

West's Florida Administrative Code  
Title 33. Department of Corrections  
Chapter 33-404. Mental Health Services

Rule 33-404.108, F.A.C.  
Fla. Admin. Code r. 33-404.108

33-404.108. Discipline and Confinement of Mentally Disordered Inmates.

Currentness

Inmates with a diagnosed mental illness shall be subject to the provisions of [Rules 33-601.301-.314, F.A.C.](#), Inmate Discipline, except as noted in the following sections.

(1) Mental health staff are authorized to provide written or verbal input to the disciplinary team before disciplinary action is taken against any inmate who has a diagnosed mental illness, mental retardation or who is otherwise cognitively impaired. The input shall be provided by either a psychologist or psychiatrist and shall be limited to description of the role, if any, that mental impairment may have played in the behavior in question. Written input by either a psychologist or psychiatrist shall be provided for inmates who are patients in isolation management, transitional care, crisis stabilization care, or in a corrections mental health treatment facility. The input shall be limited to whether the patient's mental illness, mental retardation or cognitive impairment may have contributed to the alleged disciplinary offense and, if so, a recommendation for disposition or sanction options or alternative actions.

(2) The results of the clinical assessment shall be communicated to classification and documented in the health record by a psychologist or psychiatrist. The disciplinary team shall determine the appropriate discipline, including confinement, in accordance with [Rules 33-601.301-.314, F.A.C.](#) Any such confinement shall be performed within the inpatient setting, in accord with unit operating procedures and the individualized services plan. Documentation of all such incidents shall also be considered as part of the ongoing assessment of risk for violence by the risk assessment team as described in subsection (4) of this rule.

(3) When inmates are admitted to transitional care, crisis stabilization care, or a corrections mental health treatment facility, any prior confinement or close management status shall be suspended until the inmate is discharged from the specialized care setting. Security restraints shall be applied when inmates admitted to transitional care, crisis stabilization care, or a corrections mental health facility from maximum management or close management status I and II are out of their cells or other secure areas such as exercise yards, shower areas or holding cells.

(4) Within 72 hours of an inmate's admission to transitional care, crisis stabilization care, or a corrections mental health treatment facility, an assessment of risk for violence shall be completed by a risk assessment team. The risk assessment team shall consist of a psychologist or psychiatrist and a staff member from security and classification. This risk assessment shall be the basis for recommendations for restrictions on the inmate's movement, housing program participation and clinical activities while the inmate is in an inpatient unit. The assessment of risk for violent behavior shall include a review of the health and institutional record, the inmate's adjustment to incarceration, and the inmate's disciplinary or confinement status

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at the time of the referral for inpatient treatment. Restrictions shall be determined based on staff and inmate safety, and institutional security, and shall be documented in the health record.

(5) The risk assessment shall be reviewed by a risk assessment team within 14 working days of the initial risk assessment and at least every 90 days thereafter, to determine the appropriateness of restrictions on housing, movement, and activities. Modifications shall be documented in the inmate's health record. Disagreement among the risk assessment team related to the level of risk presented by the inmate, or the determination of restrictions to be recommended for inclusion in the individualized service plan shall be referred to the warden for resolution. The warden is authorized to contact the regional mental health consultant and director of mental health services or his/her designee in central office for recommendations when needed.

(6) An inmate transferred to an inpatient setting from protective management may still need protection while in a crisis stabilization, transitional care unit, or a corrections mental health treatment facility. Protective management status or requests shall be evaluated with written or verbal input from the clinical staff, in accordance with [Rule 33-602.220](#) and [Rule 33-602.221, F.A.C.](#), as applicable.

**Credits**

Adopted May 27, 1997; Amended July 9, 1998; Transferred from 33-40.008. Amended July 9, 2012.

Authority: [944.09](#), [945.49 FS](#). Law Implemented [944.09](#), [945.49 FS](#).

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