

Florida Department of Children and Families (DCF)
SUNCOAST Region
Substance Abuse and Mental Health
Program Office

**Charlotte County Behavioral Health Transportation
Plan**

In accordance with

Florida Mental Health Act
(Baker Act)
Sec. 394.462, Florida Statutes
2023-2026

**Approved by the Charlotte County Board of County
Commissioners on:**

**DEPARTMENT OF CHILDREN AND FAMILIES SUNCOAST REGION SUBSTANCE
ABUSE AND MENTAL HEALTH PROGRAM OFFICE
CHARLOTTE COUNTY BEHAVIORAL HEALTH TRANSPORTATION PLAN**

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TRANSPORTATION PLAN

INTRODUCTION

Pursuant to the requirements of and in accordance with Chapter 394, Part I, Florida Statutes, the “Florida Mental Health Act”, or the “Baker Act”, Charlotte County developed a Behavioral Health Transportation Plan to organize a centralized system for acute care services. The Transportation Plan was developed by members of the Charlotte County Behavioral Health Transportation Planning Collaborators listed on page three and shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination or involuntary admission, governed by Florida Statutes, and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the facility.

Pursuant to Sec. 394.462(1), Florida Statutes, to transport that person to the appropriate facility within the designated receiving system pursuant to a Transportation Plan, or to the nearest receiving facility if neither apply. The term of this Plan will extend for three years, to be reviewed annually. It may be cancelled by either party at any time. The Transportation Plan may be modified or amended in writing and with the proper approvals.

HISTORY/PURPOSE

The Charlotte County Board of County Commissioners entered into an agreement with the Charlotte County-funded transportation provider, Ambitrans Medical Transport, Inc. (“Agreement”) in order to provide Baker Act/Marchman Act transportation to appropriate Baker Act/Marchman Act Receiving Facilities. This Agreement has been renewed each year since the initial contract pursuant to a request by the Charlotte County Fire/EMS Department in order to transport mental health patients to and from medical facilities located within Charlotte County to hospitals and mental health facilities located both in and out of Charlotte County. Agreement regarding Baker Acts was on January 1, 2002 and regarding Marchman Acts was in 2020.

BEHAVIORAL HEALTH TRANSPORTATION PLAN COLLABORATIONS:

The purpose of the Charlotte County Behavioral Health Transportation Plan Group is to discuss the operation of the Transportation Plan. The group meets regularly to review grievances and assurance of patient rights as related to the Plan.

The Behavioral Health Transportation Plan was created and reviewed by the following agencies:

- Charlotte Behavioral Health Care, Inc. and CBHC Crisis Services
- Charlotte County Sheriff’s Office
- Punta Gorda Police Department
- Department of Children and Families
- Riverside Behavioral Center at Shorepoint Health Punta Gorda
- Ambitrans Medical Transport
- Central Florida Behavioral Health Network
- Charlotte County Fire/EMS
- Bayside / Sarasota Memorial Hospital
- CPE / Mobile Crisis
- Shorepoint Health Port Charlotte
- Englewood / Fawcett Hospital

Charlotte County School System

GOALS AND OBJECTIVES

The following are the goals and objectives of a Transportation Plan:

- Implement a coordinated system of transportation and access to psychiatric services for children and adults under a Baker Act order
- Substance abuse services for adults under a Marchman Act order in Charlotte County.
- Provide specialized services to children subject to the Mental Health Acts.
- Provide a dignified, humane, and streamlined method of transportation to and among acute care facilities, and for individuals in need of acute psychiatric care from nursing homes, assisted living facilities or other residential settings.
- Assist law enforcement and the County-funded transportation provider in the efficient transport of individuals in need of services to the most appropriate facility.
- Enhance the ability to fully utilize the capacity of acute care services in the county and reduce the unnecessary delay of transfers between facilities.
- Ensure continuity and coordination of care among providers.

In order to accomplish these objectives, the Charlotte County Behavioral Health Transportation Plan requires that law enforcement agencies in Charlotte County and the County-funded transportation provider transport individuals in need of mental health services under the Baker Act/Marchman Act to the designated Receiving Facility directed by this Transportation Plan which may not be the nearest Receiving Facility.

This Plan does *not* address patients who are seeking mental health or substance abuse services on a voluntary basis.

The Transportation Plan focuses on the following populations located within Charlotte County:

Children and Adolescents Who Are Age 17 and Under

The Transportation Plan addresses the needs of both children and adolescents. Law enforcement agencies in Charlotte County and the County-funded transportation provider will transport individuals age 17 and younger to the designated Children's Receiving Facility:

Charlotte Behavioral Health Care, Inc:
1700 Education Ave., Punta Gorda, FL 33950

In order to expedite the screening and assessment process, law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider shall call the Facility at **941-575-0222**, if possible prior to arrival to provide personal information that includes, (if known): name, age, birth date, social security number, apparent medical concerns, and any substance abuse concerns such as level of intoxication.

Adults Who Are Age 18 and Older

The Transportation Plan addresses the needs of adults that are age 18 - 64. Law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider will transport individuals that are age 18 and older to:

Charlotte Behavioral Health Care, Inc. 1700
Education Ave., Punta Gorda, FL 33950 (941-575-
0222)

In order to expedite the screening and assessment process, law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider can call the facility prior to arrival to provide personal information that includes, (if known): name, age, date of birth, social security number, apparent medical concerns, and any substance abuse concerns such as level of intoxication.

Adults Who Are Currently Incarcerated

The Transportation Plan addresses the needs of adults who are currently incarcerated. Charlotte County Sheriff's Office will transport adults currently incarcerated in need of Baker Act services to:

Charlotte Behavioral Health Care, Inc.
1700 Education Ave., Punta Gorda, FL 33950.
941-575-0222

In order to expedite the screening and admission process the Sheriff's Office can call the facility at **941-575-0222** prior to arrival to provide personal information that includes, name, age, date of birth, social security number, apparent medical concerns, and any substance abuse concerns such as level of intoxication. If a patient on the unit is under a jail hold and needs medical attention, CBHC will coordinate with the Charlotte County Sheriff's Office for transportation to the hospital of the Sheriff's Office choice, based on their current contract.

Customer Choice:

When possible, an individual who enters either a Baker Act Receiving Facility or an emergency care center has a choice for treatment. The factors to be considered for the individuals' care include:

1. The family
2. The individual's preferred health insurance provider.

If deemed to be in a need of inpatient services, the individual is transported to the Receiving Facility where his/her insurance benefits cover the cost of inpatient care, if requested by the individual or their family, when at all possible. Clinical and public safety circumstances are also always assessed in the process.

MEDICAL STABILIZATION

The Charlotte County Behavioral Health Transportation Plan Group maintains and revises the medical exclusionary guidelines that are used to assist in determining the most appropriate inpatient setting for psychiatric patients requiring hospitalization. These guidelines are used among all the community partners to ensure that individuals who are assessed to need medical care are treated in a hospital. Once the individual is medically stabilized, the medical facility determines the appropriate Baker Act or Marchman Act receiving Facility. Transportation from one facility to another is coordinated by the transferring facility. The Charlotte County-funded transportation provider may provide this service. Law enforcement is not responsible to transport from one facility to another. Transportation by the County-funded provider will only be covered by Charlotte County government when the individual is transported to the Central Receiving Facility or the Charlotte County Jail. Transportation to any other facility will become the financial responsibility of the sending facility.

If a jail-hold patient is currently under a Baker Act and at the receiving facility and in need of medical attention, the facility will coordinate with the Charlotte County Sheriff's Office for transportation to the hospital of the Sheriff's Office choice.

MEDICAL TREATMENT

If there is an obvious major medical condition presented to law enforcement, individuals will be transported by Charlotte County Fire and EMS to the most appropriate medical facility.

BAKER ACT TRANSPORTATION:

Law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider are responsible to transport those individuals in need of mental health services under the Baker Act to the closest and most appropriate Receiving Facility.

When an individual has a medical issue that needs to be addressed or an intoxication level that is medically compromising, law enforcement, Charlotte County Fire and EMS, or the Charlotte County-funded transportation provider shall transport the individual being detained under a Baker Act order to the most appropriate emergency care center for medical stabilization.

Once an individual is in a facility, there are occasions when that individual needs to be discharged from one facility and transferred to another facility. Transportation between facilities is coordinated by the transferring facility. The Charlotte County-funded transportation provider may provide these services under the following conditions:

- Ground ambulance transportation of Baker Act patients from the scene not initiated through the county 911 system (in Charlotte County, FL) to Baker Act receiving facility/ER in Charlotte County, FL;
- Ground ambulance transportation of Baker Act patients from Charlotte County acute care hospital emergency rooms (Shorepoint Health Port Charlotte, Shorepoint Health Punta Gorda, Fawcett Hospital, Englewood Hospital) to Baker Act in-patient facilities in Charlotte County, FL. If no appropriate Charlotte County in-patient Baker Act facility is available for the patient, then Ambitrans will transport the patient via ground ambulance to the next closest appropriate Baker Act receiving facility located in either Sarasota or Lee Counties.
- Ground ambulance transportation of Baker Act patients court-ordered to a State hospital;
- Transportation to any other county will not be covered under the arrangement between Charlotte County and the County-funded provider and will be the financial responsibility of the sending facility.

When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement, the individual shall first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate Receiving Facility, which shall be responsible for promptly arranging for the examination and treatment of the person.

When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavioral that meets the statutory guidelines for involuntary examination under this part, the law enforcement officer shall transport the person to the appropriate receiving facility for examination.

Law enforcement is not responsible to transport individuals from one facility to another unless the individual has pending criminal charges. In that case, the Charlotte County Sheriff's Office shall be noticed prior to transfer and will provide the transportation.

Upon completion of treatment for individuals who are designated "on hold" as a result of being booked prior to treatment, the Receiving Facility is required to contact the Charlotte Sheriff's Office to arrange for transportation to the Charlotte County Jail.

BAKER ACT RECEIVING FACILITIES:

- **Charlotte Behavioral Health Care, Inc.:** located at 1700 Education Ave., Punta Gorda, FL 33950 is a receiving facility licensed by the Agency for Health Care Administration (AHCA) **941-575-0222**

MARCHMAN ACT TRANSPORTATION:

The Transportation Plan also addresses and clarifies Marchman Act transportation by law enforcement and the Charlotte County-funded transportation provider to:

Central Receiving Facility at **Charlotte Behavioral Health Care, Inc.**, 1700 Education Ave., Punta Gorda, FL 33950.
941-575-0222

If an individual has a medical issue that needs to be addressed or an intoxication level that is medically compromising, law enforcement, Emergency Medical Services, or the Charlotte County-funded transportation provider is required to transport the individual being detained under a Marchman Act order to the most appropriate medical facility for medical stabilization. When the individual has been stabilized, the hospital may call the Charlotte County funded transportation provider to transport the individual to the Central Receiving Facility, if a bed is available and if the individual still requires residential placement under the Marchman Act. The individual may remain at the hospital as well.

If the individual being detained by a Marchman Act order is combative or uncooperative, law enforcement will transport the individual directly to the Charlotte County Jail.

If the Central Receiving Facility is at capacity, transport will be to the Charlotte County Jail unless the individual is medically compromised which will require transport to the most appropriate medical facility. When stabilized, the medical facility will call the Central Receiving Facility to determine transfer or referral to another like facility.

No Wrong Door

Charlotte County chose the Central Receiving System Model. The Central Receiving Facility (CRF) provides a comprehensive and efficient “no wrong door” to the Designated Receiving System for persons in crisis. Individuals and families, first responders, and law enforcement do not have to spend time determining the appropriate service agency or providing secondary transport if they choose the “wrong” facility. This model enables law enforcement officers to return to patrol more quickly. The CRF offers prompt access to screening and triage, and to crisis stabilization on an outpatient or inpatient basis (CSU or Detox). The CRF serves both children and adults under the Baker Act or Marchman Act. The CRF also provides Care Coordination for persons who meet criteria for high need/high utilization of acute care. For purposes of the Designated Receiving System, this is defined as three or more acute inpatient episodes of care or having stayed sixteen or more days in a Crisis Stabilization Unit (CSU) or Addictions Receiving Facility (ARF), within a six-month period.

Care Coordination

Care Coordination implements deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. These connections include Charlotte County Transportation Plan

behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. Examples of Care Coordination include development of referral agreements, shared protocols, and procedures for information exchange. It is a time-limited resource with a heavy concentration on educating and empowering the person served and provides a single point of contact until a person is adequately connected to the care that meets their needs.

Mobile Crisis Response Teams

Mobile Crisis Response Teams (MRTs) is designed to improve behavioral health services by providing on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. MRTs are available 24/7 to provide on-site crisis intervention within 60 minutes, ensure timely access to supports and services, and resolve crises. Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources. A primary goal of MRTs is to prevent unnecessary psychiatric hospitalizations. MRTs can also serve as a mechanism of jail diversion in reducing arrest of criminal offenders who have a mental health disorder, are experiencing serious emotional distress, and/or threatening self-harm.

MRT intervention during a developing mental health crisis can reduce over-reliance on law enforcement responses to less-urgent, non-life-threatening emergencies. MRTs are comprised of clinicians who have the formal training and know-how to effectively resolve mental health crises and potentially reduce use of the Baker or Marchman Act and law enforcement transport when an individual is experiencing a psychiatric crisis.

SYSTEM OVERSIGHT

To resolve complaints, grievances, and disputes that might arise during implementation of the Transportation Plan, CBHC Director of Crisis Services will review admission data and any outstanding issues. Complaints and grievances would be reviewed by the Behavioral Health Acute Care Stakeholder Committee in collaboration with state/county/local officials and resolved to the satisfaction of the complainant whenever possible. The Group implements necessary actions in response to its ongoing reviews and any public or Department of Children and Families reviews. This document will be reviewed on annual basis. Any updates will be approved by the County Commissioners and updated with the Department of Children and Families, Substance Abuse and Mental Health Program Office as well as Central Florida Behavioral Health Network.

The Suncoast Region Department of Children and Families, Substance Abuse and Mental Health Program Office (the Department) along with Central Florida Behavioral Health Network is responsible for providing oversight to the Baker Act/Marchman Act System in Charlotte County. The Department shall monitor this Transportation Plan on an annual basis. The Department has the authority to resolve issues concerning the Baker Act/Marchman Act. The Department also receives client grievances or complaints directly from clients. The Department is available to mediate interagency problems as well as coordinate other services needed for clients beyond acute care services. The Department also has a working relationship with the Agency for Health Care Administration.

INTERORGANIZATIONAL COLLABORATION

The previously mentioned community partners have shown a commitment to improve the access of Charlotte County residents to the acute care services system. The success of this plan has been possible with the long-term commitment of all community partners. There is continuous oversight by the Department of Children and Families, Substance Abuse and Mental Health Suncoast Region office to ensure that all services outlined here by the Public Baker Act/Marchman Act Receiving Facilities meet the standards as outlined by Florida Statute. The benefit of a coordinated system of care is less fragmentation

of services and a more efficient and cost- effective methods of providing care. The provisions outlined in this plan have decreased unnecessary transports of individuals by law enforcement or the Charlotte County-funded transportation provider to an incorrect facility, reduces the number of transfers between facilities and reduces the need for area hospitals to treat those individuals who need to be in a more appropriate setting.

For questions or concerns related to this plan, please contact Central Florida Behavioral Health Network at 813-740-4811.

Charlotte County contacts include:

Central Florida Behavioral Health Network – Community Manager C12/C20 813-740-4811

Charlotte Behavioral Health Care, Inc. – Chief Operating Officer 941-347-6402

Charlotte County Fire/EMS – Director of Public Safety 941-833-5600

Any changes to the Transportation Plan should be sent in writing to:

Charlotte Behavioral Health Network C/O Chief Operating Officer 1700
Education Avenue Punta Gorda, FL 33950.

EXCEPTIONS

The following are exceptions which may be granted by the Secretary of the Department for the purposes of improving service coordination or better meeting the social needs of individuals, pursuant to Sec. 394.462, Florida Statutes:

1. An arrangement centralizing and improving the provision of services within a district, which may include an exception to the requirement for transportation to the most appropriate receiving facility.
2. An arrangement by which a facility may provide, in addition to required psychiatric services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties;
3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities and to treatment facilities.

Charlotte Behavioral Health Care Medical Criteria as of 8-10-2022:

_____ BP must be stabilized and appropriate anti-hypertension medication started.
_____ BP < 180/100 – 2 readings, 15 minutes apart
_____ HR >50 and/or <120 – 2 readings, 15 minutes apart.
_____ Void of shortness of breath _____ fever _____ cough
_____ Temp (exclusions >100F for 48hrs) Last Reading: _____
_____ CBHC does not provide special diets.
_____ Patient does not require bedrails, adjustable bed or special equipment.
_____ Patient does not require oxygen, nebulizer or CPAP/assistance equipment.
_____ Patient must be able to care for ADLs independently, including if they are in a wheelchair. Walkers or canes not allowed due to safety risk.
_____ Patient must be continent of bowel and bladder. We cannot accept patients with colostomies or catheters of any kind.

- _____ Patient does not require dialysis nor have SXS of acute uremia.
- _____ No head trauma in past two weeks, negative CT of the head before he/she can be admitted to CBHC.
- _____ No broken bones without nurse to nurse and consent from CSU physician prior to patient transfer.
- _____ Patient does not require IV medications, and all IV access has been removed.
- _____ Patient does not require an insulin drip/pump or Accu-checks < QID. CBHC does not provide diabetic diets.
- _____ No open wounds, decubitus ulcers, bed sores etc., abnormal bleeding,-simple dry dressing changes only.
- _____ No known infectious disease until physician documents patient is no longer contagious.
- _____ Patient is under 65 years of age; Patients 65 or over require a nurse to nurse review to screen for admission prior to transfer.
- _____ Patients with dementia, stroke, significant cognitive impairment or developmentally disabled individuals that require toileting, feeding or needs 1:1 nursing
Care are not appropriate for the CRF.
- _____ Patients with seizure disorders MUST be seizure free for at least 24 hours, if not shall not be admitted to the CSU. If patient has had seizure activity in the
past week, patient will be admitted to the facility only after the patient has been seizure free for 24 hours, is alert and oriented, and has received medical
clearance from a physician which includes documented therapeutic levels of an anti-convulsant medication, and a nurse to nurse with CBHC has been
conducted.
- _____ Pregnant patients with ruptured membranes, vaginal bleeding, abdominal pain or pregnancy related complications e.g., edema, proteinuria, headache, or
no prenatal care within 4-6 weeks of delivery will not be admitted to the CRF. A Nurse to nurse with CBHC must be conducted for pregnant patients in
advance of transfer
- _____ Diabetics blood sugar is consistently between 75 and 300 with treatment. If Patient requires insulin, a nurse to nurse must be conducted in advance of
transfer to ensure we have the insulin on hand to care for the patient.
- _____ Patient is not currently bleeding. CBHC cannot accept patients with hemophilia. Patients with abnormal bleeding from any body orifice will have
His/her admission delayed until the condition is resolved and physician's documentation is provided that bleeding is not likely to resume. Patients with
Bleeding disorders and/or are on blood thinners requires a nurse to nurse in advance of transfer.
- _____ Patient must be awake, alert and capable of Independent Self Care (ADL's). Patients who require assistance with feeding, toileting or need 1:1 nursing care are not appropriate for the CBHC.
- _____ A patient in withdrawal from a sedative-hypnotic, including alcohol (BAL over 0.20), should be free of substance induced hallucinations, are alert and oriented, afebrile, with a heart rate and blood pressure that are within normal limits.
- _____ Tylenol overdose requires levels to be completed at 1 hour and 4 hours. Any patient receiving Mucomyst treatments, must have these treatments completed or discontinued at the hospital 4 hours prior to being considered for transfer to the CRF.
- _____ Tricyclic overdoses require an EKG, Cardiac enzymes & a cardiology consult resulting in normal results to be considered for admission to the CRF.
- _____ Neurological signs must be within normal limits and documented by the Emergency Department before admission can take place.
- _____ Acetaminophen level @ 1 hour: _____ Acetaminophen level @ 4 hours (overdoses only)
- _____ Salicylate level @ 1 hour: _____ Salicylate level @ 4 hours (overdoses only)

_____ Negative for COVID 19

_____ No active vomiting within past 10 hours. If the patient has been vomiting due to detox in the past 10 hours, a nurse to nurse may be conducted for review for potential quicker acceptance.

The following documents must accompany checklist: Original Baker Act or Marchman Act, Drug screen, pregnancy test, CBC, CMP any lab work, X-Rays and tests.

/ Shorepoint Punta Gorda Medical Exclusionary Criteria:

Shorepoint Punta Gorda reserves the right to refer elsewhere persons who do not meet the criteria for admission to one of its programs. The Hospital is not designed or equipped to handle the following patients:

1. Medical Stabilization
 - a. Patients evaluated at Bayfront Health Punta Gorda and meet the criteria for medical admission.
 - b. Patients presenting with life threatening Acute Medical or Surgical illnesses.
 - c. Patients referred by E.R. whose medical complications are unresolved require a physician-to-physician consult.
 2. Blood Pressure
 - a. Clients with alterations from their normal baseline blood pressure, which the admitting physician believes may not be appropriate for management (diastolic over 100 or under 60 and systolic over 180 or under 90). Sustained readings may be required to determine medical stability.
 3. Diabetes
 - a. Diabetes which is untreated or out of control. Insulin-dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl. Serum glucose determinations may be required.
 - b. Patients requiring an insulin pump to maintain blood glucose levels.
 4. Critical Lab Values
 - a. Critical abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.
 5. Wounds
 - a. Clients with wounds that require more than a wet to dry dressing.
 - b. Wounds, which require intensive daily treatment due to their size or location, or need of a sterile field.
 - c. Wounds that are draining.
 - d. MRSA.
 - e. Stage II and higher decubitis.
 6. Infections
 - a. Severe infections such as cellulites, active tuberculosis, severe urinary tract infection, severe gynecological infections, chickenpox, meningitis, gangrene.
 - b. Clients needing isolation related to disease or infectious process.
 7. Incontinence
 - a. Incontinent of feces/urine will be reviewed on a case-by-case basis at the discretion of physician.
 - b. No indwelling catheters.
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8. Musculoskeletal
 - a. Broken bones requiring physical therapy or requiring bed rest (non-ambulatory) are excluded. Generally unable to accept cases unless casting is complete or definitive follow-up orthopedic care arranged prior to transfer.
 - b. Fractures are considered for admission on a case-by-case basis.
 - c. Patients with extensive physical care needs that may be better met in another setting.
 - d. Patients must be able to ambulate and transfer with no more than a stand by assist.
 9. Catheters
 - a. Clients who have indwelling catheters of any kind.
 10. IV Fluids/ Nutrition
 - a. Clients receiving IV fluids/medications or requiring Total Parenteral Nutrition or blood transfusions.
 11. Seizures
 - a. Seizure clients who have not been taking anti-convulsive medication and have

positive recent seizure history (within past week and active seizures). Individuals will be appropriate for admission when either a therapeutic level of the appropriate anticonvulsive medication is documented or administration of a loading dose of appropriate anti-convulsive medication is documented.

12. Chemo-Therapy/End Stage Terminal Illness

- a. Clients requiring intensive treatment for cancer.
- b. Patients requiring hospice care for end state terminal illness.

13. Renal Dysfunction

- a. Clients requiring kidney dialysis or clients manifesting signs/symptoms of acute uremia.

14. Methadone

- a. Clients requiring methadone detox.
- b. Clients requiring methadone as pain management will be accepted.

15. Substance Abuse Withdrawal

- a. Patients presenting with a blood alcohol level of 150 or above requires a repeat ETOH level in two hours. Results of the second level need to indicate the level is decreasing
- b. Patients presenting with severe Delirium Tremors or seizures. P > 120, BP Systolic BP > 180 or under 90, diastolic over 100 or under 60.

16. Pregnancy

a. Exclusionary

17. Overdoses

- a. Overdoses will be treated according to Regional Poison Center Recommendations and are eligible for admission after medical stabilization.

b. Recommendations for treatment from Poison Control must be included in the referral prior to physician acceptance for admission

18. Respiratory

- a. Any client receiving Mucomyst Treatment.
- b. Patients needing suctioning, have continuous oxygen or a tracheostomy.
- c. Clients requiring C-PAP for sleep. Client must be able to supply their own machine.

19. Medical/Surgical Follow-up

- a. Clients who require urgent follow-up for medical or surgical conditions will be considered only with documented treatment plan and follow-up appointments in place.

Admission Exclusionary Criteria and Transfer Page 3 of 4

20. Intake/Output

- a. Patient must be able to take fluids and basic nutrition by mouth.

21. Custodial care

- a. Patients needing custodial care only.

22. Lines and Drains

- a. Patients with peripheral or central lines.
- b. Patient with feeding tubes, i.e. j-tube or g-tube

When a patient is determined to be ineligible for admission to one of RBC's programs, the reason for refusal (capacity or capabilities) is explained and treatment alternatives discussed. Ineligible applicants who cannot be or prefer not to be referred elsewhere will be provided appropriate advisement or recommendations for continued health care as clinically indicated at the time.

Criteria for Inter-Hospital transfer

On occasion, it is necessary to transfer patients to Bayfront Health Punta Gorda for treatment.

1. Non-emergent - The Nurse calls the psychiatrist and/or attending medical doctor and receives an order to transfer the patient to the Emergency Room at Bayfront Health Punta Gorda and obtains an order for how patient will be transferred, i.e., ambulance, Ambitrans or facility transport.

2. Medical Emergencies - Patient has become medically unstable.

- a. The Nurse calls the psychiatrist and/or attending medical doctor and receives an order to transfer the patient to the Emergency Room at Bayfront Health Punta Gorda

and obtains an order for how patient will be transferred, i.e., ambulance, Ambitrans or facility transport.

b. If a life-threatening emergency exists, the Nurse would dial 2111 to announce the need for Rapid Response Team intervention. The Nurse may also dial 911 depending on the code.

c. The ER is notified of the patient's transfer and a full history is given including medication regimen to the ER Nurse. The RBC staff will accompany the patient with patient's chart.

d. The paramedics are informed of the nature of the medical emergency by a nurse. The nurse will give an assessment of situation and pertinent history.

e. The emergency contact is notified of the transfer by the Charge Nurse.

f. If the patient is admitted to Bayfront Health Punta Gorda, he/she is immediately discharged from RBC.

g. On a patient's request, they may be transferred to another facility once a physician deems them medically stable for transfer.

3. Transfer to Another Psychiatric Facility

On occasion, patients may need to be transferred to another psychiatric and/or addictions treatment program because of personal preference, health coverage and/or a need for services not provided at RBC.

a. The treatment team under the direction of the psychiatrist determines the appropriateness of the transfer.

b. The patient signs a Release of Information.

c. The Social Worker contacts the facility and provides the required pre-admission information. At times, the psychiatrist may want a MD to MD consultation.

d. If the treatment program accepts the transfer, the social worker/ charge nurse facilitates transportation arrangements.

e. With appropriate releases of information, the patient's family is kept aware of transportation arrangements and notified of transfer.

Admission Exclusionary Criteria and Transfer Page 4 of 4

f. Information requested by receiving facility will be provided with proper release of information completed.

g. Transfer form is complete as applicable.

DEFINITIONS

Baker Act: The Florida Mental Health Act, governed by Sec.394, Florida Statutes.

Receiving Facility: Any public or private facility designated by the Department of Children and Families to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment [s. 394.455(26) F.S.]

Marchman Act: The **Marchman Act**, officially the "**Hal S. Marchman Alcohol and Other Drug Services Act of 1993**", is a [Florida](#) law that provides a means of involuntary and voluntary assessment and stabilization and treatment of a person allegedly [abusing alcohol](#) or [drugs](#).