

Hillsborough County Behavioral Health Transportation Plan

3-Year Renewal: 2025-2028

In accordance with

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

Approved by:

Hillsborough County Health Care Advisory Board

Approved by:

Hillsborough County Board of County Commissioners

Submitted to:

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

For approval by:

Shevaun Harris, Cabinet Secretary
Florida Department of Children and Families

Table of Contents

Hillsborough County Transportation Plan	2
Community Partnership & Problem Solving: Background	4
Community Partnership & Problem Solving: Contemporary Perspectives	5
The Transportation Plan: 2022-2025	7
Accessing the Designated Receiving System:	7
Involuntary (Baker Act) Exam Initiations:	8
Baker Act Involuntary Admissions:	8
Baker Act Voluntary Admissions:	8
Marchman Act Admissions:	8
Methods of Transportation:	9
Involuntary Transports:	9
Voluntary Transports:	10
Transports Involving Minors:	10
Specialized Transportation Services:	10
Medical Clearance:	11
Law Enforcement Response to Behavioral Health:	11
Gracepoint Mobile Response Team:	13
Individual and Family Choice:	13
Transportation between Facilities:	13
Accountability:	14
Individual Disputes and Grievances:	15
Domains of Performance Affected:	15
Cooperation, Collaboration and Commitment:	16
Index of attachments to the Hillsborough Behavioral Health Transportation Plan:	17
Attachment A	18
Attachment B	22
Attachment C	24
Attachment D	27
Attachment E: Definitions	29

2025-2028

Hillsborough County Transportation Plan

In accordance with the changes promulgated by Senate Bill 12 (2016) to section 394.462(4), Florida Statutes, commonly referred to as the Baker Act, and section 397.6795, Florida Statutes, commonly referred to as the Marchman Act, the Department of Children and Families (DCF) Suncoast Region is requesting approval from the Secretary of DCF for this Transportation Plan. This Plan serves as a vital component of the comprehensive plan for a Designated Receiving System in Hillsborough County to meet the behavioral health needs of persons in crisis due to mental and/or substance use conditions.

The 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, medical services, contracted non-emergency provider, or family/friends; how transportation between participating facilities is handled; respect for individual choice of service providers; and funding to sustain a successful system of efficient and humane transportation for crisis intervention and care. Approval of this plan allows DCF and its community partners the authority to continue to provide immediate access to emergency services for persons in need of help for behavioral health disorders, supporting a comprehensive and successful system of acute care.

Section 394.4573 requires counties to plan a designated receiving system using a process that includes the Managing Entity and the participation of individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other stakeholders; and to document the designated receiving system through written memoranda of agreement or other binding arrangements. Managing Entities manage, administer and ensure accountability of state and federal funds for local substance abuse and mental health services within a network of over 300 providers around Florida. Managing Entities bring value to the state, communities, providers and most importantly vulnerable Floridians by promoting improved access to care, supporting the behavioral health workforce and ensuring accountability and transparency in the efficient use of taxpayer dollars. Section 394.4573(2) (b) outlines three possible organizational structures that a county or counties may adopt to fulfill the functions of a no-wrong-door model that responds to individual needs and integrates services among various providers. Those models include:

- a. A central receiving system that consists of a designated central receiving facility that serves as a single-entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.
- b. A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.
- c. A tiered receiving system that consists of multiple entry points, some of which offer only

specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

Hillsborough 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. A 'No Wrong Door' approach means that every door in the public support service system should be the right door with a range of services being accessible to everyone from multiple points of entry. This commits all services to respond to the individual’s needs through either providing direct services or linkage and case co-ordination, rather than sending a person from one agency to another. Section 394.4573(1) (d), F.S., defines the No Wrong Door (NWD) model as “a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

CFBHN acute care providers adopted the NWD philosophy to ensure that a person is assessed utilizing co-occurring capable processes. The goal is to link the person to the appropriate needed services, in the right frequency, and at the appropriate level of care. This includes treatment and social support services. The NWD philosophy provides easy and convenient access to treatment. The acute care providers and local receiving facilities, transportation companies and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual. The commitment to the NWD concept was fully implemented in various counties in the SunCoast Region via Central Receiving Systems (CRS). Although the concept is throughout the region, and ongoing training and contract requirements are in place, these services offered at the current CRS facilities represent a more advanced model that reaches across professions, providers, and service providers, including medical services.

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 persons age 18 and over. Youths age 17 and under will continue to be transported to the most appropriate Baker Act or Marchman Act designated receiving facility. 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. The attached flow chart (*Attachment D*) is a snapshot of how the Central Receiving Facility functions within a designated receiving system of care.

This plan is developed to address the transportation to support the designated receiving system, congruent with the Sections 394.462 and 397.6795. 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, 397.6822, 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).

Community Partnership & Problem Solving: Background

In 1991, the Baker Act Task Force was established to design an acute care system responsive to persons in need of mental health and substance abuse services. This original task force was composed of key stakeholders in Hillsborough County including city and county governments, law enforcement, community agencies, hospitals, and individuals and families served. The task force took an acute care system that was in crisis due to a lack of financial resources and service capacity, and through collaboration created an acute care model that has won state and national awards, including:

- The top Davis Productivity Award for the State of Florida (1997)
- National Innovation Award by the Partnership for Behavioral Healthcare –Presented to DCF in Washington, DC
- District 6 DCF Partnership Award to Mental Health Care, Inc. and the Baker Act Committee
- Nominated by the Secretary of DCF for the “Innovations in American Government Award” – Kennedy School of Government Harvard University & the Ford Foundation

The original task force was transitioned into an Acute Care Committee that continues to meet on a monthly basis under the auspices of the Managing Entity to address operational issues.

Historically, persons transported under the Baker Act for mental health services were required to go to the nearest receiving facility, unless an exception was approved first by the governing board of the county requesting the transportation exception, and then by the Secretary of the Florida Department of Children and Families (DCF). Pursuant to this, Hillsborough County has had a Transportation Exception Plan (TEP) in effect since April 1997. The Secretary of DCF renewed the original plan in 2002, 2007, and 2012, after approval by the Hillsborough County Board of County Commissioners. Key features of the TEP included provisions to (1) transport persons in need of mental health services under the Baker Act to a centralized assessment location rather than the nearest receiving facility; (2) provide required psychiatric services and an environment uniquely tailored to the needs of identified special needs groups, such as the frail elderly; and (3) offer specialized services for efficiently and humanely transporting patients to and among receiving facilities, and to treatment facilities.

Community Partnership & Problem Solving: Contemporary Perspectives

In 2016, the Florida Legislature passed Senate Bill 12, which made several significant changes to F.S. 394 and 397 effective July 1, 2016. A full summary of the legislation is beyond the scope of this Transportation Plan, but listed below are several key provisions of the law that inform and guide this Plan's development.

- Creates a designated receiving system that functions as a “no wrong door” model for acute care encompassing screening, triage, and assessment
- Supports a recovery-oriented system of care that addresses the needs of persons with behavioral health disorders through comprehensive, integrated services
- Requires counties to develop and implement transportation plans that support the designated receiving system
- Revises transportation requirements
- Requires law enforcement to develop policies on transportation and share their protocols with the Managing Entity
- Revises requirements for notice and transfer of records when public receiving facilities transfer patients to licensed hospitals
 - Requires data collection and reporting on Marchman Act utilization, as well as Baker Act, and transfers responsibility to collect and report this data from the Agency for Health Care Administration (AHCA) to DCF
- Establishes new categories of persons authorized to file professional certificates for involuntary assessment and stabilization under the Marchman Act

The Hillsborough County Acute Care Committee, a community-wide planning group, analyzes the local Baker Act system on an ongoing basis and agreed that this transportation plan is in the best interests of individuals and the community. A Subcommittee of the Acute Care Committee was established to review the existing Transportation Plan and present updates to the Hillsborough Acute Care Committee.

The following organizations and community-based planning groups that support the Hillsborough County Behavioral Health Transportation Plan agree to implement this Transportation Plan and will continue to develop a quality improvement and long-range service expansion plan:

- 13th Judicial Circuit Public Defender's Office
- 13th Judicial Circuit State Attorney's Office
- Agency for Community Treatment Services (ACTS)
- BayCare Health Systems: St. Joseph's Hospital, St. Joseph's Hospital - North and Northside Behavioral Health Center
- Central Florida Behavioral Health Network
- Department of Children and Families, SunCoast Region Substance Abuse and Mental Health Program Office
- Cove Behavioral Health, Inc.
- Gracepoint
- HCA West Florida Division: Tampa Community – HCA Florida West Tampa Hospital
- Hillsborough Board of County Commissioners
- Hillsborough County Sheriff's Office
- Individuals and Families
- James A. Haley Veterans Administration Medical Center
- National Alliance on Mental Illness, Hillsborough County
- Phoenix Programs of Florida, Inc.
- Plant City Police Department
- Tampa General Behavioral Health Hospital
- Tampa Police Department
- Temple Terrace Police Department
- The Crisis Center of Tampa Bay, and TransCare
- University of South Florida, Department of Mental Health Law and Policy, Florida Mental Health Institute
- University of South Florida, USF Health

This plan is to be submitted to the Hillsborough County Health Care Advisory Board for review. The Advisory Board serves as the County-recognized body to recommend approval of the plan to the Board of County Commissioners. The Board has the final authority to give approval to submit the plan to the Substance Abuse and Mental Health (SAMH) Program Office of the Suncoast Region DCF.

The Transportation Plan: 2025-2028

This plan takes effect on April 1 of 2025. Objectives for the Plan are to:

- Support the designated receiving system for acute care to provide screening and triage, comprehensive assessments and immediate access to services in Hillsborough County.
- Support diversion from inpatient acute care through outpatient crisis intervention, referral, linkage, and recovery support
- Provide a dignified, humane, and efficient method of transportation to and among acute care and medical facilities, including for persons from nursing homes, assisted living facilities, or other residential settings.
- Continue to contract with a transportation service provider (currently TransCare) to reduce the demand on law enforcement for transportation services.
- Divert admissions from hospital emergency rooms and maintain updated policies on medical clearance.
- Provide an appropriate alternative to jails and criminal justice system involvement for persons with behavioral health disorders.
- Assist law enforcement with training and on-site assessments (CIT, Mobile Response Team).
- Provide a range of acute care services to treat persons in the least restrictive setting in the community, avoiding state psychiatric civil or forensic hospital admissions.

The Hillsborough Transportation Plan endorses the authority to transport persons in need of services under the Baker Act or Marchman Act to the Central Receiving Facility rather than the nearest receiving facility (see Attachment A). The Central Receiving Facility is part of the Gracepoint Emergency & Acute Care Services Division located at 2212 A & B East Henry Ave. Tampa, FL 33610.

Accessing the Designated Receiving System:

Florida Statutes 394.462, 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 APRN, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance abuse services only, a master's level certified addictions professional, may execute a professional certificate. Professionals who initiate a certificate for emergency admission under F.S. 397.679 must indicate whether the person requires transportation assistance for delivery for emergency admission and specify the type of assistance necessary.
- Under F.S.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. In Hillsborough County, the community standard is that jail is the option of last resort, and the goal is for the Central Receiving Facility to make this option unnecessary.

Based on over twenty years of experience and data, it is anticipated that the majority of crisis transportation services will be provided by law enforcement.

Involuntary (Baker Act) Exam Initiations:

Involuntary Examination Level Analyses The majority of Hillsborough County residents who received an involuntary examination were seen at Mental Health Care (Gracepoint) (45.81%), St. Joseph's Hospital Behavioral Health Center (13.24%), HCA FL W Tampa Hospital (12.69%), and Morton Plant North Bay Hospital Recovery Center (7.78%). Physicians (who are not Psychiatrists) (65.91%) were the most common health professionals to initiate involuntary examinations, followed by Mental Health Counselors (14.64%), Clinical Social Workers (7.37%), Psychiatrists (6.01%), Marriage and Family Therapists (2.22%), Psychiatric Nurses (1.80%), Not Reported (

*Source: The Baker Act Florida Mental Health Act Fiscal Year 2021/2022 Annual Report

Baker Act Involuntary Admissions:

The involuntary admission of persons under the Baker Act for psychiatric care that are not able to make well-reasoned, willful, and knowing decisions consistent with Florida Statute 394.455 (15).

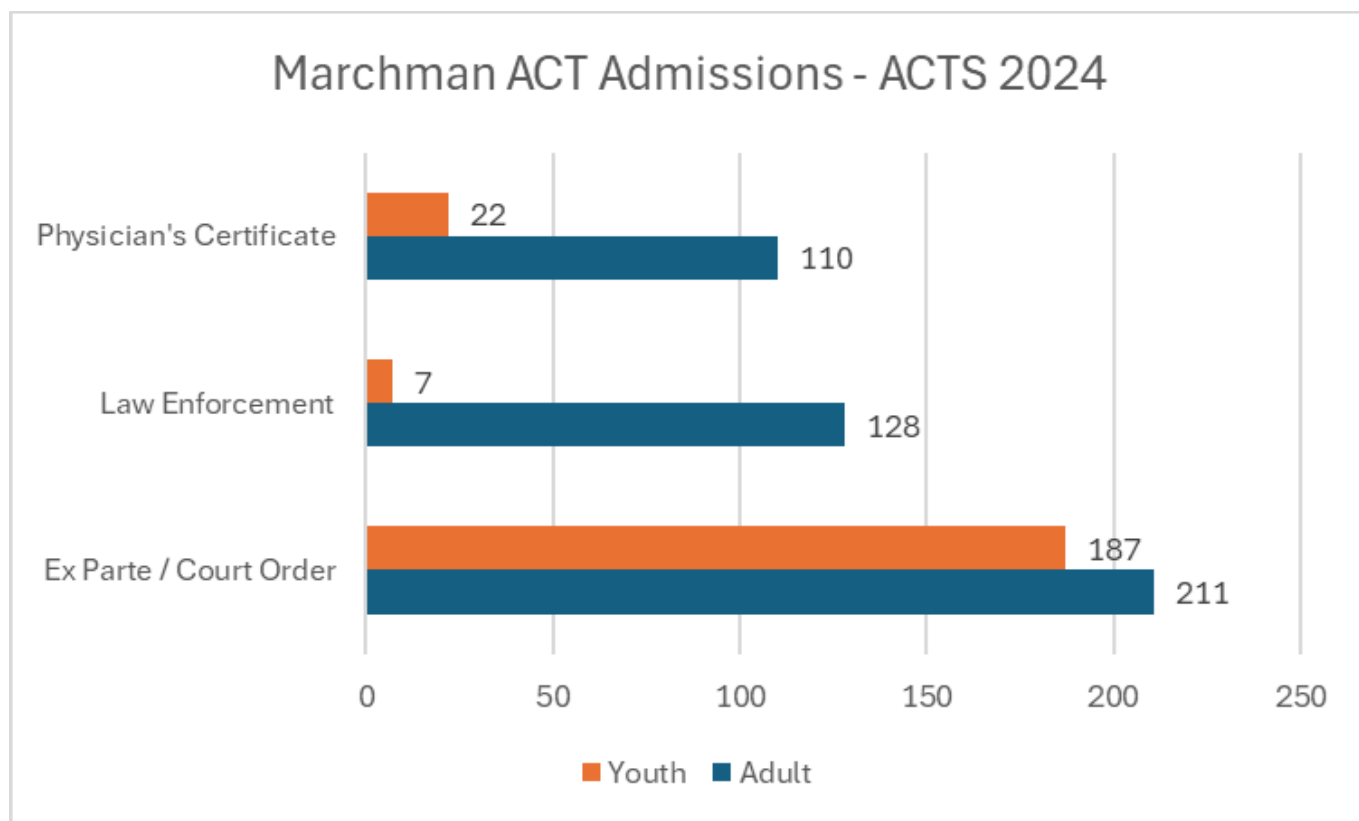
Baker Act Voluntary Admissions:

The Baker Act encourages the voluntary admission of persons for psychiatric care, but only when they are able to understand the decision and its consequences and are able to fully exercise their rights for themselves. When this is not possible due to the severity of the person's condition, the law requires that the person be extended the due process rights assured under the involuntary provisions. An adult may apply for voluntary admission if found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment.

Marchman Act Admissions:

Data for Marchman Act admissions to the Addiction Receiving Facilities recorded in the Agency for Community Treatment Services (ACTS) electronic Health record indicates that in 2024, out of 1902 admissions to the AARF, 449 were under a Marchman Act. 211 were the result of ex-parte / court order, with 128 initiated by law enforcement and only 110 by a professional certificate. Out of 258 youths admitted to the JARF in 2024, 216 were under the Marchman Act. 187 were initiated through ex parte / court order, 7 by law enforcement, and 22 by professional certificate. In 2024, there were 43 individuals admitted to the AARF who were from out of county.

Figure 2: Marchman Act Admissions – ACTS July 2023 – June 2024



*Source: Agency For Community Treatment Services, Inc. Fiscal year 2023-2024.

Methods of Transportation:

As part of this Plan, the Board of County Commissioners of Hillsborough County shall contract with a provider of alternate, non-law enforcement transportation for persons in need due to experiencing a crisis related to behavioral health. Currently, Hillsborough County contracts with The Crisis Center of Tampa Bay, which operates vehicles through its TransCare Medical Transportation Services (“TransCare”) division, to provide these services throughout the County. It is not possible for this Plan to outline every potential factor that may affect the decision on the method of transportation. However, in all cases the primary consideration is safety for the person in crisis and all others who are involved; and providing dignity, respect, and humane treatment for the individuals served during a challenging and difficult time in their lives. The current transportation contractor, TransCare, provides this dignified means of transportation and paraprofessional care to persons experiencing a crisis in their lives that may cause them to pose a danger to themselves or others or to be self-neglectful.

Involuntary Transports:

The alternate provider is not responsible for all involuntary transports. Law enforcement, along with the staff of the transportation provider and any involved clinicians, must make appropriate professional judgments based on the individual circumstances of each situation, determining if law enforcement transport is necessary due to public safety concerns. When law enforcement is not

required for transportation to involuntary inpatient placement per Florida Statute 394.467 or of patients under protective custody without consent per Florida Statute 397.6772, the 211 Hotline or TransCare Dispatch (813-964-1594) should be called to arrange alternate transportation. The alternate provider is responsible to transport persons either directly to the Central Receiving Facility, or to other receiving facilities (see *Attachment A* for a list of facilities); or to area hospitals when there is evidence that basic life support medical care or medical clearance is necessary. In both cases, TransCare can be utilized for transport services, thus reducing the burden on law enforcement. Activation and use of the 911 EMS system should only be sought in the event where there is a clearly defined advance life support medical necessity for that person to receive emergency help.

Voluntary Transports:

TransCare does not transport patients who are seeking voluntary admission that are void of Baker Act or Marchman Act status, unless the patient presents with a basic life support medical condition(s) requiring transportation to the appropriate hospital.

Transports Involving Minors:

Youth ages 17 and younger are transported to the most appropriate receiving facility (currently the Children's Crisis Stabilization Unit (CCSU)) or hospital, not to the Central Receiving Facility. Children below the age of 8, who are transported by TransCare, must be transported by a TransCare ambulance for the safety and wellbeing of the patient.

TransCare may provide transport to or from the Central Receiving Facility as part of its contract with Hillsborough County. In order to meet the requirements of the amended statutes, this plan intends that costs of such transportation shall be borne by private insurance, Medicaid, or Medicare if applicable, or if the person is indigent, by the Hillsborough County acute care transportation contract as the payer of last resort. In accordance with Florida Statute 901.35, the entity providing transportation may seek reimbursement for transportation expenses from a) a private or public third-party payer; b) from the person receiving the transportation; or c) from a financial settlement for medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.

TransCare strives to maintain high availability across Hillsborough County. To support timely service, TransCare requests that sending and receiving facilities be ready to transfer and/or accept care within 15 minutes of arrival. TransCare also provides private paying and Medicaid transportation, and can privately contract with hospitals for transfers to, from, and between Baker or Marchman Act receiving facilities as appropriate and requested. In addition, other private transport companies may transport private paying individuals or may contract with an area hospital.

Specialized Transportation Services:

In accordance with s. 394.462(1) (n), the County shall contract with a non-law enforcement provider (currently TransCare) to provide specialized services to persons living in an Assisted Living Facility (ALF), nursing home, adult day care center, or adult family-care home. Many of these persons are over the age of 60 and some may be frail. Historically, these cases have represented less than 2% of the involuntary Baker Act admissions, and this capability is now expanded to include Marchman Act admissions. This provides a dignified and humane alternative for vulnerable adults. A mobile crisis team, law enforcement, or a family member may request alternative, non-law enforcement transportation by contacting the 2-1-1 Hotline or calling TransCare Dispatch directly.

Recently, with the development of (Telehealth) and (Telemedicine), professional mental health personnel now have the capacity to place an individual under Baker or Marchman Act status without being in the physical presence of the patient. Gracepoint with the use of their Mobile Response Team can initiate transport with TransCare and submit a copy of the Baker Act to TransCare Dispatch electronically through encrypted email. Gracepoint also has a transport receiving agreement with St. Joseph's Hospital for an alternate receiving location. For other service providers, for TransCare to transport the patient placed under the Baker Act or Marchman Act, a physical original copy must be available at the time of transport, and verification of the patient must be completed at the scene prior to transport. The physical document submission and patient verification must be completed by a representative of the Baker Act or Marchman Act originator or by Law Enforcement acting on behalf of the service provider. Transport will be completed to the appropriate receiving facility within Hillsborough County. *

Medical Clearance:

The Acute Care Committee developed "Community Standards for Medical Clearance." These community guidelines are used to ensure that when medically necessary, persons are treated for high-risk physical health care conditions either at an emergency department or appropriate health care facility. Once a person is medically cleared and medically appropriate, the person will be transferred to the Central Receiving Facility or another appropriate public or private receiving facility.

In the event a person arrives at an emergency room, it is the expectation that the hospital will abide by federal Medicare Guidelines Section 1867, (COBRA) Examination and Treatment for Emergency Medical Conditions and Women in Labor (EMTALA) to screen, examine, stabilize, treat and transfer individuals appropriately. In turn, the designated receiving system shall work with the emergency room to coordinate the ongoing care of the individual, whether it is an outpatient discharge or referral or inpatient treatment. This system has worked well and a significant amount of trust between providers of acute care for behavioral health disorders and area hospitals has been built in order to provide access to care for persons in need of crisis stabilization or health related symptom reduction. After medical clearance, if the individual still meets criteria for transfer to the Central Receiving Facility, the contracted alternate transportation provider (currently TransCare) is contacted through the 2-1-1 Hotline or calling TransCare Dispatch directly. The transportation provider shall seek reimbursement pursuant to s. 901.3

Law Enforcement Response to Behavioral Health:

The Hillsborough County Sheriff's Office (HCSO) in collaboration with subject matter experts from both HCSO and outside community partners has implemented a Crisis Intervention Training (CIT) program.

The program provides law enforcement-based crisis intervention training for helping those individuals with behavioral health disorders. CIT works in partnership with those in behavioral health care to provide a system of services that is friendly to individuals with behavioral health disorders, family members, and law enforcement officers. HCSO's CIT model uses elements of the Memphis Model along with updated classes and is designed to facilitate small and large groups.

The CIT model includes 24 hours of training incorporating modules on: Baker Acts, Marchman Acts, the Transportation plan, mood disorders, psychotic disorders, personality disorders,

disruptive, impulse-control and conduct disorders in children, youth and adolescents, neurocognitive disorders and neurodevelopmental disorders, legal and Risk Protection Orders (RPO), veterans and Post-Traumatic Stress Disorder, homelessness, suicide, de-escalation techniques, HCSO's policy and procedures, utilization of transportation via the County's contacted transportation provider, and eight (8) hours of scenario based training.

HCSO has developed and implemented a Behavioral Resources Unit (BRU). The BRU is comprised of a Lieutenant, a Sergeant, a Corporal, six (6) Behavioral Health Deputies, six (6) Homeless Initiative Deputies, seven (7) Licensed Clinicians, four (4) Case Managers, and two (2) Victim's Advocates. The BRU utilizes the Licensed Clinicians and Case managers to assist in completing follow ups to assess individuals to connect them to resources to alleviate repeat calls for service resulting in Baker Acts or Marchman Acts.

The BRU utilizes a Behavioral Health Deputy and a Licensed Clinician for a Threat Assessment Team. The Threat Assessment Team is responsible for evaluating, assessing, monitoring, and engaging persons of concern. The Threat Assessment Team receives cases from local and Federal agencies. The Threat Assessment Team connects the persons of concern with resources and conducts follow ups as needed.

The BRU supervisors review each report involving individuals in mental health crisis involving the use of a firearm to petition for an RPO.

The Plant City Police Department (PCPD) has implemented training which includes a 1 hour Stress Management & Mental Health training completed online through FDLE training website and a 9 hour (3x3 hours blocks) Crisis Intervention Power Point. Created in house by PCPD Training Coordinator, based on CJSTC Crisis Intervention Course #53 (version 2010.10).

The Tampa Police Department and local community behavioral health providers collaborated and instituted a Behavioral Health Unit within the Tampa Police Department. The unit is overseen by a Lieutenant and comprises a Corporal and a Clinical Supervisor who oversees the daily operation of the unit and the four Crisis Intervention Response Teams. Each team comprises a sworn law enforcement officer and a licensed mental health professional. These teams respond to calls for service in addition to following up on individuals identified as high utilizers, assessing individuals in crisis, and attempting to divert individuals in crisis to an alternative rather than utilizing the Baker Act or Marchman Act. The unit collaborates with community partners by way of embedded case managers within each of the four major behavioral health providers. The case managers are dedicated resources exclusively handling cases referred from the Tampa Police Department. The unit partners with service providers and government entities to better serve our community members experiencing a behavioral health crisis. The Tampa Police Department teaches the 40-hour Crisis Intervention Training (CIT) Memphis Model (materials provided through Valor) to all of our new recruits prior to them hitting the streets in the FTO program.

Gracepoint Mobile Response Team:

Gracepoint Mobile Response Team: Gracepoint has operated a Mobile Response Team (MRT) for over 20 years and works out of the Central Receiving Facility. The MRT is staffed 24-7 by licensed professionals, care managers, and Peer Specialists to conduct on-site assessments. The Teams work closely with law enforcement, area hospitals, families, ALF's, Group Homes, and schools. Though not responsible for the actual transportation of persons, they provide onsite clinical assessments and crisis intervention at the scene. When possible, the teams divert persons from acute care by resolving issues on-site and referring persons for follow-up care. The Mobile Response Team averages approximately 60 calls per month with a 80% diversion rate.

Individual and Family Choice:

The publicly funded Florida state Baker Act and Marchman Act systems were created for persons in need of emergency behavioral health care and ongoing treatment. Throughout Hillsborough County, there are several providers equipped to offer the necessary care that a Baker Act and Marchman Act may warrant. Provider options may be limited by bed availability, funding, and how closely the person aligns with provider admission criteria.

Within these parameters, it is the intent of this plan to recognize and to be sensitive to individual and family choice, and to ensure that those choices are respected. Under this plan, if an individual meets the criteria for a Baker Act or Marchman Act and communicates a facility preference before or during the transport, the individual can be transported directly to the preferred facility

Factors that can impact the transport determination include but are not limited to: the individual's Behavioral Health Advance Directives or Wellness Recovery Action Plan (WRAP), a current or prior treatment provider relationship, insurance and/or other funding (e.g., VA eligibility), admission privileges or recommendation of the treating physician or initiating professional, availability.

Transportation between Facilities:

Florida Statute 394.462(2)(a) states that "If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the transportation plan established by the governing board of the county or counties must specify how the hospitalized patient will be transported to, from, and between facilities in a safe and dignified manner."

As previously noted, initial transportation may be provided by law enforcement, the County contracted transportation provider (currently TransCare), or family/significant others. Transportation to, from, or between facilities may be required due to several factors, including medical necessity, inpatient acute care capacity, or individual choice. Gracepoint, or in the case of persons under age 18, the CCSU, and the facility that the person is being transported to or from shall coordinate these transportation arrangements.

Historically, there has been no designated funding stream for those without third party coverage or resources for self-pay. As with initial transportation, this plan intends that the entity providing transportation between facilities may seek reimbursement in accordance with Florida Statutes 901.35. Costs should be borne by private insurance, Medicaid, or Medicare if applicable.

The contracted alternative transportation provider, currently TransCare, is able to provide transportation from a Hillsborough County acute care inpatient facility to a state psychiatric hospital for persons who are committed on a civil basis under s. 394. The Hillsborough County Sheriff's Office (HCSO) provides transportation to the state hospital for persons who are forensically committed under s. 916 (not guilty by reason of insanity or incompetent to stand trial), and from the state hospital to Hillsborough County for subsequent court appearances. The state hospital is responsible to plan and coordinate transportation for patients upon discharge from the hospital, and therefore this is not within the scope of the Hillsborough County Transportation Plan.

On request, TransCare also provides transportation for involuntary treatment hearings from receiving facilities to the designated hearing location.

Accountability:

The ultimate accountability lies with the State of Florida Department of Children and Families (DCF). The public official responsible for overseeing the Plan is the DCF Regional Substance Abuse and Mental Health Program Director.

The State of Florida operates a community-based behavioral health system, and most direct services are contracted with nonprofit behavioral healthcare providers. In Hillsborough County, the DCF Suncoast Region Substance Abuse and Mental Health (SAMH) Program Office contracts with the Managing Entity, currently Central Florida Behavioral Health Network (CFBHN). CFBHN has contracted with Gracepoint to operate the Central Receiving Facility, in collaboration with ACTS.

The DCF Suncoast Region Substance Abuse and Mental Health (SAMH) Program Office, in collaboration with CFBHN and community mental health providers, coordinates the monthly Acute Care Committee meetings, and facilitates time-limited or ongoing subcommittees of the Committee, such as the Transportation and Medical Clearance Subcommittees. This public/private forum is used to oversee and coordinate the operational system. All members of the public are welcome to attend and bring acute care issues or problems to the committee for resolution.

The DCF-SAMH Office is responsible for the following, either directly or by delegation to the Managing Entity:

- Continuing system oversight
- Safeguarding the rights of individuals in service delivery
- Annual monitoring of the quality of services through contract review
- Designating and monitoring receiving facilities, treatment facilities, and receiving systems
- Assistance to resolve issues between providers, if not resolved in Acute Care Committee
- Participating in Subcommittees of the Acute Care Committee
- Data collection and reporting on the designated receiving system, including success
- in diverting individuals from acute care inpatient services, jails, and forensic facilities

The Managing Entity in our region, currently CFBHN, is accountable to maintain the Transportation Plan and to make it available to law enforcement and first responders.

The Central Receiving Facility has several contracted performance measures that are reviewed in the Designated Receiving System Plan. One measure is related to transportation, which is to reduce drop-off processing times for law enforcement officers.

The CRF is responsible to accept all persons brought for involuntary examination by law enforcement, an emergency medical transport service, or a private transport service authorized by the county, unless the person requires medical assessment and clearance, or, pursuant to 397.462(2)(h), the person has been arrested for a felony and the CRF documents that it is not able to provide adequate security. In those cases, the CRF shall arrange to provide examination and treatment to the person where he or she is being held.

As described in 394.455(13), all designated receiving facilities are by definition responsible to provide, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders.

Under 394.462(1) (m), each law enforcement agency designated to take persons into custody upon the entry of an ex parte order or execution of a professional certificate is responsible to establish a policy that reflects a single set of protocols for the safe and secure transportation and transfer of custody of the person. Each law enforcement agency shall provide a copy of the protocols to the managing entity.

Individual Disputes and Grievances:

The Acute Care Committee has an ad hoc subcommittee on transportation that serves as a means for strategic planning, communication, and resolution of systemic problems related to emergency transports. As noted, the Acute Care Committee serves as a public/private forum to oversee and coordinate the operational system. All members of the public are welcome to attend and bring acute care issues or problems to the committee for resolution.

Individuals served, their family members, or other representatives designated by the individual may also file complaints or grievances with a specific provider through their established grievance policy, or directly to DCF, the Managing Entity, or a third party funder if applicable. Providers are responsible to address complaints or grievances through their internal procedures, and are expected to finalize grievances related to the designated receiving system within 30 days. In the event the provider is unable to resolve the issue to the satisfaction of the grievant, DCF or the Managing Entity may intervene and work with the person, family, and/or provider to bring the issue to a satisfactory resolution.

Domains of Performance Affected:

The Acute Care Committee, in its effort to continually improve the system, has identified several areas of performance that are applicable to delivering acute care services in Hillsborough County. The goal of “taking the system to a new level” is directly related to improving the quality of care for those persons served. The following domains of performance are driving factors and community standards in achieving excellence.

- Dignified, safe, and humane transportation

- Immediate access and availability for acute care services
- Improvement of clinical assessments at the “front door”
- Linkage and timely aftercare services
- Appropriate lengths of stay relative to individual needs
- Medical clearance policies reviewed with emergency rooms and hospitals
- Assessment of the need for current and future treatment capacity
- Pre- and post-booking jail diversion
- Contractual accountability with state and county government
- Demonstrated cost savings to the community, hospitals and law enforcement
- Enhanced community partnerships

Cooperation, Collaboration and Commitment:

As stated, the Acute Care Committee meets every month and the transportation plan is a critical element in the acute care system. Therefore, this is an ongoing planning and operational process. Designated receiving facilities, law enforcement agencies, and Hillsborough County Government have actively participated in the Transportation Exception Plan.

Over the past twenty years, the level of cooperation, collaboration, and long term commitment among the state and county government, law enforcement agencies, hospitals, substance abuse and mental health providers have made the system work. There has been continuous contractual oversight by DCF, CFBHN, and Hillsborough County staff. The monthly Acute Care Committee meeting serves as an open forum for system coordination and problem solving. It has been the Acute Care Committee’s experience that transporting persons to the “nearest receiving facility” results in a fragmented system of care whereby unnecessary transports are made by law enforcement, and area hospital emergency rooms are faced with treating persons who could be seen in a more appropriate setting. The centralized system supported by the Transportation Plan is a more efficient and cost effective way of serving persons in need of behavioral health services in Hillsborough County. The development of the Hillsborough County Transportation Plan is an example of a true partnership in community problem solving.

**Index of attachments to the Hillsborough Behavioral Health
Transportation Plan:**

**Attachment A:
Acute Care Services Available in Hillsborough County**

**Attachment B:
Hillsborough County Overflow Plan**

**Attachment C:
Hillsborough Medical Stabilization Guidelines**

**Attachment D:
Central Receiving System Flow Chart**

**Attachment E:
Definitions**

Attachment A
Acute Care Services Available in Hillsborough County
2024

Central Receiving Facility Gracepoint

(813) 272-2958 (Adults) (813) 272-2882 (Children)

The Central Receiving Facility serves as the centralized screening location for persons in Hillsborough County presenting without an emergency medical condition. Referrals are triaged at the Central Receiving Facility and linked with appropriate crisis stabilization services on an outpatient or inpatient basis. Inpatient crisis stabilization may be admission to the CSUs (GRACEPOINT or BayCare Northside Behavioral Health Center) or a private receiving facility, dependent on availability and capacity, preferred facility as covered by private insurance or individual choice; or to ACTS for detoxification. Outpatient crisis stabilization may include brief crisis counseling and linkage with community-based services and may include linkage with care coordination services if the person meets criteria as an individual with high-need/high utilization of acute care (defined as three or more acute care inpatient episodes within six months).

Children's Crisis Stabilization Unit (CCSU) Gracepoint

2208 East Henry Avenue Tampa, FL 33610 (813) 272-2882

Capacity: 28

The CCSU is an inpatient treatment program which provides 24-hour medically supervised treatment in a therapeutic environment for children who are in crisis. The CCSU serves children between 5–17 years of age. Using a multi-disciplinary approach, a treatment team of Board Certified child/adolescent psychiatrists, master level clinicians, registered nurses with psychiatric expertise, case managers, and certified education teachers work with each child and family to identify challenges and develop a treatment plan.

Adult Crisis Stabilization Unit (CSU)

Crisis Stabilization Units are public receiving facilities that provide crisis stabilization in a secure inpatient setting to individuals 18 years of age and older who are medically stable. Individuals who are in an acute mental health crisis are screened, assessed and admitted for stabilization based on meeting Baker Act criteria on either a voluntary or involuntary basis, regardless of ability to pay. Individuals are provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.

Mariposa Behavioral Health Hospital

2208 E Henry Ave

Tampa, FL 33610

813-272-2958

*Anticipated opening in Late Summer of 2025

32 beds

Gracepoint

2212 A & B East Henry Avenue Tampa, FL 33610 (813) 272-2958

Capacity: 60

BayCare Northside Behavioral Health Center

12512 Bruce B Downs Blvd Tampa, FL 33612 (813) 977-8700

Capacity 20

Marchman Act Receiving Facilities

Juvenile Addictions Receiving Facility (JARF) ACTS

8620 Dixon Avenue Tampa, FL 33604 (813) 931-4446

Licensed Capacity: 10

This is a secure, medically supervised substance abuse receiving facility that provides inpatient assessment, detoxification, stabilization & short-term treatment and referral services for adolescents who are actively using drugs and/or alcohol. This program operates 24/7, and accepts voluntary or involuntary admissions. Involuntary patients must meet *Marchman Act criteria and can be admitted directly by parent/ guardian, law enforcement, physicians certificate or court order.

Adult Addictions Receiving Facility (AARF) ACTS

3107 North 50th St. Tampa, FL 33619 (813) 367-2565

Licensed Capacity: 30

This is a secure, medically supervised substance abuse receiving facility that provides inpatient assessment, detoxification, stabilization & short-term treatment and referral services for adults who are actively using drugs and/or alcohol. This program operates 24/7, and accepts voluntary or involuntary admissions. Involuntary patients are admitted via law enforcement, physician certificate or petition to the Courts via the Marchman Act.

Private Baker Act Receiving Facilities

As of June 2021, DCF designates these hospitals in Hillsborough County as Private Baker Act Receiving facilities. They provide screening, assessment, and short-term treatment in a secure setting to persons exhibiting violent behaviors, suicidal behaviors or other severe disturbances that may be a danger to themselves or others under the Baker Act.

BayCare St. Joseph's Hospital

4918 N Habana Ave Tampa, FL 33614 (813) 870-4300

Licensed Capacity: 40 Adults, 20 Children

BayCare St. Joseph Hospital North

4211 Van Dyke Rd, Lutz, FL 33558 (813)443-7000

Licensed Capacity: 24 Adults

HCA Florida West Tampa Hospital

6001 Webb Rd

Tampa, FL 33615

(844) 423-4283

Licensed Capacity: 89 Beds

Tampa General Behavioral Health Hospital

1303 W Kennedy Blvd

Tampa, FL 33606

*Anticipated opening February 2025

96 Beds

***James A. Haley Veterans Administration Medical Center**

13000 Bruce B. Downs Blvd. Tampa, FL 33612

813-972-2000

Capacity: 40 Adults: 26 beds on ARC II for women and Veterans 65 and older, and 14 beds on ARC I for younger Veterans.

*Baker Act Facility for Veterans

Other Resources for Diversion:

Amethyst Respite Center (ARC) ACTS

4403 W. Martin Luther King Jr. Blvd Tampa, FL 33614

813-879-0494 Licensed Capacity: 30

This is a short-term (3 to 10 day) diversion program providing shelter and case management services to adults 18 years of age and older who are homeless and who may be under the influence of alcohol or drugs, and/or have committed minor offenses that could have resulted in arrest but are appropriate for law enforcement discretion (e.g., violations of open container laws, trespass, uttering a forged instrument, possession of a shopping cart, loitering, panhandling). Referrals are accepted from law enforcement, area hospital emergency rooms, the CSU, or EMS. The ARC is an inebriate shelter, and is not able to accept individuals who need medical intervention beyond safe management capability.

Mobile Response Team

Gracepoint

(813) 272-2958

The Mobile Response Team is a front-end diversion to the system of care, providing co-occurring screenings in the community while assessing an acute behavioral health crisis. The Teams also provide referrals and coordination to needed services. Referrals are triaged through the same telephone number (813) 272-2958. The MRT operates 24/7, covering Hillsborough County. The MRT responds to both adults & children.

The Substance Abuse Treatment Services – Integrated Care Program is offered through the following four community partners:

Agency for Community Treatment Services (ACTS)

4612 N. 56th Street Tampa, FL 33610
3575 Old Keystone Rd, Tarpon Springs, FL 34688
(813) 246-4899

Cove Behavioral Health, Inc.

4422 E. Columbus Avenue Tampa, FL 33605
3107 North 50th Street, Suite B Tampa, FL 33619
(813) 384-4000

Phoenix Programs of Florida, Inc.

510 Vonderburg Dr., Suite 301 Brandon, FL 33511
15682 US 301 North Citra, FL 33572
(813) 881-1000

The purpose of the Hillsborough County Substance Abuse Treatment – Integrated Care Program is to improve overall health outcomes of individuals by effectively treating individual's substance abuse and co-occurring disorders through a continuum of care system. Individuals enter treatment at a level appropriate to their needs and then step up to more intensive treatment or down to less intensive treatment as needed. Individuals must be 18 and over and referred into the program by one of the following categories; Criminal Courts, Civil Courts through involuntary treatment orders and community referrals through community partners with priority consideration given to Hillsborough County Health Care Plan (HCHCP) participants. It offers individuals with assessment services, short-term and long-term residential treatment services. The program targets to reduce long-term health risk, decrease hospitalization, improve mental health functioning, increase health self-sufficiency with housing /employment, reduce the number of arrests, reduce substance abuse and relapse risk, and enhance medical and behavioral integration.

Attachment B Overflow Plan

Transportation Plan:

All persons age 18 and over for whom an involuntary examination has been initiated shall be delivered to the Central Receiving Facility, located at 2212 East Henry Avenue Tampa, FL, 33610. All persons age 17 and under shall be transported to the most appropriate receiving facility.

All persons who are believed to have an emergency medical condition, or specialized medical need shall be taken to the nearest appropriate hospital emergency department for medical screening and stabilization in accordance with Federal Emergency Medical Treatment and Active Labor Act (EMTALA), Florida Mental Health Act (Chapter 394), Hospital Licensing and Regulation Act (Chapter 395), and Hillsborough EMS Policy.

If a person is taken by law enforcement personnel to another designated receiving facility, the facility will accept the person, perform the involuntary examination, and if necessary initiate a transfer to the appropriate receiving facility. Inappropriate transports will be documented and attempts will be made to resolve with appropriate involved parties. If a resolution cannot be reached, or a systemic problem is discovered it will be brought to the Hillsborough County Acute Care Committee for resolution.

Overflow:

The Central Receiving Facility (CRF) will make every effort to first refer patients to facilities that accept their payer source. When the Overflow Plan is activated, the CRF will refer patients to receiving facilities through e-fax, and transfer the person to the first facility to respond that has capacity.

When the Children's Crisis Stabilization Unit (CCSU) is at capacity it will coordinate transfers to a private or public children's unit that has capacity.

When the Overflow Plan is activated, no hospital will be permitted to refuse a referral due to the person's source of payment or lack thereof.

Data:

Each receiving facility will keep up-to-date unit census information. Gracepoint currently sends a community census to trend the afternoon census among Hillsborough County providers. If a provider is at capacity Gracepoint will keep this in mind when seeking overflow placement.

Gracepoint has data available on the number of persons referred to each facility and the source of payment for each. Any issues related to the Overflow Plan that cannot be resolved between the Central Receiving Facility and the affected receiving facility shall be brought to the Hillsborough Acute Care Committee for resolution.

Public Receiving Facilities	Bed Capacity
Gracepoint	60
Northside Behavioral Health Center	20
AARF (substance use disorders)	30
Total	110

Children's Receiving Facilities	Bed Capacity
Gracepoint	28
BayCare St. Joseph's Hospital	20
JARF (substance use disorders)	10
Total	44

Private Receiving Facilities	Bed Capacity
BayCare St. Joseph's Hospital	40
BayCare St. Joseph North	24
Tampa Community – HCA Florida West Tampa Hospital *57 Adult Adult Acute Care, 32 Geriatric	89
Tampa General Behavioral Health Hospital *24 Children/Adolescent, 24 Geriatric, 48 Mixed Adult Acute Care	96

Attachment C

Emergency and Acute Care Services

Medical Stabilization Guidelines for Hillsborough County

All patients referred to the Central Receiving Facility (CRF), or any facility licensed under Florida Statute 394 and 397 for admission, shall be screened for medical illnesses/complications prior to accepting the patient. Patients must be awake, alert, and self-ambulating. Individuals must be medically stable for transport to the CRF. The patient's physical safety always takes precedence over psychiatric needs. In specific cases, the receiving and transferring providers may require request a nurse to nurse contact relative to any issues beyond the parameters of the following guidelines.

When a medically necessary transfer, defined in Florida Statute 395.002 as a transfer necessary because the patient is in immediate need of treatment for an emergency medical condition for which the facility lacks capacity, is required, the CRF or facility licensed under Florida Statute 394 or 397 shall contact EMS if an emergency to transfer the person to the most appropriate medical facility. For non-emergent medical conditions that are still beyond the safe management capability, or that require medical clearance, transportation is arranged with the contracted alternative service provider (currently TransCare).

The following medical illness/complications may delay or prevent admission to the CRF and/or an inpatient CSU, AARF, or a facility licensed under Florida Statute 394 or 397. A patient that is medically cleared is not necessarily medically appropriate for a free standing facility. The patient must be medically stable and the receiving facility must have the capacity to treat the patient. All parameters will be reviewed and determined on a case by case basis by contacting the CRF.

1. Anticoagulant Therapy: Individuals requiring anticoagulant therapy must be stabilized as evidenced by accompanying laboratory results within therapeutic ranges.
2. Blood pressure: Individuals with alterations from their normal baseline blood pressure or individuals with a new diagnosis of hypertension not previously managed and currently unstable, which the CRF believes may not be appropriate for management in a facility licensed under 394 or 397. (Adult Range 90/60 to 150/90). Patient specific circumstances to be considered.
 - a. The Emergency Departments agree to provide at least one dose of antihypertensive medication and medically reevaluate individuals in the adult range of 90/60 to 150/90 prior to transfer when appropriate to the CRF, or to a facility licensed under 394 or 397. Recommendations for treatment by the Emergency Department physician will be communicated to the receiving facility.
3. Diabetes – an established baseline is required. Diabetics, must exhibit medical stability. Insulin dependent diabetic's levels must be less than 300 mg/dl with treatment initiated (as indicated by a Glucometer or blood work).
4. Typically, cannot manage wounds that require more than a dry dressing or wounds which require intensive daily treatment due to their size or location, or a sterile field.
5. Infections requiring treatment including but not limited to Pneumonia, Pulmonary Infiltrates, Phlebitis, Active Tuberculosis, Hepatitis B, HIV, Severe Urinary Tract Infection, Gynecological Infections, Gangrene or Elevated Temperatures of unknown etiology (> 101 degrees) –

accompanied by acute symptomatology.

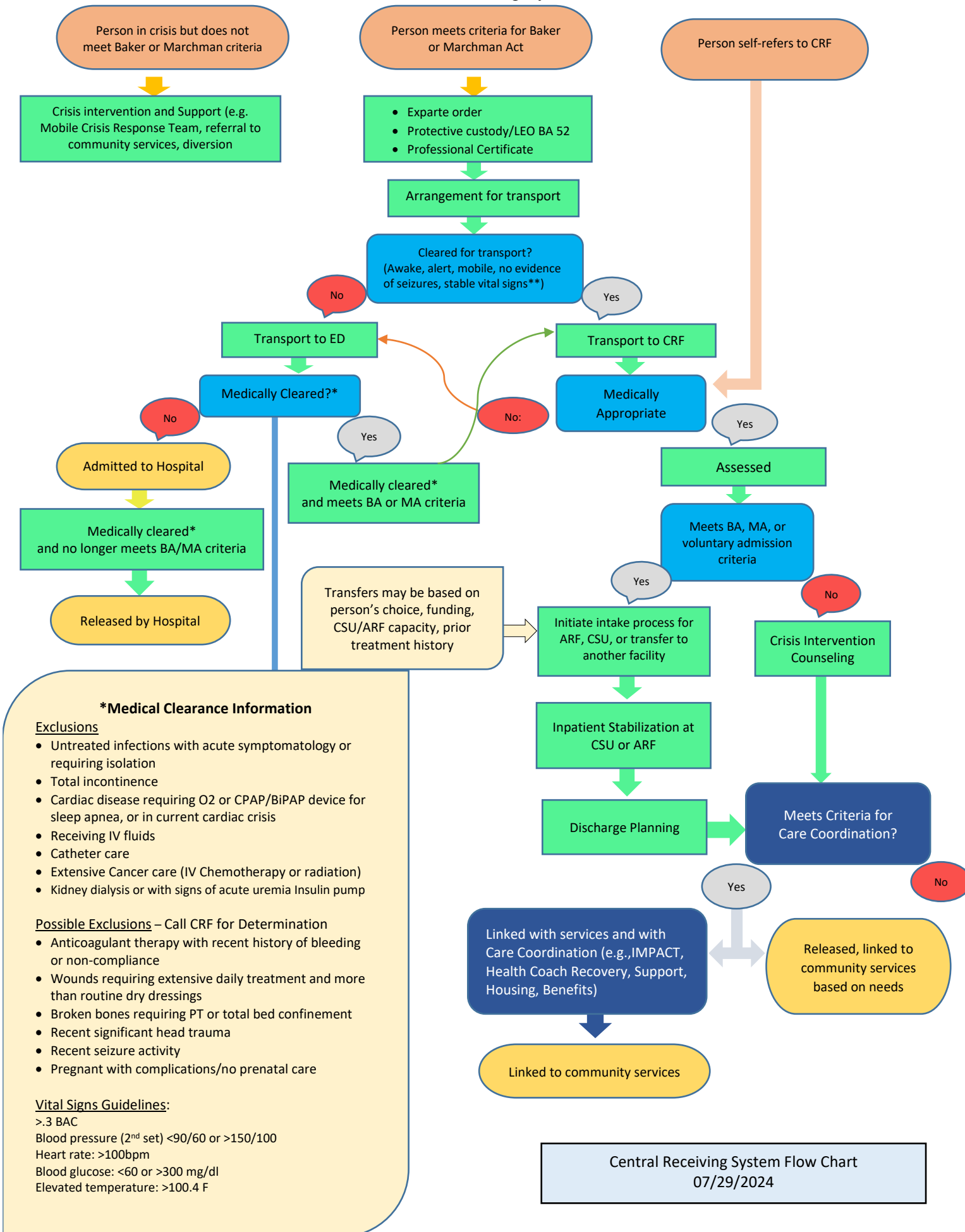
- a. Individuals with an active infectious process which requires any type of isolation and whose treatment and/or management is unable to prevent the cross contamination of other CSU, or any Florida Statute 394, 397 licensed facility patients. For example flu, MRSA, COVID.
 - b. All behavioral health patients must have a covid screening and be covid negative for acceptance to the CSU or AARF.
 - c. Individuals who are unable to maintain integrity of bodily eliminations or incontinent of urine/feces as related to diseases/infections transmitted via blood and body fluids.
6. Broken bones requiring physical therapy that requires total bed rest (non-ambulatory). Major fractures are considered for admission on a case-by-case basis.
7. Cardiac disease where oxygen or assist type of equipment is needed (C- PAP/ Bi-PAP machines are not appropriate).
8. Receiving any IV fluids or requiring catheters (excluding self-care urinary catheter). This includes but is not limited to a suprapubic catheter, PEG tube, or insulin pump.
9. Seizure patients who have not been taking anti-convulsant medication and have positive recent seizure history (active seizure history). Individuals will be appropriate for admission when therapeutic levels of the appropriate anti-convulsant medication are documented and accompany the patient. Admission of "status epilepticus" will not be appropriate until seizure-free for one week. New onset of a seizure disorder of unknown etiology would likely be inappropriate for CRF. Documented Pseudo seizures (via a Neuro consult) are likely eligible.
10. Patients requiring intensive treatment for cancer.
11. Patients requiring kidney dialysis or patients who manifest signs/symptoms of acute uremia.
12. Patient with recent significant head trauma (within 2 weeks). Patients with head trauma will be accepted with documented neurological exam that rules out neurological/organic origins of psychiatric symptomatology.
13. Primary diagnosis of chronic organic brain syndrome is generally inappropriate and a medical / neurological evaluation is required if accepted for admission. Generally, organic brain syndrome such as Dementia or Traumatic Brain Injury would not be appropriate for a Baker Act or a CSU admission.
14. Patients with Dementia or a developmental delay, such as Autism Spectrum as their primary disability would likely not be appropriate for a Baker Act or CSU admission.
15. Pregnant with complications, or with no prior prenatal care and within 4-6 weeks of delivery (at minimum) will require a documented OB/GYN consultation prior to transport to the CRF. Admission of a pregnant patient in the third trimester to a facility licensed under Florida Statute 394 or 397 for pregnant patients is handled by a case-by-case basis and requires administrative approval. The physical safety of the mother and/or fetus will always take precedence over behavioral health care needs. Viability of the pregnancy should be confirmed prior to referral to CRF.

16. Patients whose condition requires bedside rails, adjustable hospital beds or who are unable to ambulate. Patients with paralysis who require tub baths.
 - a. Individuals who are unable to ambulate without assistance or who require crutches, walker, or canes will be evaluated on an individual case-by-case basis by administration on-site/on-call. In the event that there is question regarding this, nurse to nurse contact may be necessary.
17. Any patient receiving breathing treatment(s) will have these treatments completed or discontinued at the hospital/provider before being considered for transfer to a CSU, or any Florida Statute 394 or 397 licensed facility. Any patient with a tracheostomy that is new or needs suction would not be eligible for a CSU or any Florida Statute 394 or 397 licensed facility.
18. Patients in acute intoxication or withdrawal from substances, who require prescribed methadone maintenance, or who have opiate addictions will be referred to a facility licensed under Florida Statute 397. They will not be accepted at a facility licensed under Florida Statute 394.
19. Patients who have overdosed:
 - a. Must be screened and medically stabilized with supporting lab work performed by appropriate resources.
 - b. In situations where more than minimal overdoses were ingested, repeat lab work must be performed. CRF may override this requirement if, in their opinion, it is not necessary to repeat lab work. All providers must ensure that levels of toxicity are being completed and reported when referrals are made and any necessary follow-up is communicated to CRF staff.
 - c. The patient must be awake and alert, and able to ambulate unassisted except in the case of physically handicapped individuals. Patients who are unable to complete a mental status exam due to over-sedation must be managed by the Emergency Departments until the patient is alert and oriented.
 - d. Gross neurological signs must be within normal limits and documented by the referring agency.

Overdoses will be treated according to Regional Poison Center recommendations and are eligible for admission after medical stabilization. This eligibility is subject to accepting facility requirements and doctor's recommendations. For example, the CCSU may have more stringent requirements than an Adult CSU.

Attachment D:
Central Receiving System Flow Chart

Attachment D: Central Receiving System Flow Chart



Attachment E: Definitions	
Access center	<i>A facility with the medical, mental health, and substance use professionals necessary to provide emergency screening and evaluation for mental health or substance use conditions. This facility may serve as a midpoint and may provide transportation to a facility better suited to the individual's needs.</i>
Addictions receiving facility	<i>A secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services. This facility operates 24 hours per day, 7 days per week, and is assigned to serve individuals determined to have a substance use impairment and who are eligible for services.</i>
Behavioral Health	<i>Refers mental illness as defined in Florida Statute Title XXIX Chapter 394, substance use as defined in Florida Statute Title XXIX Chapter 397, or a co-occurring mental and substance use disorders.</i>
Behavioral Health Advance Directives	<i>Written behavioral health care instructions prepared when an individual is competent to do so that specify the individual's health care preference, and that designates a health care surrogate to make necessary decisions for the individual at the time of crisis. Facilities are required to make reasonable efforts to honor preferences and choices outlines in the directive or transfer the individual to a facility that will honor those choices.</i>
Designated receiving facility	<i>A public or private hospital, Crisis Stabilization Unit, or Addiction facility approved by the department that provides (at a minimum) emergency screening, evaluation, and short-term stabilization for mental health and/or substance use disorders; this "Detoxification facility" means facility licensed to provide detoxification services under Florida Statute Title XXIX Chapter 397.</i>
Electronic means	<i>Any form of telecommunication which requires all parties to maintain visual as well as audio communication when being used to conduct an examination by a qualified professional.</i>
Facility	<i>Any public or private hospital, community receiving and/or treatment entity that provides the evaluation, diagnosis, care, treatment, training, or hospitalization of individuals who appear to have a mental illness or who have been diagnosed as having a mental illness or substance use impairment. The term Facility does not include any program, or an entity licensed under pursuant to Florida Statute Title XXIX Chapter 400 or Chapter 429.</i>
Incompetent to consent to treatment	<i>A state in which that an individual's judgment is so affected by a mental illness or a substance use impairment that they the capacity to make a well-reasoned, willful, and knowing decisions concerning their medical, mental health, or substance use treatment.</i>
Involuntary Admission	<i>An adult or minor that presents evidence of mental illness and who's judgement is so affected by his or her mental illness that they lack the capacity to make well-reasoned, willful and knowing decisions concerning his or her medical or mental health treatment.</i>

Involuntary examination	<i>An examination performed under Florida Statute Title XXIX Chapter 394 s. 394.463, s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811 to determine whether a person qualifies for involuntary services.</i>
Involuntary services	<i>Court-ordered outpatient or inpatient services for mental health treatment pursuant to Florida Statute Title XXIX Chapter 394 s. 394.4655 or s. 394.467.</i>
Patient	<i>Any person, with or without a co-occurring substance use disorder, who is held or accepted for mental health treatment.</i>
Receiving facility	<i>Any public or private facility or hospital designated by the department to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance use psychiatric evaluation, and to provide treatment or transportation to the appropriate service provider. This term does not include a county jail.</i>
Voluntary Admission	<i>An adult may apply for voluntary admission if found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment pursuant to Florida Statute Title XXIX Chapter s. 394.4625.</i>
Wellness Recovery Action Plan	<i>A self-designed prevention and wellness strategy that includes developing a written plan to outline and to inform others of individual health care preference when unable to make personal decisions due to a behavioral health crisis. The plan includes individuals who can be involved in deciding care and decision making, acceptable medications and treatments, preferred treatment facilities, and how support persons will know the individual is able to resume decision making responsibility.</i>