

Pasco County Behavioral Health Transportation Plan

Three-Year Renewal: 2020-2023

Authored by:

Pasco County Acute Care Committee

In accordance with

Florida Statute 394, Florida Mental Health Act Florida Statute 397, Hal S.
Marchman Alcohol and Other Drug Services Act

Submitted to:

Florida Department of Children and Families
Suncoast Region
Substance Abuse and Mental Health Program Office

For approval by:

Chad Poppel, Cabinet Secretary
Florida Department of Children and Families

Approved by:

Pasco County Board of County Commissioners
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Pasco County Behavioral Health Transportation Plan

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Pasco County Behavioral Health Transportation Plan

I. Background/ Purpose:

In accordance with the changes promulgated by Senate Bill 12 to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the “Baker Act”), and Florida Statute 397 (commonly referred to as the Marchman Act), the Pasco County Acute Care Committee in collaboration with Central Florida Behavioral Health Network (the Managing Entity) submit for approval from the Pasco County Board of County Commissioners this comprehensive Transportation Plan. Approval of this plan allows for the continued provision of immediate access to emergency services for people in need of help for behavioral health disorders and supports a comprehensive and successful system of acute care.

This Transportation Plan describes how the community shall support and facilitate access to the Designated Receiving System. This includes the circumstances to guide selection of the most appropriate transportation method (e.g., law enforcement, emergency medical services); how transportation between participating facilities is handled; and respect for individual choice of service providers.

Historically, Pasco County had a Transportation Exception Plan that required the transportation of minors to the nearest receiving facility that has licensed psychiatric beds specifically designated for minors instead of to the nearest receiving facility serving persons of all ages. This exception to the statutory requirements improved service coordination by better meeting the special needs of minors in Pasco County. It prevented many Pasco County minors from being transported to receiving facilities which do not have a dedicated child/adolescent unit. In the best interest of minors in need of behavioral healthcare in Pasco County, it was agreed that an approval of the “exception” to FS 394.462 was necessary. The current Transportation Plan continues to ensure that minors requiring transportation under FS 394 or FS 397 receive immediate access to services designed to meet their specific needs. This will continue the reduction in the need for transfers for behavioral health services for minors.

II. Specific Provision:

This plan is developed to address the transportation to support the designated receiving system, congruent with the 2016 amendments to Florida Statutes Chapter 394, and 397. The plan:

1. Describes arrangements for safe and dignified transportation that supports the designated receiving system, as required under F.S. 394.461(5).
2. Describes methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811.
3. Specifies how persons shall be transported to, from, or between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to s. 394.462(2).
4. Complies with the transportation provisions of s. 394.462 and ss. 397.6772, 397.6795, and 397.697.
5. Designates a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the designated receiving system for examination, per s. 394.462(1) (a).

The plan, along with an accurate inventory of designated receiving facilities and related public resources to provide care for persons in need of behavioral health acute care services, shall be maintained and available to law enforcement and to first responders, per s. 394.4573(2).

III. Community Support:

One of the clear benefits of this Transportation Plan is the continuing collaboration of those community partners working within the behavioral health system of care. The plan also addresses the specific needs of the child or adolescent in need of mental health services in Pasco County. Community partners have shown an insurmountable level of professionalism and commitment to improve the access of the acute care services system in Pasco County. The success of this plan will only be possible with the continuing long-term commitment of all community partners.

A coordinated acute care system results in a less fragmented system of services and a more efficient and cost effective method of providing care. This is because the provisions outlined in this plan will decrease unnecessary transports of individuals by law enforcement to the incorrect facility, reduce the number of transfers between facilities, and reduce the need for area emergency rooms to treat those individuals that need to be in a more appropriate setting.

The following community partners who, by their participation in the Pasco County Acute Care Committee, assisted in developing this plan, and whose input is crucial to the success of the plan, include the following organizations:

- BayCare Behavioral Health, Inc. – Integrated Stabilization Unit**
- Medical Center of Trinity, West Pasco Campus (HCA)*
- Morton Plant North Bay Hospital Recovery Center (BayCare Behavioral Health, Inc.)*
- North Tampa Behavioral Health Center (Acadia)*
- Central Florida Behavioral Health Network
- Dade City Police Department
- Department of Children and Families, Substance Abuse and Mental Health, Suncoast Region
- Department of Veterans Affairs
- Florida Hospital Dade City
- Florida Hospital Wesley Chapel
- Florida Hospital Zephyrhills
- Gulf Coast Jewish Family and Community Services
- NAMI Pasco
- New Port Richey Police Department
- Pasco County Government
- Pasco County Sheriff's Office
- Port Richey Police Department
- Public Defender's Office
- Regional Medical Center at Bayonet Point
- Windmoor Health Care
- Zephyrhills Police Department
- Agency for Community Treatment Services
- Pasco County Schools

**Publicly funded designated receiving facility *designated receiving facility

IV. The Transportation Plan: 2020-2023

Persons in Pasco County requiring examination in accordance with F.S. 394 or F.S. 397 will be transported by the Pasco Sheriff's Office or the Law Enforcement Agency for the jurisdiction in which the person is located. Law Enforcement will transport those individuals 18 or older who meet the criteria described within FS 394 to the nearest Baker Act receiving facility and those meeting criteria described within FS 397 to the nearest Marchman Act receiving facility. Children and adolescents who meet the criteria described within FS 394 will be transported to Morton Plant North Bay Recovery Center or as described in the ex parte court order. Children and adolescents who meet the criteria described within FS 397 will be transported as described in the ex parte court order or to the nearest medical emergency room.

In the best interest of the individual's safety and when it is medically necessary, law enforcement will request emergency medical services to provide transportation of the individual to the nearest Emergency Room for physical health conditions that are beyond the safe management capability of law enforcement and the behavioral health receiving facilities.

While it is preferred that those experiencing a behavioral health crisis receive medical treatment from a facility that has the capacity to address behavioral health emergencies, any individual who requires professional medical attention and/or needs immediate non-behavioral health emergency services will be transported to the nearest emergency department regardless of its capacity to address the behavioral health problem.

A. Accessing the Designated Receiving System

394.4625, 394.463, 397.601, and 397.675 outline the different ways persons may access acute care services through the designated receiving system.

Involuntary assessment and stabilization may be initiated by the following means:

- Ex parte order issued by a circuit or county court. In those cases, law enforcement shall take the person into custody and deliver him or her to the appropriate facility within the designated receiving system. Law enforcement may decline to transport if the county has a contract with a transportation service provider, and law enforcement presence is not necessary for safety.
- A physician, clinical psychologist, physician's assistant, psychiatric nurse, advanced registered nurse practitioner, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance use disorder services only, a master's level certified addictions professional, may execute a professional certificate. Professionals who initiate a certificate for emergency admission under 397.679 must indicate whether the person requires transportation assistance for delivery for emergency admission and specify the type of assistance necessary.
- Under 397.6798, a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by filing an application at a juvenile addictions receiving facility.
- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into custody and transport him or her to the appropriate facility within the designated receiving system, executing a written report of the circumstances. When the criteria involve substance use, s. 397.6772(1) (b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest.

B. Geographic Area -- This plan will include all of Pasco County. Law Enforcement is responsible for primary transportation for those individuals in need of behavioral health services under the Baker Act and/or Marchman Act.

Transportation from one facility to another will be coordinated and paid for by the sending facility. A non-emergent transportation company may provide this service. Law Enforcement is not responsible to transport from one facility to another.

C. Methods of Transportation – The Pasco County Sheriff’s Office is designated by this plan as the Law Enforcement Agency within Pasco County to take a person into custody upon the entry of an ex parte order and to transport that person to the appropriate facility within the designated receiving system for examination.

While the Pasco County Sheriff’s Office is designated to transport individuals under the Baker Act and Marchman Act, all law enforcement agencies within Pasco County may take a person within their jurisdiction into custody and transport that person to the nearest appropriate facility within the designated receiving system for examination.

As required under s 394.462, all other law enforcement agencies within Pasco County have established policies that reflect a single set of protocols for the safe and secure transportation and transfer of custody of a person subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, 397.679, 397.6798, or 397.6811. These policies are maintained by the Law Enforcement Agencies and have been submitted to the Managing Entity.

Because Pasco County does not contract with an alternative transportation service provider, law enforcement cannot decline to transport individuals who meet the criteria described in fs 394 and/or fs 397 unless the individual is assessed to need emergency medical attention.

D. Individual and Family Choice

When an individual is transported to any Baker Act Receiving Facility, Marchman Act Receiving Facility, or an Emergency Room, that individual and/or his/her family continues to have a choice regarding which provider he/she wants to utilize. Florida Statute 394.4685 affirms that a patient who has been received by a public receiving or public treatment facility and has requested, either personally or through his or her guardian or guardian advocate, and is able to pay for treatment in a private facility shall be transferred at the patient’s expense to a private facility upon acceptance of the patient by the private facility. Whenever possible, an individual may be transported to the receiving facility of choice or that accepts his/her insurance benefits. In these circumstances, transportation will be arranged by the sending facility and will be at the patient’s expense. Law enforcement is not responsible for transportation between facilities. In all cases, clinical and public safety circumstances must be considered in the process.

E. Medical Clearance

The Pasco County Acute Care Committee will continue to maintain the “Exclusion and Eligibility Criteria” (Attachment B). The Acute Care Providers have agreed to adopt the BayCare Behavioral Health Unit Exclusion and Eligibility Criteria as the system wide criteria. These community guidelines will be used among all the community partners to ensure that individuals who are assessed to need medical care are treated in an Emergency Room or medical facility. Once the individual is “medically cleared” the medical facility will find the Baker Act Receiving Facility that best suits that individual’s needs. Transportation from one facility to another will be coordinated and paid for by the transferring facility. A non-emergent medical transportation company may provide this service. Law Enforcement is not responsible to provide transportation from one facility to another.

F. Inpatient System Capacity

The capacity of inpatient Behavioral Health Services in Pasco County are described in Attachment A.

G. Collaborative Problem Solving

The Pasco Acute Care Committee represents the community-based behavioral health system within Pasco County. The Pasco Acute Care Committee has established the following Collaborative Conflict Resolution Process.

The Pasco Acute Care Committee will

- Act as the forum for addressing issues as they arise in the implementation of this Transportation Plan.
- Facilitate the collaborative conflict resolution process between agencies by identifying a Transportation Plan Sub-Committee to work collaboratively to resolve issues related to the implementation of the plan. Those involved shall report the results of the conflict resolution process to the full Acute Care Committee including making recommendations regarding amending this Transportation Plan if necessary.
- Assure that this Transportation Plan is reviewed and approved as required and make revisions of the Transportation Plan when needed.

All agencies and providers that are involved in the acute behavioral health system of care are responsible for participating in the Pasco County Acute Care Committee. The Department of Children and Families and Central Florida Behavioral Health Network will actively support and participate in this process.

**Attachment A:
Designated Receiving Facilities within Pasco County Acute System of Care**

Facility	Address	Licensed Capacity Baker Act	Licensed Capacity Marchman Act
Medical Center of Trinity, West Pasco Campus	5637 Marine Pkwy, New Port Richey, FL 34652	46 Adults 16 Geriatric 62 Total Adults	N/A
Morton Plant North Bay Hospital Recovery Center	21808 State Road 54 Lutz, FL 33549	47 Adults 25 Children	N/A
North Tampa Behavioral Health	29910 State Road 56 Wesley Chapel, FL 33543	70 Adults	5 Adults
Agency for Community Treatment Services (ACTS)	3575 Old Keystone Rd Tarpon Springs, FL 34688	N/A	10 Adults
BayCare ISU	8132 King Helie Blvd. New Port Richey, FL 34653	30 bed adult unit dual licensed	

**Attachment B:
Medical Clearance Document**

**Admission / Transfer for BayCare Behavioral Health Unit
Exclusion and Eligibility Recommendations**

Revised
October 2019

**Decisions outside of these criteria requires 1:1 discussion between
ED Physician or Medical Hospitalist and a Psychiatrist or Medical Consultant**

<u>MEDICAL CONDITIONS</u>	Exclusion / Eligibility Recommendations
<p>LABS / CHEMISTRY (parameters)</p>	<p>Lab values must be current (72 hours dependent on the medical condition) BayCare Behavioral Health Receiving Facilities cannot accept patients with abnormal labs outside of these values without prior approval:</p> <p>HEMATOLOGY: Hemoglobin: < 7 g/dL (unless stable or chronic condition)</p> <p>Sodium: < 128 mmol/L or \geq 159 mmol/L</p> <p>Potassium: \leq 3.0 mmol/L or \geq 6.0 mmol/L</p> <hr/> <p>WBC: \geq 20,000/mL (exceptions made for patients with stable CML) or \leq 3,000/mL (unless stable or chronic condition)</p> <p>Stable Chronic Dialysis patients will be accepted, individuals with acute uremia are not eligible for admission.</p> <p>Patients who require \geq 2 units of PRBC's in a 24 hr period are not eligible for transfer</p> <p><u>CRITICAL VALUES ADULT REFERENCE – UPPER LIMITS:</u> Chloride 113 mmol/L, Creatinine 2.0mg/dL (if chronic kidney disease may be stable, check for .5 changes in past 24 hours) Glucose 74 mg/dL, Glucose 300 mg/dL, Hematocrit 54%, Hemoglobin 19.9 mg/dL, Magnesium 3.3 mg/dL, Platelets 450 th/uL, Valproic Acid 150 mcg/mL. lithium 2.0,</p>
<p>CARDIAC BLOOD PRESSURE:</p>	<p>FOR ALL FACILITIES: NO PATIENTS WHO REQUIRE TELEMETRY MONITORING. If patient has attained diagnostic tests for cardiac, they must reflect medical stability. If original admission to hospital was for acute CHF, CHF patients must meet BayCare Guideline for CHF Discharge. le lower weight, sodium above 135, 50% improvement in BNP.</p> <p>No individuals with significant alterations in their normal baseline BP unless clinically asymptomatic and on medication (if needed) ADULTS \geq 180 mmHg / 110 mmHg or \leq 90 mmHg / 60 mmHg</p> <ul style="list-style-type: none"> • If the Behavioral Health patient in the ER is asymptomatic and BP is not over 180/110– can go directly to BH. • If the Behavioral Health patient in the ER has known hypertension and has

	<p>been prescribed hypertension meds but has not been taking them and BP is not over 180/110– ER can restart the patient on meds, then patient can go to BH.</p> <ul style="list-style-type: none"> • If the Behavioral Health patient in the ER has high BP > 180/110 and is asymptomatic, and the ER cannot lower it, the patient must be admitted medically. If the ER lowers the BP, the ED physician should provide recommendations for Hypertension Treatment. • If the patient BP is over 180/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization. <p>Child ages and 99 percentile parameters. Outside these parameters will require telephonic consultation and approval by on call pediatric hospitalist or cardiologist:</p> <p>16-18: >140/90 or <90/60</p> <p>12-15: >125/80 or <90/60</p> <p>6-11: >125/80 or <85/55</p> <p>2-5: >115/75 or <80/45</p>
DIABETES	<p>All Behavioral Health transfers must have a measurable blood sugar ≤300 mg/d. Diabetic emergency conditions such as diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic syndrome (HHS) should be excluded prior to transfer. Standard Insulin Sliding Scale Regimens can be used prior to formal consultation with Internal Medicine on Psychiatric Unit. Implanted Pumps are allowed as long as they have a safety mechanism to prevent overuse.</p>
OVERDOSES	<p>Overdoses will be treated by the ED physician and will have a medical clearance order following stabilization. Individuals who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs as related to the drug. (i.e., Acetaminophen OD will require APAP levels, liver function tests and will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment must <u>complete treatment</u> at the medical facility.</p> <p>ADULT REFERENCE – UPPER LIMITS: Acetaminophen 150 mcg/mL, Carbamazepine 15 mcg/mL, Digoxin 2.4 mg/mL, Lithium 2.0 mmol/L, Phenobarbital 60 mcg/mL, Phenytoin 25 mcg/mL, Salicylate 31 mg/dL, Theophylline 20.1 mcg/mL, Vancomycin 40 mcg/mL</p>
ALCOHOL / DRUGS ETOH:	<p>Cannot be in severe withdrawal CIWA Score > 20. Cannot be primary need for treatment. Blood alcohol level must be < 300 mg/dL or should be anticipated to be < 300 based on ETOH clearance of 25 mg/dL/hour performed from time of lab draw, disorientation, altered mental status or unconsciousness cannot be admitted to Behavioral Health.</p>
NEUROLOGICAL HEAD TRAUMA: SEIZURES:	<p>Individuals with recent head trauma (<2 weeks) and with neurocognitive features of traumatic brain injury (new onset of memory, balance, executive function impairment) will need to have a documented recent neurological exam as part of the physical exam and appropriate testing to exclude bleeding or other acute intracranial anatomic abnormalities prior to acceptance.</p> <p>Patients that have a known seizure disorder who have had a seizure (witnessed or</p>

	unwitnessed) within the last 24 hours will require medical admission and treatment. Patients will need to be free of seizure activity for 24 hours to be accepted to a Behavioral Health unit.
SKIN/LINES/PORTS	No patients receiving IV fluids/meds. Permanent access or surgically placed ports are eligible for transfer.
WOUNDS:	Cannot accept wounds that require wet dressings or dry dressings that require intensive treatment due to their size and/or location. No Drainage tubes. Once daily dry dressings are acceptable if wound care nurse will follow the patient 2 to 3 times a week.
OSTOMY:	Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units within medical hospitals.
BEDSORES:	No Patients with Stage 2, 3 or 4 bedsores or contact precautions.

<u>MEDICAL CONDITIONS</u>	Exclusion / Eligibility Recommendations
INFECTIONS	<p><u>ALL FACILITIES:</u> Cannot accept Patients with infections (URI's phlebitis, UTI's renal complications, cellulites, etc.), with elevated temperatures ≥ 101 degrees F and have not been treated by referring facility prior to transfer will not be accepted.</p> <p>Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per infection control policy and procedure.</p> <p><i>Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.</i></p> <p><i>Elevated LFT's AST/ALT requires Hep A IGM antibody test prior to medical clearance. Hep A positive will not be accepted into behavioral health.</i></p> <p>Review with infection control on a case by case basis when results are borderline. Patients may have return trips back to the ER/hospital after this initial episode. Even if the liver enzymes have not returned to normal, they will <u>NOT</u> require any further isolation/precautions. Hepatitis A can only be acquired once and provides lifelong protection against a re-infection. See BayCare policy and procedure.</p> <p><i>Lice/Scabies requires 24-hour isolation post treatment per BayCare policy/procedure.</i></p> <p><i>MRSA positive/MDROs accepted per BayCare policy/procedure.</i></p>

<p>RESPIRATORY</p>	<p>Individuals who have respiratory needs that require suction, or continuous oxygen, or have a recent tracheotomy are not accepted. No patients with Pulse Ox < 90% on room air will be accepted.</p> <p>Patients requiring continuous or intermittent oxygen during sleep will be accepted to psychiatric units within medical hospitals with medical bed capability.</p> <p>Patients requiring BiPAP will not be accepted to inpatient behavioral health units. Patients requiring CPAP are accepted.</p>
<p>Orthopedics/Oncology BROKEN BONES:</p> <p>CANCER:</p>	<p>Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) will be reviewed on a case-by-case basis by BH clinical leadership. Generally unable to accept cases unless casting is complete. <i>Casting for fractures must be provided by the transferring facility prior to transfer.</i> Walking boots are permitted.</p> <p>Cannot accept patients actively receiving daily/continuous I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted</p>
<p>NUTRITION</p>	<p>Patients with NG or PEG tubes or who require enteral feeding tubes for metabolic stability maybe accepted at facilities.</p> <p>Patients unable to self-feed or take basic nutrition by mouth or who cannot void prior to transfer are excluded.</p> <p>Patients with PEG tubes must be able to provide their own tube feedings.</p>
<p>OB/GYN PREGNANCY:</p>	<p>Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia). Pregnant patients in acute alcohol or opiate withdrawal need to be treated in an acute medical setting.</p> <ol style="list-style-type: none"> 1. Patients in the first trimester should only have ultrasound if medically indicated by ED physician and in rare circumstances to confirm gestational age if no prior obstetrical care or inability to verify gestational age from patient history. Verification of fetal heart sounds is recommended. 2. Patients prior to 22 weeks will need an obstetrical consultation based on the discretion of the attending or if there are known medical problems being followed prenatally. Combine 1 and 2 because still first trimester. Ob consult or not 3. Patients 22-34 weeks of pregnancy must be placed in a psychiatric facility with immediate access to obstetrical services and should have an OB/GYN consultant. 4. Patients with complicating factors after 22 weeks of pregnancy or with conditions unable to participate in needed psychiatric care should be admitted to an obstetrical unit with immediate availability of psychiatric services and consultation.
<p>AMBULATION</p>	<p>Patients with have gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing <u>are eligible for psychiatric units with medical bed capability.</u></p>
<p>INCONTINENCE CATHETERS: (without active infection)</p>	<p>Patients with in-dwelling catheters (leg bag/suprapubic) who can perform self-care and have no active infectious process requiring isolation can be accepted. Patients requiring straight catheters who can perform self-cath/care independently can be accepted.</p>