

CF OPERATING PROCEDURE
NO. 155-35

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, October 21, 2020

Mental Health/Substance Abuse

VIOLENCE RISK ASSESSMENT PROCEDURE
IN STATE MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure describes a standardized process for State Mental Health Treatment facilities to assess residents for risk of violent behavior.
2. Scope. This operating procedure applies to all residents committed to a state-operated or state contracted mental health treatment facility pursuant to Chapter 916, Florida Statutes, and residents committed pursuant to Chapter 394, Florida Statutes, with known histories of felony convictions for crimes of violence or related arrests. This operating procedure excludes residents in the Florida Civil Commitment Center.
3. References.
 - a. Chapter 394, Florida Statutes (F.S.), Part I: Florida Mental Health Act.
 - b. Chapter 916, F.S., Forensic Client Service Act.
 - c. Chapters 65E-5 and 65E-20, Florida Administrative Code.
 - d. Historical Clinical Risk Management – 20, Version 3 (HCR-20^{V3}).
4. Definitions. For the purposes of this operating procedure, the following definitions shall apply:
 - a. Community Access. Granting the resident the opportunity to attend supervised or unsupervised off-grounds activities. This excludes medical appointments/exams.
 - b. Conditional Release. A court approved discharge for a resident committed under Chapter 916, F.S., from a state mental health treatment facility to a less restrictive community setting.
 - c. Historical-Clinical-Risk Management-20, Version 3 (HCR-20^{V3}). A violence risk assessment and management tool to assess the risk for future violent behavior in criminal and psychiatric populations.
 - d. Resident. A person who receives services in a state operated or state contracted mental health treatment facility. The term is synonymous with “client,” “consumer,” “individual,” “person served,” or “patient.”
5. Procedure for Forensic Residents. Residents who are committed under Chapter 916, F.S., shall be assessed utilizing the HCR-20^{V3} Rating Sheet prior to transfer from a secure inpatient forensic site to a less restrictive environment within 90 days before conditional release from the facility, and/or when being granted access to the community.
 - a. The HCR-20^{V3} shall be summarized (on the Summary and Recommendations form, Appendix A to this operating procedure) and presented to the team for consideration prior to making

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any team decisions to recommend/approve any of the above increases in freedom. The summary and recommendations form shall be filed in the medical record (the summary and recommendations form is a facility document and should not be sent to community settings or the courts without a specific request for the form).

b. Each summary and recommendations form will include the following qualifying statement:

Qualifying Statement: Consistently accurate predictions of future instances of violence 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 variables (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 increased freedom or release to a less restrictive setting should be based upon all information available to the recovery team.

c. Each facility administrator, in consultation with their lead psychologist or Director of Psychological Services, shall designate staff qualified to administer the HCR-20^{V3}. Staff should meet the following minimum qualifications and have:

(1) Expertise in conducting individual assessments. Users should have training and/or experience in interviewing, the administration and interpretation of standardized tests, and the diagnosis of mental disorders.

(2) Knowledge in the study of violence. Users should be familiar with the professional and research literatures on the nature, causes, and management of violence.

(3) Specific training in use of the HCR-20^{V3} as defined by the lead psychologist of each facility.

d. The staff designated to administer the HCR-20^{V3} shall assess an individual's risk for violence at the following critical decision points:

(1) When recommending freedom of movement that allows off grounds community access with an escort. This may be done on a one-time basis upon entry to a program or transition unit where the resident will have the potential for multiple or repeated community access opportunities. If changes in the resident's behavior or other risk factors require revocation of community access freedom of movement, a new HCR-20^{V3} assessment must be completed and reviewed prior to re-approving this level of freedom of movement.

(2) When transferring from a secure inpatient forensic site to a civil facility placement.

(3) Within 90 days before conditional release from the facility.

e. After completing the HCR-20^{V3} the evaluator shall complete the summary and recommendations form and present findings to the recovery team at each of the critical decision points.

f. The recovery team shall review the HCR-20^{V3}, the summary and recommendations form, and other related documentation. The recovery team shall make a recommendation and document the recommendation in the progress note.

g. The summary and recommendation form shall include an overall rating of risk and a description of which risk factors are present in addition to recommendations from the evaluator. The recovery team progress note shall include the final decision and justification for the decision.

h. The violence risk assessment tool shall in every case employ the HCR-20^{V3}. Other specialized instruments may be used in addition to the HCR-20^{V3} in specific cases or with certain groups of residents (e.g., sex offenders). These instruments include, but are not limited to:

- (1) PCL.....Hare Psychopathy Checklist – Revised
- (2) Static 99-R(actuarial instrument to assist with estimating sex offender recidivism)
- (3) PCL–SVPsychopathy Checklist – Screening Version

6. Procedure for Civil Residents. Residents with known histories of felony convictions for crimes of violence or related arrests, who are committed under Chapter 394, F.S., shall be assessed utilizing the HCR-20^{V3} Rating Sheet upon admission and within 90 days prior to discharge from the facility. This requirement also includes civil residents with cases related to Mosher v. State, 870 So.2d 1230 (Fla. 1st DCA 2004).

- a. Staff providing services to civil residents shall implement paragraphs 5a through 5c of this operating procedure.
- b. The evaluator shall complete the summary and recommendations form and present findings to the recovery team in accordance with paragraph 6.
- c. The recovery team shall review the HCR-20^{V3} the summary and recommendations form, and other related documentation. The recovery team shall make a recommendation and document the recommendation in a progress note.
- d. The summary and recommendation form shall include an overall rating of risk and a description of which risk factors are present in addition to recommendations from the evaluator. The recovery team progress note shall include the final decision and justification for the decision.
- e. The violence risk assessment tool shall in every case employ the HCR-20^{V3}. Other specialized instruments may be used in addition to the HCR-20^{V3} in specific cases or with certain groups of residents (e.g., sex offenders). These instruments include, but are not limited to:

- (1) PCL.....Hare Psychopathy Checklist – Revised
- (2) PCL-SVPsychopathy Checklist – Screening Version
- (3) Static 99-R(actuarial instrument to assist with estimating sex offender recidivism)

7. Facility Form. The facility administrator shall ensure that the facility has the Summary and Recommendations form in Appendix A to this operating procedure. The previously mentioned form should be maintained in the medical record.

8. Forensic to Civil Transfers and HCR-20^{V3} Data. Prior to transfer, when the status of the HCR-20^{V3} has changed since the results were summarized in the most recent court report, a copy of the updated HCR-20^{V3} Summary and Recommendations form should be sent to the Director of Psychology at the receiving civil facility.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

JACQUELINE A. YOUNG
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Added the phrase "Version 3 (HCR-20^{V3})" in paragraph 3d; and, added the phrase "or state contracted" in paragraphs 2 and 4d.

Format for
Summary and Recommendations Form for the HCR-20^{V3}

(NOTE: Some of the paragraphs below [except the "Qualifying Statement" paragraph] contain "sample" language to illustrate the type of information that might be included in each paragraph.)

IDENTIFYING INFORMATION:

NAME: _____ HOSPITAL #: _____
DOB: _____ DOA: _____
CURRENT FOM STATUS: _____ BUILDING/UNIT: _____
OFFENSE: _____

Reason for Referral: The present evaluation is being conducted in order to evaluate the relative risk of dangerousness in preparation for placement in a less restrictive environment.

Qualifying Statement: Consistently accurate predictions of future instances of violence 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 variables (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 all information available to the recovery team.

Procedures: Review records, administer the HCR-20^{V3} and present to the team for consideration. The HCR-20^{V3} is based upon 20 factors which research has found to be predictors of future violence. These include ten historical (past) factors, five clinical (present) factors and five risk management (future) factors, each rated for severity.

Background & History: _____

Summary: *(Include the results of the HCR-20^{V3})* _____

Recommendations: _____

Signature and Title

Date