESSMENT:

In evaluating competency, pursuant to Chapter Section 916.12(3) of the Florida Statutes, the examiner shall consider and specifically include in their report a narrative addressing the following criteria: appreciation of legal charges, appreciation of penalties, appreciation of the adversarial nature of the legal process, ability to disclose pertinent facts to his attorney, capacity for appropriate courtroom behavior, capacity to testify, and other factors as indicated. The evaluator shall strengthen findings for each of the aforementioned areas through the reporting of relevant underlying facts, such as specific statements or behaviors of the individual, to the extent possible and within appropriate limits. Specific statements related to a defendant's motivation or mental status at the time of any alleged offenses are prohibited within competency evaluation reports. Headings in the report to organize competency related information follow this paragraph.

SAMPLE COMPETENCY EVALUATION REPORT TO THE COURT
Re: Defendant's Name, Hospital or Identification Number
Date of Report:

Capacity to Appreciate Legal Charges.

Capacity to Appreciate Penalties.

Capacity to Appreciate the Adversarial Nature of the Legal Process.

Capacity to Disclose Pertinent Facts to his Attorney.

Capacity for Appropriate Courtroom Behavior.

Capacity to Testify Relevantly.

Other Relevant Factors.

VIII. RISK ASSESSMENT:

This section will be completed when risk assessment has been performed.

HCR-20. The HCR-20 will be presented in this section when transferring patients to non-secure environments, including discharge to the community.

[required language] Consistently accurate predictions of future instances of violence, however, cannot be made by mental health professionals. Whether a person will behave aggressively is a function of a variety of factors that include history, personal disposition and situational factors (e.g., provocation) that cannot all be known in advance. However, it is possible to consider the available historical data, mental status features, and the anticipated placement/situational factors to estimate relative risk. This is the basis for the current risk assessment. It should be considered advisory in nature, as the ultimate decision to recommend release to a less restrictive setting should be based upon the entirety of information available to the recovery team.

IX. CONCLUSIONS:

a. The evaluator will report whether the defendant has a rational and factual understanding of the legal situation, and whether the defendant has the capacity to assist an attorney in his/her defense.

b. The evaluator will report whether the defendant continues to meet the criteria for involuntary hospitalization pursuant to Section 916.13, F.S.

c. If the defendant continues to meet the criteria for forensic commitment, the evaluator will report on the recommended inpatient setting for treatment, i.e., secure forensic setting or a civil step down unit. If the defendant no longer meets the criteria for forensic commitment, the evaluator will report on post discharge recommendations, e.g. return to jail with aftercare recommendations, conditional release with aftercare recommendations, release with aftercare recommendations, or civil commitment. When conditional release is recommended, a conditional release plan will be submitted with the court report. If a conditional release plan is in progress, the evaluator will report that a plan is in progress and when the court may expect the plan.

SAMPLE COMPETENCY EVALUATION REPORT TO THE COURT
Re: Defendant's Name, Hospital or Identification Number
Date of Report:

If the Court needs more information about Mr./Ms. _____'s status and/or treatment during this period of hospitalization, a recovery team member can be reached at (555) 555-5555.

Respectfully submitted and reviewed by:

_____
Jane/John Doe, Ph.D., Psy.D.
Sr. Behavior Analyst
Florida License #
Forensic Admissions Unit

_____
When the evaluator is not a licensed psychologist or psychiatrist, the evaluator will have their reports supervised and reviewed by a licensed psychologist or psychiatrist as appropriate

SAMPLE PROGRESS REPORT

(use letterhead paper)

August 6, 2016

Honorable Jane Doe
Twenty-First Judicial Circuit
P. O. Box 0000
Anywhere, FL 00000

Re: John Doe, 000 000
Case Number: 41-2015-CF-000566-A

COMPETENCY TO PROCEED PROGRESS REPORT

Dear Judge Doe:

PURPOSE: This is a progress report on the competency restoration status of John Q Public, a 55-year-old (DOB: July 8, 1959) Caucasian male committed as Incompetent to Proceed by the Honorable John Doe, in the Twenty-First Judicial Circuit, in and for Crystal Beach County on May 26, 2015. Mr. Public was admitted to Gulf Coast State Hospital on July 7, 2015. The undersigned examined his competency to proceed on August 6, 2016, accompanied by I.M. Johnson, supervisor.

CLINICAL UPDATE: Mr. Public is diagnosed with Schizoaffective Disorder, Bipolar Type, Alcohol Use Disorder, and Cannabis Use Disorder. Mr. Public has not engaged in any suicidal, escape, or self-injurious behavior. He is generally cooperative with staff members, follows rules and is able to maintain his freedom of movement outside his unit. Mr. Public attends to his daily living (e.g. bathing, laundering clothes) independently and does not require staff prompting. Mr. Public was involved in mutual aggression with another patient on 7/25/16. During this incident, another patient attempted to hit Mr. Public and after avoiding the attack, Mr. Public turned around and physically assaulted the same patient. Mr. Public is currently prescribed Invega (for psychosis) and Klonopin daily (for mood). He is compliant with supervised medication administration and has not had any recently documented refusals. Mr. Public is enrolled in a court education class but has made minimal progress towards his goals and has poor attendance, only attending class once in the past 30-days.

MENTAL STATUS: The undersigned completed a competency interview and mental status exam of Mr. Public on August 6, 2016. Explanations of the limits of confidentiality were given prior to the interview with Mr. Public; however, due to his tangential speech and preoccupation with delusions, confirmation of his understanding was not obtained. Mr. Public was cooperative with the evaluation process. He was upbeat and oriented to place, time, and situation. He was partially oriented to person (i.e. identified name and age correctly); although he believed that he was an appellate lawyer for 26 years with an international law degree. Mr. Public reported feeling “alright” and his affect (i.e. visible mood) was congruent. His thought process was disorganized and he evidenced loose associations while speaking. He voiced grandiose delusions as he rambled on about being an “appellate lawyer, medical doctor, knee surgeon, heart surgeon, owning a construction company and running for president” having “won 50 of the 50 states” last fall. He occasionally laughed inappropriately. His speech production was verbose, often talking over and around the interviewer’s questions. His immediate, recent and long-term memories were intact although he frequently intertwined delusions beliefs and experience within his recollections. His concentration and attention were assessed as poor as evidenced by his inability to stay on task, follow the examiner’s line of questions and inability to be redirected. He appeared to function in the average intellectual range. Clinically, Mr. Public denied any suicidal or homicidal ideation but refused to answer questions about thoughts of escape.

COMPETENCE TO PROCEED: Mr. Public understood that he was charged with "taking off clothes" and was able to recall the date of his charge. However, he did not present with an accurate understanding of the name of his charge identifying *lewd* as "taking off clothes" and *lascivious* as "being confused". Although he was able to identify several courtroom players (i.e. lawyer, judge, and bailiff) he expressed a belief that "even though the judge is the referee, judges want convictions". He stated that there are 6 plea options: "Not Guilty, Guilty, Not Guilty by Reason of Insanity, No Contest, Nolo, and don't wish until I talk to my attorney". He identified his possible penalty as "three years" stating that he has already served his time. Mr. Public was unable to describe or discuss the specifics of his case primarily due to his psychosis. Mr. Public was also unable to demonstrate appropriate cognitive or emotional control during the current evaluation as evidenced by his delusional rambling, laughing, and inability to stay on topic or be redirected during the interview.

SUMMARY AND CONCLUSIONS: Mr. Public has not yet been restored to Competence to Proceed. Although he was able to identify the name of his charge as "Lewd and Lascivious" he was confused about the full meaning of his charges. He was able to remember the date of his charge and occurrence but was unable to describe the circumstances leading up to his charges. Symptoms of mental illness persist despite treatment and have a negative effect on his functional capacities as a defendant as described above. It is the opinion of the undersigned that he continues to meet criteria for involuntary commitment pursuant to Section 916.13, F.S., as treatment to diminish his symptoms continues.

The Court's continued interest in Mr. Public is appreciated. If the Court needs further information about his case, members of his Recovery Team can be reached through the Psychology Department at (000) 000-0000. **Please send all hearing notices and orders for continued commitment to gcsh.court.services@myflfamilies.com.**

Respectfully submitted by,

I.M. Nelson, M.A .
Pre-doctoral Psychology Intern
Behavioral Specialist
Gulf Coast State Hospital

Supervised by,

I.M. Johnson, PhD.
Sr. Behavioral Analyst
Florida License Number: PY0000
Gulf Coast State Hospital

Formatted:

cc: Office of the State Attorney
Office of the Public Defender
DCF Regional Counsel, Circuit 12
jayjayjackson@cfbhn.org