



## Board of County Commissioners June 7, 2022 - Regular Meeting

### **SUBJECT**

APPROVAL OF THE 2022-2025 MANATEE COUNTY BEHAVIORAL HEALTH RECEIVING SYSTEM & TRANSPORTATION PLAN

### **Category**

CONSENT AGENDA

### **Briefings**

None

### **Contact and/or Presenter Information**

Geoffery Cordes, Health Information Services Manager, x1606  
James Crutchfield, EMS Chief, x1648

### **Action Requested**

Approval of the 2022-2025 Manatee County Behavioral Health System & Transportation Plan.

### **Enabling/Regulating Authority**

Florida Statutes, Chapter 394, Florida Mental Health Act

### **Background Discussion**

Manatee County Government and local community partners have successfully implemented a behavioral health transportation plan (Plan) in the County since 1997. This document is approved periodically by the Board of County Commissioners and the Department of Children and Families (DCF). The Board approved the most recent Plan on October 22, 2019, at a regularly scheduled meeting. Before being presented to the Board, the Plan is approved by community partners through the Acute Care System Taskforce, including local health care/behavioral health professionals, law enforcement, and Manatee County Government staff members.

Florida Statute 394.462 requires each County to create a transportation plan in conjunction with the local managing entity (Central Florida Behavioral Health Network). The purpose of the Plan is to describe methods of transport to a facility for behavioral health examination,

stabilization, and treatment as approved by revisions from the Health and Human Services Subcommittee in Florida's 2016 Senate Bill 12, "Mental Health and Substance Abuse."

The attached Plan, presented for Board approval, has been developed and modified by various Manatee County stakeholders to help coordinate our community's Designated Receiving Facility System for acute behavioral health services. Changes to this document have been incorporated, reviewed, and approved by the Acute Care System Taskforce. The Plan further requires the Board's approval before being sent to DCF for final approval.

**Attorney Review**

Not Reviewed (No apparent legal issues)

**Instructions to Board Records**

Please email a copy of the approved agenda item to [geoff.cordes@mymanatee.org](mailto:geoff.cordes@mymanatee.org) and [healthservices@mymanatee.org](mailto:healthservices@mymanatee.org). **Distributed 7/28/22, RT for VT**

**Cost and Funds Source Account Number and Name**

N/A

**Amount and Frequency of Recurring Costs**

None

## Manatee County, Florida

Public Safety Department  
Emergency Medical Services

# Behavioral Health Receiving System & Transportation Plan

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**Version:** 7.0

**Three Year Renewal:** 2022-2025

**Approved By:** Manatee County Acute Care System  
Taskforce on 4/21/2022

**Submitted to:** Florida Department of Children and Families;  
Suncoast Region 12 Substance Abuse and Mental Health  
Program Office

**For approval by:** Shevaun Harris Cabinet Secretary; Florida  
Department of Children and Families



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## RECORD OF CHANGES

**Table 1: Revision History**

Version Number	Date	Custodian/ Organization	Description of Change
1.0	04/08/1997	Human Services	Initial Publication
2.0	04/16/2002	Human Services	Plan Review
3.0	02/13/2007	Human Services	Plan Review
4.0	01/24/2012	Human Services	Plan Review
5.0	10/11/2016	Neighborhood Services	Plan Review (2016-2017)
6.0	10/22/2019	Neighborhood Services	Plan update and three-year recertification (2019-2022)
7.0	06/07/2022	Public Safety	Plan update and three-year recertification (2022-2025)

# 1. INTRODUCTION

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## 1.1 Overview

The Manatee County Behavioral Health Receiving System & Transportation Plan (the Plan) was developed to address and support the Designated Receiving System (the System) requirement, in accordance with the changes enacted by Senate Bill 12 (2016) to Florida Statutes Chapter 394.462 and 397.462 Florida Mental Health Act (Baker Act) and Florida Statute Chapter 397.6795 Hal S. Marchman Alcohol and Drug Services Act (Marchman Act).

## 1.2 Background

This Plan describes how Manatee County supports and facilitates access to the System. This includes circumstances to guide the selection of the most appropriate transportation method (i.e., law enforcement, emergency medical services, or mobile response team, etc.); how transportation between participating facilities is handled (i.e., mental health transport services); and how respect for patients' choice of service providers is prioritized for both voluntary and involuntary mental health examinations (i.e., psychiatric advanced directives or behavioral health crisis plans).

Before the initial approval of the Plan in 2016, Florida Statute required law enforcement officers to provide transportation for individuals of all ages to the nearest receiving facility for involuntary examination. In the case of children, they would often require transfer to an additional facility with the capability to serve minors, resulting in unnecessary delays in the psychiatric examination and subsequent care.

Under the Federal Emergency Medical Treatment and Labor Act (EMTALA) and Florida Statute 395, licensed hospitals are required to provide medical screening and stabilization within the capability and capacity of the hospital, regardless of whether the facility has licensed psychiatric beds.

## 2. ACCOUNTABILITY & OVERSIGHT

### 2.1 The Florida Department of Children & Families

Accountability under the Plan lies with the Florida Department of Children and Families (DCF).

#### 2.1.1 DCF Suncoast Region 12 Substance Abuse and Mental Health Program Office

The entity ultimately responsible for overseeing the Plan is the Suncoast Region 12 Substance Abuse and Mental Health (SAMH) Program Office (Regional Program Office).

This Regional Program Office retains the administrative authority to resolve issues concerning the Plan, approve interagency agreements, and coordinate other services needed for individuals beyond acute care services. The Regional Program Office also has a working relationship with the Agency for Health Care Administration (AHCA) if issues arise beyond the DCF's authority.

The Regional Program Office monitors all public and private Baker Act receiving facilities regularly. Monitoring involves contacting law enforcement agencies to confirm that receiving facilities respond as required by law to persons presenting for involuntary examination. Regular input is sought from providers, families, consumers, and government officials as part of the monitoring process.

The Regional Program Office, in collaboration with Central Florida Behavioral Health, Manatee County Government, and the Manatee County Acute Care Taskforce (Taskforce), facilitates regular meetings and participates in time-limited or ongoing subcommittees, such as with components of the Plan. This public/private forum oversees and coordinates the acute care system. Members of the public are welcome to attend and bring acute care issues to the Taskforce for potential resolution.

The Regional Program Office is also responsible for the following (either directly or delegation from the Taskforce):

- Ongoing oversight of the System
- Safeguarding the rights of individuals in the delivery of acute care services
- Monitoring the quality of services through contract review
- Designating and monitoring receiving facilities, treatment facilities, and the type of System
- Assisting in resolving issues between providers or the Managing Entity (ME), if not resolved by the Taskforce
- Participating in Subcommittees of the Taskforce
- Collecting data and reporting on the System, including success in diverting individuals from acute care inpatient services, jails, and forensic facilities
- Sharing data to include, but not limited to, the Acute Care Services Utilization Database

To resolve complaints, grievances, and disputes which may arise during the implementation of the Plan, personnel from Centerstone Behavioral Hospital and Addiction Center and personnel from Suncoast Behavioral Health will meet regularly.

### **2.1.2 Managing Entity (ME)**

In Manatee County, the Regional Program Office contracts with a Managing Entity (ME), Central Florida Behavioral Health Network (CFBHN), to oversee and manage the community-based behavioral health system with most direct services contracted via non-profit behavioral health service providers.

CFBHN has contracted with Centerstone of Florida, Inc. to operate the Central Receiving Facility (CRF) in partnership with Manatee's community providers. The CRF serves as a single-entry point for persons with mental health, substance use disorders (SUD), or co-occurring disorders. The CRF shall assess, evaluate, triage, treat, and/or stabilize persons with mental health or substance use disorders, or co-occurring disorders.

### **2.1.3 Manatee County Acute Care System Taskforce**

The Manatee County Acute Care System Taskforce (Taskforce), which includes CFBHN, developed the Plan to ensure a coordinated system of care was in place for acute behavioral health services in Manatee County. The Taskforce supports a comprehensive, efficient, and successful system per legislative intent.

The purpose of the Taskforce is to discuss the operations of the Plan. The Taskforce meets regularly to discuss grievances, public satisfaction, and assurance of patient rights related to the Plan. The Taskforce also reviews reports related to the Plan. These reports may include, but are not limited to:

- Issues related to the Plan
- Grievances from consumers who receive emergency examination services
- Performance measurement, accountability, and enhancement plans
- Data provided by the Acute Care Services Utilization Database
- Utilization data (Mental Health/Substance Use Examinations and Admissions)
- Criminal Justice Diversion
- Involuntary examination and in-patient admission reduction
- Mobile Response Team intervention
- Peer Support/Coach Services
- Recovery Pod (Manatee County Jail)
- Identification of high-need utilizers and contributing factors as identified by the CRF and CFBHN
- Readmissions to acute care by fiscal year and average length of stay

- Referrals to higher levels of care by type (i.e., number, gender, age, wait times, etc.)
- Overflow issues identified by the Rotation System; and
- Successes of the Plan

The Taskforce will implement necessary actions in response to its ongoing review and any applicable public, CFBHN, or DCF review.

The Taskforce includes representatives from the County and municipal law enforcement agencies, county-funded mental health transportation providers, the receiving facilities, hospitals, and funders. The Taskforce meets no less than quarterly to monitor and analyze data to determine if individuals are moving through the System in a timely and patient-centered manner. The Taskforce also evaluates the Plan to determine whether there has been an improvement in the System.

### **2.1.3.1 Taskforce Participants**

Taskforce may include, but is not limited to, representatives of the following agencies:

- Bradenton Police Department
- Bradenton Beach Police Department
- Centerstone of Florida, Inc.
- Central Florida Behavioral Health Network
- City of Holmes Beach Police Department
- City of Palmetto Police Department
- Department of Children and Families
- Doctors Hospital of Sarasota ER at Lakewood Ranch
- Florida Highway Patrol
- HCA Florida Blake Hospital
- Lakewood Ranch Medical Center
- Longboat Key Police Department
- Manatee County Neighborhood Services Department
- Manatee County Jail
- Manatee County Public Safety Department
- Manatee County Sheriff's Office

- Manatee Memorial Health Systems
- NAMI of Sarasota and Manatee Counties
- Correctional Health Services (Jail Medical Provider)
- Sarasota Memorial Hospital
- Salvation Army
- Suncoast Behavioral Health Center
- Turning Points

## **2.2 Collaboration**

Implementing an effective Plan on behalf of those in need of acute care behavioral health services requires significant collaboration, cooperation, and commitment from all parties involved.

Besides having the strong support of law enforcement agencies and acute care behavioral health providers, Manatee County hospitals have engaged in the public planning process, strengthening the relationships between all parties responsible for implementing the Plan.

## **2.3 Plan Adoption & Approval**

This Plan, as adopted by the Taskforce, is approved by the Board of County Commissioners every three (3) years (or as otherwise required by DCF) and is provided to the Regional Program Office for subsequent approval by the Secretary of DCF.

Additional changes required outside of the above-mentioned timeline are documented in an addendum, approved by the Taskforce, and included in subsequent approval by the BOCC.

## 3. OBJECTIVES & SPECIAL PROVISIONS

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### 3.1 Objectives

The following objectives are outlined in the Plan:

1. Implement a coordinated system of transportation and access to emergency psychiatric examination services for children and adults concerning mental health and substance abuse needs in the County per F.S. 394.461(5).
2. Assist law enforcement or any County funded transportation unit with efficient transport of individuals in need of services to the most appropriate facility while limiting police involvement with resources such as Mobile Response Teams (MRT) per F.S. 394.462.
3. Support diversion from inpatient acute care by effectively using outpatient crisis intervention, mobile crisis stabilization, referrals, linkage to care, and recovery support services.
4. 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.
5. Describe methods of transportation to a facility within the System for individuals subject to involuntary examination under F.S. 394.463 or involuntary admission under F.S. 397.6772, F.S. 397.679, F.S. 397.6798, or F.S. 397.6811.
6. Provide specialized services to children and the elderly under a Baker Act.
7. Enhance the ability to fully utilize the capacity of acute care services in the County and reduces the unnecessary delay of transfers between facilities.
8. Divert admissions to hospital emergency rooms and maintains updated policies regarding medical clearance.
9. Provide an appropriate alternative to jail and the criminal justice system for persons with behavioral health (mental health and substance use) disorders.
10. Assist law enforcement with Crisis Intervention Team (CIT) training.
11. Assist first responders with Youth and Adult Mental Health First Aid (MHFA).
12. Ensure continuity and coordination of care among providers, including care coordination.
13. Prioritizes and promotes voluntary treatment over involuntary treatment, preserving civil rights, in all aspects of the Plan.
14. Endorse the authority of local law enforcement, Emergency Medical Services (EMS), MRTs, or the County's privately subcontracted mental health transportation service, to transport adults in need of services who may not meet the criteria under the Baker Act or Marchman Act to the CRF for voluntary screening, assessment, triage, and linkage to care under the provisions of F.S. 397.6772, 397.6795, 397.6822, and 397.697.

## 4. TRANSPORTATION PLAN

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### 4.1 Geographical Location

This Plan includes areas within Manatee County's geographical boundaries.

### 4.2 System Access

Florida Statutes 394 and 397 outlines the different ways in which persons may access acute care services through the System.

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

#### 4.2.1 Circuit or County Court Order

Ex parte order issued by a circuit or county court. In those cases, law enforcement shall take the person into protective custody and deliver them to the appropriate facility within the System. The Sheriff's Office is the designated law enforcement agency to execute ex parte orders.

#### 4.2.2 Mental Health Examination

A mental health examination initiated by a qualified professional that is conducted by a physician, psychiatrist, or a physician's assistant under chapter 458 or chapter 459; a psychologist (s. 490.003(7)) or a professional licensed under chapter 491; or a psychiatric nurse (s. 394.455) may execute a professional certificate of emergency admission.

#### 4.2.3 Parent or Guardian Request

Under 397.679, 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 (JARF). Manatee County does not have JARF capabilities.

#### 4.2.4 Law Enforcement

A law enforcement officer may take a person who appears to meet the criteria for involuntary examination or assessment for psychiatric or substance abuse into protective custody and provide transportation for them to the appropriate facility within the System, executing a written report of the circumstances.

### 4.3 Responsible Party

Law enforcement agencies remain the responsible parties to transport those individuals in need of mental health services under the Baker Act or substance abuse services under the Marchman Act to the appropriate receiving facilities within the County.

When feasible, it is preferred that law enforcement provides transportation only when necessary to ensure the safety of the individual or the public.

## 4.4 Transportation Assistance

Professionals who initiate a certificate for emergency admission under 397.679 must indicate whether the person requires transportation assistance or delivery for emergency admission and specify the type of assistance necessary.

## 4.5 Screening & Emergency Treatment

Facilities within the System must screen, and triage persons brought by law enforcement officers before referring the person to a more appropriate provider.

When an individual has a medical issue that needs to be addressed or an intoxication level that is medically compromising, law enforcement or EMS transports the individual under a Baker Act or Marchman Act order to the nearest hospital emergency care center for medical stabilization.

When the individual has been stabilized, the emergency care center shall arrange for transportation to a more appropriate facility.

## 4.6 Felony Charges

When a 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 per Florida Statute, such person shall first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the nearest public receiving facility, which shall be responsible for promptly arranging for the examination and treatment of the person. Receiving facilities are not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security but shall provide mental health examination and treatment to the person where they are held.

## 4.7 Noncriminal or Minor Criminal Charges

When a law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination under Florida Statute, the law enforcement officer shall transport the person to the nearest receiving facility for examination. The designated law enforcement agency may decline to transport to the CRF if the law enforcement agency and the emergency medical transport service (i.e., emergency medical services, mental health transportation, or mobile response team) agree that the continued presence of the law enforcement officer is not necessary for the safety of the person or others.

## 4.8 Interfacility Transport

Once an individual is in a facility, there are occasions when they need to be discharged from the facility and transferred to another facility. Transportation between facilities is coordinated by the transferring facility.

## 4.9 On-Hold Patients

Upon completion of treatment for individuals who are designated “on-hold” because of being booked before being treated, the receiving facility must contact the appropriate law enforcement agency to arrange for transportation to the County Jail.

## 4.10 Mental Health Evaluation (Baker Act)

A person may be taken to a receiving facility for involuntary examination if there is reason to believe that:

- the person has a mental illness and due to their mental illness, they refused examination after a conscientious explanation and disclosure of the purpose of the examination
- the person is unable to determine for him/herself whether the examination is necessary
- without care or treatment, the person is likely to suffer from neglect or refuse to care for themselves such that it poses a real and present threat of substantial harm to their well-being

### 4.10.1 Voluntary Admission and Involuntary Examination

For adults accessing services through F.S. 394.4625 (Voluntary Admission) or 394.463 (Involuntary Examination), Centerstone of Florida, Inc. is the DCF designated Public Receiving Facility, operating a Crisis Stabilization Unit (CSU) to screen, assess, admit, or refer individuals in need of emergency and non-emergency psychiatric treatment and may initiate an involuntary Baker Act for patients in need of psychiatric treatment.

- **Centerstone Behavioral Hospital and Addiction Center**  
2020 26th Ave East, Bradenton, FL 34208  
(941) 782-4600

The following private receiving facility also operates within the County.

- **Suncoast Behavioral Health Center**  
4480 51st Street West, Bradenton, FL 34210  
(941) 251-5000

### 4.10.2 Populations

The Plan focuses on the following three (3) populations regarding Baker Acts.

#### 4.10.2.1 Mental Health Evaluation for Children and Adolescents Aged 17 and Under

The Plan addresses the needs of children and adolescents under a Baker Act. Law enforcement agencies in the County transport individuals aged 17 and under to:

- **Centerstone Behavioral Hospital and Addiction Center**  
2020 26th Ave East, Bradenton, FL 34208  
(941) 782-4600

Or

- **Suncoast Behavioral Health Center**  
4480 51st Street West, Bradenton, FL 34210  
(941) 251-5000

To expedite the screening and assessment process, law enforcement agencies call the facility, if possible, before arrival to provide personal information that may include:

- Name
- Age
- Date of Birth
- Social Security Number
- Medical Concerns
- Substance Abuse Concerns (i.e., level of intoxication, etc.)

Law enforcement will transport individuals aged 17 for whom an involuntary examination has been initiated to the designated receiving facility that serves minors and that is closest to the location in which the child has been taken into protective custody. If a minor is transported to an adult facility in error, the adult facility is responsible for transferring the youth to an appropriate facility, in compliance with state and federal laws.

#### **4.10.2.2 Adults Aged 18 to 64**

The Plan addresses the needs of adults aged 18 to 64 under a Baker Act. Law enforcement agencies transport individuals that are aged 18 to 64 to:

- **Centerstone Behavioral Hospital and Addiction Center**  
2020 26th Ave East, Bradenton, FL 34208  
(941) 782-4600

To expedite the screening and assessment process, law enforcement agencies call the facility, if possible, before arrival to provide personal information that may include:

- Name
- Age
- Date of Birth
- Social Security Number
- Medical Concerns
- Substance Abuse Concerns (i.e., level of intoxication, etc.)

**NOTE:** Centerstone will serve as the Centralized Receiving Facility when no preference is provided

#### **4.10.2.3 Individuals Aged 65 and Older**

The Plan addresses the needs of individuals who are aged 65 and older under a Baker Act. Law enforcement agencies in Manatee County transport individuals 65 and older to:

- **Centerstone Behavioral Hospital and Addiction Center**  
2020 26th Ave East, Bradenton, FL 34208

(941) 782-4600

To expedite the screening and assessment process, law enforcement agencies call the facility, if possible, before arrival to provide personal information that may include:

- Name
- Age
- Date of Birth
- Social Security Number
- Medical Concerns
- Substance Abuse Concerns (i.e., level of intoxication, etc.)

### **4.10.3 Provider Choice by Individuals and Their Families**

When possible, an individual (or their family) who presents at either a Baker Act receiving facility, law enforcement, or an emergency care center should have a choice of which provider the individual receives services from.

The individual's preferred health insurance carrier may also guide this decision. If the individual is deemed to need in-patient services, then they are transported to the appropriate receiving facility where their insurance benefits cover the cost of said care, if requested by the individual or their family, and whenever feasible. Clinical and public safety circumstances are always assessed and prioritized throughout the process.

### **4.10.4 Involuntary Examinations**

One of the following means may initiate involuntary examinations under the Baker Act as outlined in s. 394.436.

#### **4.10.4.1 Circuit/County Court**

A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination is based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer or other designated agent of the court, shall take the person into custody and deliver them to an appropriate or the nearest facility within the System under s. 394.462 for involuntary examination. The order shall be valid until the person arrives at the facility or for the period specified in the order, whichever comes first. If no time limit is specified, the order shall be valid for seven (7) days after it is signed.

#### **4.10.4.2 Law Enforcement**

A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and transport the person or have the person transported to the nearest appropriate facility within the System under s. 394.462.

#### **4.10.4.3 Medical Professional**

A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48-hours and found that the person appears to meet the criteria for involuntary examination and stating the observations upon which the conclusion was made. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take the person into custody and deliver the person to the appropriate or nearest, facility within the System under s. 394.462 for involuntary examination.

#### **4.10.5 Examination Period**

The examination period may be for up to 72-hours. For a minor, the examination shall be initiated within 12-hours after the patient arrives at the facility. To optimize choice and to reduce the dependency or potential misuse of the Baker Act's involuntary admission, any individual in receipt of psychiatric emergency evaluation shall be provided the full extent of the examination period to optimize stabilization of crisis and/or a voluntary admission to treatment services, provided the medical necessity of these services are necessary and the examination period is to expire. Within the 72-hour examination period, or if the examination period ends on a weekend or holiday, no later than the next working day thereafter, the individual must be released unless one of the following applies:

1. The individual is charged with a crime for voluntary outpatient services.
2. The individual is charged with a crime and asked to give/express informed consent to voluntary admission.
3. The individual is charged with a crime in which case they are returned to the custody of law enforcement.
4. A petition for involuntary services must be filled in the circuit or criminal court, as applicable, if in-patient admission is deemed necessary AND the individual is asked to give/express informed consent to voluntary admission AND the individual has declined the necessary services AND the full extent of the examination period is expired.

### **4.11 Substance Use Evaluation (Marchman Act)**

#### **4.11.1 Overview**

A person may be taken to an Addictions Receiving Facility (ARF) if there is good faith to believe that they are substance abuse impaired, and due to this impairment, the person has lost self-control due to substance use; and, has inflicted or threatened harm on themselves or others, or if not admitted, poses the likelihood to inflict harm on themselves or others; or, the person needs substance abuse services but due to their impairment, their judgment renders them incapable of appreciating the need for receiving services.

#### **4.11.2 Addiction Receiving Facility (ARF)**

For adults requesting substance use evaluation services under s. 397.675, Centerstone is the DCF designated ARF, operating a Crisis Stabilization Unit (CSU) to screen, assess, admit, or refer individuals in need of emergency and non-emergency substance use treatment and may initiate an involuntary Marchman Act for patients in need of substance use treatment.

### 4.11.3 Addiction Receiving Facility (ARF) Capacity

If the ARF is at capacity, transport will be to the County Jail unless the individual is medically compromised which requires transport to the nearest hospital. When stabilized, the hospital will contact the ARF to determine when a bed will be available.

### 4.11.4 Populations

The Plan focuses on the following populations for Marchman Acts.

#### 4.11.4.1 Individuals Aged 18 and Older

The Plan addresses the needs of individuals who are 18 and older under a Marchman Act. Law enforcement agencies transport individuals under a Marchman Act to:

- **Addiction Receiving Facility (ARF) at Centerstone of Florida, Inc.**  
2020 26th Ave East, Bradenton, FL 34208  
(941) 782-4600

To expedite the screening and assessment process, law enforcement agencies call the facility, if possible, before arrival to provide personal information that may include:

- Name
- Age
- Date of Birth
- Social Security Number
- Medical Concerns
- Substance Abuse Concerns (i.e., level of intoxication, etc.)

### 4.11.5 Involuntary Examination

Involuntary examinations may be initiated by various means under the Marchman Act as outlined in s. 397.601 and s. 397.675 and include the following.

#### 4.11.5.1 Professional Recommendations

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 to an Addictions Receiving Facility (ARF) and specify the type of assistance necessary, as specified in F.S. 397.6793(5).

#### 4.11.5.2 Medical Professional

A physician, clinical psychologist, physician's assistant, certified psychiatric advanced registered nurse practitioner (ARNP), 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 (CAP), may execute a professional certificate.

#### **4.11.5.3 Parent or Guardian**

Under F.S. 397.6798, F.S., a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by completing an application at an ARF.

#### **4.11.5.4 Protective custody**

A law enforcement officer may take a person who appears to meet the 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 criterion involves substance abuse, F.S. 397.6772(1)(b) allows law enforcement to detain adults in jail for their protection, which is not an arrest.

#### **4.11.6 Uncooperative Individuals**

Jail is the option of last resort however, if an individual is detained by a Marchman Act order is combative or uncooperative, law enforcement may transport the individual directly to the Manatee County Jail.

### **4.12 Methods of Transportation**

#### **4.12.1 Law Enforcement**

##### **4.12.1.1 Designated Law Enforcement Agency**

The Manatee County Sheriff's Office (MSO) is designated by this Plan as the law enforcement agency to take a person into protective custody upon the entry of an ex parte Order and to transport that person to the appropriate facility within the System for examination.

##### **4.12.1.2 Other Law Enforcement Agencies**

While MSO is designated to transport individuals under the Mental Health Act, all law enforcement agencies within the County may take a person within their jurisdiction into protective custody and transport that person to the appropriate facility within the System for examination.

##### **4.12.1.3 Law Enforcement; Declining Transport**

Law enforcement may decline to provide transportation only if the County has Mobile Response Teams (MRT) in place or a private transport company for transportation of persons to receiving facilities at the sole cost to the County; and if law enforcement and the medical transportation service provider agree that the continued presence of law enforcement is not necessary for the safety of the person or others.

**NOTE:** Centerstone is contracted to provide both services outlined above.

##### **4.12.1.4 Law Enforcement Protocols**

As required under s 394.462, all other law enforcement agencies within the County have established policies that reflect a single set of protocols for the safe and secure transportation and transfer of protective custody of a person subject to involuntary examination under s. 394.463. Policies are maintained by the law enforcement agencies and are submitted to the ME.

## 4.12.2 Mental Health Transportation Services

The County has also contracted with a local organization to provide Mental Health Transportation Services to Manatee County residents when not otherwise required by other organizations within the County.

- **Centerstone of Florida, Inc.**  
2020 26<sup>th</sup> Avenue East  
Bradenton, FL 34208  
(941) 782-4600

Transportation may be provided to the following individuals as needed.

### 4.12.2.1 Adults

- From an in-county emergency department to the CRF
- From out-of-county emergency departments to the CRF
- To/from a State of Florida Mental Health Treatment Facility

### 4.12.2.2 Children and Adolescents

- Those who require acute stabilization at a JARF within Florida
- From an in-county emergency department to a JARF within Florida
- From an in-county emergency department to the CRF
- From out-of-county emergency departments to the CRF
- To/from the CRF to a JARF within Florida

### 4.12.2.3 Availability

Transportation services are available:

- 24-hours per day, 7-days per week, 365 days per year
- With a targeted response time of two (2) hours or less after notification when in Manatee County

### 4.12.2.4 Qualifying Criteria

To be transported in-county, clients must meet the following criteria:

- Be medically cleared after receiving medical care from a county hospital emergency department
- Require emergency mental health/substance use evaluation
- Does not require transport via stretcher

### 4.12.3 Mobile Response Teams (MRT)

As part of the Plan, CFBHN has contracted with a local organization to provide Mobile Response Teams for alternate, non-law enforcement transportation for persons experiencing a behavioral health crisis.

- **Centerstone Behavioral Hospital**  
(941) 782-4600

Mobile Response Teams improve behavioral health services by:

- Providing on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including at home, school, and emergency departments
- Being available 24/7 to provide on-site crisis intervention within 60 minutes
- Ensuring timely access to support and services and resolving 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
- 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 the arrest of criminal offenders who have a mental health disorder, are experiencing severe emotional distress, and/or are 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 resolve mental health crises and potentially reduce the use of the Baker or Marchman Act and law enforcement transport when an individual is experiencing a psychiatric crisis.

When not otherwise engaged, the MRT also provides outreach and educational sessions to ensure local community partners understand the program and its capabilities.

### 4.12.4 Responsibilities

Centerstone is not responsible for transporting all individuals for involuntary examination under s. 394 or 397. Law enforcement, along with EMS and any involved clinicians, must make appropriate professional judgments based on the circumstances of each situation, to determine if the individual must be transported by law enforcement due to public safety concerns.

Law enforcement and EMS have extensive experience in transporting individuals with behavioral health needs and will continue to exercise their professional judgment to provide transportation for individuals in need of emergency behavioral health care to the appropriate designated receiving facility in the safest and most respectful manner possible.

#### **4.12.4.1 Incorrect Facility Transport**

If a law enforcement officer takes an individual to a designated receiving facility contrary to the Plan, the individual will be accepted, assessed, and triaged as required by statute and may be transferred by the facility according to state and federal laws.

## 5. SYSTEM CAPACITY

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### 5.1 Adults

#### 5.1.1 Centerstone

##### 5.1.1.1 Crisis Stabilization Unit

Centerstone Hospital and Addiction Center is a public receiving facility licensed by AHCA to operate 30 CSU beds for adults and minors.

Centerstone will maintain the current number of publicly funded beds serving the needs of County residents.

##### 5.1.1.2 Psychiatric Hospital

Centerstone also operates a 37-bed private psychiatric hospital consisting of 20 adult mental health beds and 17 adult substance abuse beds.

### 5.2 Children

#### 5.2.1 Centerstone

Centerstone Hospital and Addiction Center is a public receiving facility licensed by AHCA to operate 30 CSU beds for adults and minors.

Centerstone will maintain the current number of publicly funded beds serving the needs of County residents.

#### 5.2.2 Suncoast Behavioral Health Center

Suncoast Behavioral Health Center is a private psychiatric hospital licensed by AHCA to operate 60 beds consisting of 40 youth mental health beds and 20 residential beds serving those aged 5-17.

### 5.3 Hospital System

HCA Florida Blake Hospital, Manatee Memorial Hospital, Lakewood Ranch Medical Center, and Doctors Hospital of Sarasota ER at Lakewood Ranch are not receiving facilities, but they are required to evaluate, treat, and transfer persons in need of mental health and addiction treatment as part of their emergency department. This is in accordance with federal emergency care rules and the medical treatment section of the Plan.

### 5.4 Capacity Updates

Receiving facilities will notify the Taskforce of any changes in the System (i.e., bed capacity, change in services, etc.) as soon as possible.

## 6. MEDICAL CLEARANCE

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### 6.1 Emergency Medical Services (EMS)

When necessary, law enforcement will request EMS to provide transportation of individuals to a hospital for physical health conditions that are beyond the safe management capability of law enforcement and the behavioral health receiving facilities.

### 6.2 Non-behavioral Health Emergencies

As referenced in Florida Statute 394.462, any individual who needs immediate non-behavioral health emergency services will be transported to the nearest emergency department regardless of its capacity to address the behavioral health problem. Emergency Medical Services will always follow the current EMS protocols. These facilities include Manatee Memorial Hospital, HCA Florida Blake Hospital, Lakewood Ranch Medical Center, or Doctors Hospital of Sarasota ER at Lakewood Ranch.

### 6.3 Interfacility Transportation

Transportation between facilities will be arranged by the facility sending the individual to address the behavioral health crisis after the medical emergency has been resolved.

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 for providing dignity, respect, and humane treatment for the individuals served.

### 6.4 Medically Cleared

Once the individual is “*medically cleared*” the medical facility will find the Receiving Facility that best suits that individual’s needs. Transportation from one facility to another will be coordinated and paid for by the transferring facility. A non-emergent medical transportation company may provide this service. Law Enforcement is not responsible for providing transportation from one facility to another.

### 6.5 Private Facility Request

Florida Statute 394.4685 affirms that a patient admitted into a public receiving or public treatment facility can request transfer to a private facility either personally or through his or her guardian or guardian advocate. The patient must be able to afford said treatment and any required transportation and must otherwise be accepted into the private facility.

Law enforcement is not responsible for transportation between facilities.

## 7. NON-EMERGENCY TREATMENT & SERVICES

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Further treatment, case management, recovery-oriented services, and co-occurring mental health and substance use disorder services are coordinated with the following organizations that are an integral part of the System and include those which are also under contract with CFBHN:

- Centerstone of Florida, Inc.
- Suncoast Behavioral Health Centers
- MCR Health, Inc. – a Federally Qualified Health Center (FQHC)
- Operation PAR, Inc.
- Turning Points
- The Salvation Army

## 8. FACILITY CHOICE

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### 8.1 Overview

Individual and family preferences are core tenants of the Plan. Unless otherwise indicated, all persons will be provided an opportunity to voice their preference regarding where they would like to receive mental health evaluation services.

### 8.2 In-County

If a person presents to a facility or law enforcement and a specific hospital within the county is preferred, the person may be transported directly to their facility of choice under this Plan.

### 8.3 Out-of-County

If the person's preference for examination is outside of the County, arrangements for transfer may be coordinated between facilities however, the County reserves no responsibilities to the transferor for services provided outside of the County.

The Centralized Receiving Facility serves as the centralized screening facility for persons in Manatee County without an emergency medical condition.

## 9. OVERFLOW PLAN

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### 9.1 Overview

A Rotation system is used to transfer individuals from the CRF to other designated Baker Act receiving facilities when all CSU bed capacity is occupied.

Centerstone will serve as the coordinator of this Plan, and upon reaching capacity, direct the movement of both indigent and paying patients among other designated receiving facilities. The DCF Regional Office monitors the System to ensure that individual rights are not violated, and that there is the capacity for both indigent and insured persons transferred among other all receiving facilities.

As demand increased over the years, the Rotation system gave way to an electronic fax or (eFax) model to expedite service delivery. With this model, if a person does not have a preferred provider, the referral is sent via eFax to the designated receiving facilities, and the individual is transferred to Centerstone. The Health Information Exchange (HIE) is the preferred eFax method to ensure rapid communications and access to patient treatment history and to address acute medical and psychiatric needs efficiently and effectively.

## 10. OTHER RESOURCES THAT OPTIMIZE THE SYSTEM

### 10.1 Crisis Intervention Training and Crisis Intervention Team (CIT)

MSO, in collaboration with other law enforcement agencies, Centerstone of Florida, and persons/families receiving services has implemented a Crisis Intervention Training program. The training program is based on the Memphis Crisis Intervention Team Model, an evidence-based first responder program that has become nationally known as the “*Memphis Model*” of pre-arrest jail diversion for those in a behavioral health crisis. The program provides law enforcement-based crisis intervention training designed to help respond to individuals with behavioral health disorders. Officer involvement in the program is voluntary and interested officers must apply to be considered for the program. CIT works in partnership with those receiving behavioral health care to provide a system of services that are friendly to individuals with behavioral health disorders, their family members, and police officers. The CIT model includes 40-hours of training incorporating modules on:

- Voluntary mental health and substance use examination
- Involuntary examination under the Baker Act and Marchman Act
- Transportation Plan
- Signs and symptoms of mental illness and substance abuse impairment
- How to intervene with persons in a behavioral health crisis, de-escalation skills
- Utilization of Mobile Response Teams
- Centralized transportation to Central Intake Unit
- When to request transportation from the County’s contracted transportation provider
- Person-served, and family viewpoints and interaction
- Other behavioral health skills

Crisis intervention teams are most successful when a significant number of law enforcement officers have completed the 40-hour specialized training and when a CIT team or other specially trained team of law enforcement officers is designated to respond to mental health crises. CITs also include a licensed behavioral health clinician (i.e., a Licensed Mental Health Counselor or a Licensed Clinical Social Worker).

### 10.2 No Wrong Door Model

The Central Receiving Facility (CRF) provides a comprehensive and efficient “*no wrong door*” to the System for persons in crisis. Individuals, families, first responders, and law enforcement officers 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, triage, and crisis stabilization on an outpatient or in-patient basis (CSU or Detox). The CRF serves persons

aged 18 and over. Youths aged 17 and under will continue to be transported to the most appropriate Baker Act or Marchman Act designated receiving facility.

### 10.3 Care Coordination

The CRF also provides Care Coordination for persons who meet the criteria for high need/high utilization of acute care. For purposes of the System, high need/high utilizers are 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 six months.

Care Coordination among the CRFs and the System enhances the delivery of treatment services and recovery support and improves outcomes among priority populations. Care Coordination implements deliberate and planned organizational relationships and service procedures that increase the effectiveness and efficiency of the System by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. These connections include behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems.

Examples of Care Coordination include the 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 connects to the care that meets their needs.

### 10.4 Peer Coach/Support Services

Since 2017, Designated Receiving Systems in Florida have been assessed annually regarding their availability of treatment and recovery services that use recovery-oriented and peer-oriented approaches. Peer support programs employ peers who have experience overcoming addiction as “*recovery coaches*” to assist individuals currently struggling with addiction in the recovery process.

Peer Support services are offered to everyone who encounters the CRF, to promote engagement, inspire recovery, provide advocacy for client-driven treatment, and to reduce unnecessary use of the Baker Act or Marchman Act for those who are in crisis.

### 10.5 Homeless Outreach Team (HOT) Beds

In 2021, Manatee County signed an agreement with a community partner to provide outreach, shelter, case management, and placement into permanent housing for members of the County’s homeless community in conjunction with local law enforcement.

- **The Salvation Army**  
1204 14<sup>th</sup> Street West, Bradenton, FL 34205  
(941) 748-5110

### 10.6 Comprehensive Treatment Court (CTC)

The Comprehensive Treatment Court (CTC) Manatee was established through a multi-track approach to address specific problems associated with criminal behavior due to substance use disorders. This approach provides substance use disorder and mental health treatment for adult misdemeanor and non-violent felony offenders. The program treats offenders ranging from low -

risk/low-need to high-risk/high-need per the National Drug Court Institute (NDCI) and Bureau of Justice Assistance (BJA) risk and need quadrant model.

This design allows the program to address problems specific to various groups of offenders. This model examines the level of supervision, types of treatment, and habilitation to provide the best treatment available for individuals in the program.

## APPENDIX A – GLOSSARY

**Access Center**

A facility that has medical, mental health, and substance abuse professionals to provide emergency screening and evaluation for mental health or substance abuse disorders and may provide transportation to an appropriate facility if an individual needs more intensive services.

**Advanced Directives**

Written instructions prepared when the person is competent to do so which specify the behavioral health care that the individual does and does not want and that designates a health care surrogate to make those decisions for the individual at the time of crisis. Facilities are required to make reasonable efforts to honor those choices or transfer the individual to another facility that will honor those choices.

**Addiction Receiving Facility (ARF)**

A secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services; Is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to have substance abuse impairment who qualify for services under this part.

**AHCA**

Agency for Health Care Administration.

**APRN**

Advanced Practice Register Nurse.

**Baker Act**

The Florida Mental Health Act.

**Behavioral Health**

Refers to either mental illness as defined in chapter 394, or substance abuse as defined in chapter 397, or co-occurring mental and substance use disorders.

**BJA**

Bureau of Justice Assistance.

**Care Coordination**

The implementation of 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. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

**Case Management**

Those direct services provided to a client to assess their needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.

**CFBHN**

Central Florida Behavioral Health Network.

**CHIP**

Community Health Improvement Plan.

**CIT**

Crisis Intervention Team.

**Central Receiving Facility (CRF)**

A 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.

**Crisis Stabilization Unit (CSU)**

CSUs provide brief psychiatric intervention, primarily for low-income individuals with acute psychiatric conditions. In-patient stays average 3 to 14 days, resulting in return to the patient's own home, placement in a long-term mental health facility, or other living arrangements.

**DCF**

Florida Department of Children and Families.

**Detoxification Facility**

A facility licensed to provide detoxification services under chapter 397.

**EMTALA**

Emergency Medical Treatment and Labor Act.

**eFax**

Electronic Fax.

**EMS**

Emergency Medical Services.

**Ex parte**

From or out of the party or faction of thus signifying "*on behalf of*"; an ex parte decision is one decided by a judge without requiring all the parties subject to the dispute to be present.

**FQHC**

Federally Qualified Health Center

**HIE**

Health Information Exchange.

**HOT**

Homeless Outreach Team.

**Involuntary Examination**

An examination performed under 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.

**Involuntary Services**

Court-ordered outpatient or in-patient services for mental health treatment pursuant to s. 394.4655 or s. 394.467.

**JARF**

Juvenile Addiction Receiving Facility.

**Patient**

Any person, with or without a co-occurring substance abuse disorder, who is held or accepted for mental health treatment.

**Marchman Act**

The Hal S. Marchman Alcohol and Other Drug Services Act.

**MRT**

Mobile Response Team.

**ME**

Managing Entity.

**Mental Illness**

An impairment of the mental or emotional processes that exercise conscious control over one's actions or the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in Chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.

**MHFA**

Mental Health First Aid.

**MSO**

The Manatee County Sheriff's Office.

**NDCI**

National Drug Court Institute.

**No Wrong Door**

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.

**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. The term does not include a county jail.

**Private Receiving Facility**

Any hospital or facility operated by a for-profit or not-for-profit corporation or association that provides mental health services and is not a public facility.

**Public Receiving Facility**

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 abuse evaluation and to provide treatment or transportation to the appropriate service provider. The term does not include a county jail. Services shall be provided to all persons, regardless of their ability to pay, receiving state funds for such purposes.

**SAMH**

Substance Abuse and Mental Health

**Warm Hand-off**

An approach to proactively providing information and referral with a focus on patient-centered care, ensuring that the client is connected to a service provider that can provide what the client wants and needs.

**Wellness Recovery Action Plan**

A self-designed prevention and wellness process that includes developing a written plan to inform others of what the individual does and does not want when unable to make personal decisions due to a behavioral health crisis. This includes people who should be involved, acceptable medications and treatments, preferred treatment facilities, and how support persons will know the person is able to resume responsibility for his/her decisions.

## APPENDIX B – RESOURCE GUIDE

**NOTE:** The following information is intended to be a general overview of potential resources within the County and may not be inclusive of all available services.

**Table 2: Resource Guide**

Category	Name	Address	City	Zip	Phone
Alcohol & Drug Addiction	Centerstone	371 6th Ave. West	Bradenton	34205	941-782-4150
		2020 26th Ave. East	Bradenton	34208	941-782-4600
Alcohol & Drug Addiction	Learn to Fish Recovery Center for Women	6131 5th Street East	Bradenton	34203	941-755-3900
Financial, Utility & Other Assistance	Blessing Bags Project	1802 14th Street West	Bradenton	34205	941-720-1720
Financial, Utility & Other Assistance	Bring on the Ministry	4814 18th Street West	Bradenton	34207	941-545-6717
Financial, Utility & Other Assistance	Christian Care Alliance of Manatee	518 13th Street West	Bradenton	34205	941-752-4271
Financial, Utility & Other Assistance	Step Up Suncoast	6428 Parkland Drive	Sarasota	34243	941-750-6667
Financial, Utility & Other Assistance	Stillpoint Mission, Inc.	1608 14th Street West	Bradenton	34207	941-748-6835
Financial, Utility & Other Assistance	Turning Points	701 17th Ave. West	Bradenton	34205	941-747-1509

Category	Name	Address	City	Zip	Phone
Housing & Shelter Assistance	Bradenton Housing Authority	2002 9th Ave. East	Bradenton	34208	941-748-5568
Housing & Shelter Assistance	Catholic Charities Manatee County	1219 16th Street West	Bradenton	34205	941-355-4680
Housing & Shelter Assistance	DeSoto Towers	1523 6th Ave. West	Bradenton	34205	941-748-2883
Housing & Shelter Assistance	Family Resources- Safe Place 2B	361 6th Ave. West	Bradenton	34205	941-708-5850
Housing & Shelter Assistance	Jericho Project	6075 Coral Way	Bradenton	34207	941-321-0424
Housing & Shelter Assistance	Manatee County Emergency Rental Assistance Program	1112 Manatee Ave. West	Bradenton	34205	941-745-6270
Housing & Shelter Assistance	Manatee County Housing Authority	5631 11th Street East	Bradenton	34203	941-759-3974
Housing & Shelter Assistance	Manatee County Redevelopment & Economic Opportunity	1112 Manatee Ave. West	Bradenton	34205	941-748-4501
Housing & Shelter Assistance	Step Up Suncoast	6428 Parkland Drive	Sarasota	34243	941-750-6667
Housing & Shelter Assistance	Turning Points	701 17th Ave. West	Bradenton	34205	941-747-1509

Category	Name	Address	City	Zip	Phone
Housing & Shelter Assistance	Volunteers of America Florida	4232 20th Street West	Bradenton	34205	941-758-0424
Medical Services	Bradenton Community Based Outpatient VA Clinic	5520 State Route 64	Bradenton	34208	941-721-0649
Medical Services Woman, Infants, and Children	Florida Department of Health - Manatee County	410 6th Ave. East	Bradenton	34208	941-748-0747
		212 6th Ave. East	Bradenton	34208	941-741-3400
		1107 56th Ave. Terrace East	Bradenton	34203	941-741-3400
		1802 8th Ave. West	Palmetto	34221	941-741-3400
Medical Services	Genesis Health Services	707 7th Street West	Palmetto	34221	941-957-1970
		1314 2nd Ave. W.	Palmetto	34221	941-957-1970
		1027 9th Street W	Bradenton	34221	941-465-3686
		2700 South Tamiami Trail	Sarasota	34239	941-366-7066
Medical Services	MCR Health	101 Riverfront Blvd	Bradenton	34205	941-776-4000
Medical Services	My Breast Friends 941	P.O. Box 14122	Bradenton	34208	
Medical Services	Remote Area Medical Clinic- Manatee Technical College	6305 State Road 70 East	Bradenton	34203	941-526-4766

Category	Name	Address	City	Zip	Phone
Medical Services	Special Day Foundation	11523 Palmbrush Trail	Lakewood Ranch	34202	941-225-3103
Medical Services	Turning Points-Medical and Dental Clinic	701 14th Ave. West	Bradenton	34205	941-747-1509
Medical Services	We Care Manatee	353 6th Ave. West	Bradenton	34205	941-755-3952
Mental Health Counseling & Support Groups	Centerstone	391 6th Ave. West	Bradenton	34205	941-782-4150
		5218 4th Ave. Circle East	Bradenton	34208	941-782-4150
		371 6th Ave. West	Bradenton	34205	941-782-4150
Mental Health Counseling & Support Groups	Family Integrity Training	3855 Pro AM Ave. East	Bradenton	34203	941-799-4975
Mental Health Counseling & Support Groups	Family Resources- Safe Place 2B	361 6th Ave. West	Bradenton	34205	941-708-5850
Mental Health Counseling & Support Groups	Genesis Health Services - Administrative Office	707 7th Street West	Palmetto	34221	941-417-0067
Mental Health Counseling & Support Groups	Manatee Children Services	1227 9th Ave. West	Bradenton	34205	941-345-1200
Mental Health Counseling & Support Groups	MCR Health, Southwest Health Center	5325 26 <sup>th</sup> Street West	Bradenton	34207	941-751-8100
Mental Health Counseling & Support Groups	Suncoast Behavioral Health Center	4480 51st Street West	Bradenton	34210	941-251-5000

Source: *Community Connections Resource Guide, 3<sup>rd</sup> edition, Making an Impact, Inc. © 2022*