

Pinellas County Behavioral Health Transportation Plan

Three-Year Renewal: 2023-2026

Authored by:

Pinellas County Acute Care Committee

In accordance with

Florida Statute 394, Florida Mental Health Act

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

Submitted to:

Florida Department of Children and Families

Suncoast Region

Substance Abuse and Mental Health Program Office

For approval by:

Shevaun Harris, Cabinet Secretary

Florida Department of Children and Families

Approved by:

Pinellas County Board of County Commissioners

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Pinellas County Behavioral Health Transportation Plan

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I. DEFINITIONS

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 is in need of more intensive services.

Addictions Receiving Facility: 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.

Assisted Outpatient Treatment (AOT): a civil court order whereby persons who meet criteria (F.S. 394.4655) can receive involuntary outpatient commitment to increase adherence to intensive treatment in a least-restrictive setting.

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.

Behavioral Health Advanced Directive: 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.

Coordinated Access Model (CAM): A non-crisis call center for current or future residents of Pinellas County to call, text or chat for screening and scheduling of outpatient behavioral health treatment services.

Detoxification facility: A facility licensed to provide detoxification services under chapter 397.

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 inpatient services for mental health treatment pursuant to s. 394.4655 or s. 394.467. **Patient:** Any person, with or without a co-occurring substance abuse disorder, who is held or accepted for mental health treatment.

Involuntary Examination: An examination performed pursuant to F.S. 394.463 to determine if an Individual qualifies for involuntary inpatient treatment under F.S. 394.3497(1) or involuntary outpatient treatment under F.S. 394.4655(1).

Marchman Act: The Hal S. Marchman Alcohol and Other Drug Services Act Manatee County Behavioral Health Transportation Plan 4

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.

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.

Pinellas MATTERS: A medication for addiction treatment and electronic referrals system that optimizing identification of patients with substance use within a hospital emergency department to receive peer support, engagement, medication induction for opioid and/or stimulant use, and follow-up into ongoing medication assisted treatment.

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.

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 is able to provide what the clients 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 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

Pinellas County Behavioral Health Transportation Plan

II. Background/ Purpose

In accordance with the changes promulgated by Senate Bill 12 (2016)¹ to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the “Baker Act”), and Florida Statute 397 (commonly referred to as the “Marchman Act”), the Pinellas County Acute Care Committee, in collaboration with Central Florida Behavioral Health Network (the “Managing Entity”), submit for approval from the Pinellas County Board of County Commissioners this Behavioral Health Transportation Plan. Approval of this plan constitutes compliance with the above listed Florida Statutes to then be provided to the Department of Children and Families (DCF) Suncoast Region for final approval from the Secretary of DCF as it describes Pinellas County’s plan to continue to provide immediate access to emergency services for people in need of help for behavioral health disorders and supports a comprehensive and successful system of acute care.

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

Prior to initial approval of the Pinellas County Transportation Exception Plan in 2002, Florida statute required law enforcement to provide transportation of individuals of all ages to the nearest receiving facility for involuntary examination. For children, transfer to a facility with the capability to serve minors was then required, which resulted in unnecessary delays in the psychiatric examination, as well as increased secondary transfers. With the Transportation Exception Plan in 2002, minors under the age of 18 are to be transported directly to one of the two receiving facilities in Pinellas County that have the capability to serve minors.

Under the federal Emergency Medical Treatment and Labor Act (EMTALA), hospitals licensed under Florida Statute 395 are required to provide full medical screening and stabilization within the capability and capacity of the hospital, regardless of whether or not the facility has licensed psychiatric beds.

III. Specific Provision

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

1. Describes arrangements for safe and dignified transportation that supports the designated receiving system, as required under F.S. 394.461(5).

¹ SB12 (2016) was a bill during the 2016 legislative session. A final version of that bill became law, amending multiple Florida Statutes, including, in pertinent part, section 394.461, Florida Statutes and other relevant provisions contained in Chapter 394 of the Florida Statutes.

2. Describes methods of transportation 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 transportation for persons shall be provided to, from, or between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to s. 394.462(2).
4. Complies with the transportation provisions of s. 394.462 and ss. 397.6772, 397.6795, and 397.697.
5. Designates a single law enforcement agency within the county, or portions thereof, to take a person into protective custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to provide transportation for that person to the appropriate facility within the designated receiving system for examination, per s. 394.462(1) (a).
6. Optimizing care coordination and crisis diversion activities per Senate Bill 12 (2016)

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).

IV. Community Need and Support

The Pinellas 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.

Input was sought from the following organizations and community-based groups that support the Pinellas County Behavioral Health Transportation, and will continue to develop a quality improvement and long-range service expansion plan.

- ✓ Florida Department of Children and Families (DCF) SunCoast Region Substance Abuse and Mental Health Program Office
- ✓ Central Florida Behavioral Health Network
- ✓ Pinellas County Acute Care Steering Committee
- ✓ State Attorney's Office, Sixth Judicial Circuit
- ✓ Office of the Public Defender, Sixth Judicial Circuit
- ✓ Pinellas County Department of Human Services
- ✓ Pinellas County Department of Safety and Emergency Services
- ✓ Sunstar Paramedics
- ✓ Pinellas County Sheriff's Office
- ✓ St. Petersburg Police Department
- ✓ Largo Police Department
- ✓ Clearwater Police Department
- ✓ Belleair Police Department
- ✓ Gulfport Police Department
- ✓ Indian Shores Police Department
- ✓ Kenneth City Police Department

- ✓ Pinellas County School Police
- ✓ Pinellas Park Police Department
- ✓ Tarpon Springs Police Department
- ✓ Treasure Island Police Department
- ✓ Florida Highway Patrol
- ✓ National Alliance on Mental Illness –Pinellas (NAMI)
- ✓ North Tampa Behavioral Health
- ✓ Personal Enrichment through Mental Health Services (PEMHS) *
- ✓ Directions for Living
- ✓ Operation PAR
- ✓ Suncoast Center, Inc.
- ✓ BayCare Behavioral Health
 - Morton Plant Hospital*
 - Mease Dunedin Hospital*
 - St. Anthony’s Hospital*
- ✓ HCA Largo West *
- ✓ Windmoor Healthcare of Clearwater*
- ✓ Bay Pines VA Health System(for eligible veterans)
- ✓ Agency for Community Treatment Services (ACTS)
- ✓ WestCare
- ✓ Juvenile Welfare Board of Pinellas County

* Public and Private Baker Act Receiving Facilities currently designated as of the date of this Plan.

This list is subject to change from time to time, as new facilities are designated and others are closed or have their designations removed.

V. The Behavioral Health Transportation Plan 2023-2026

A. Geographic Area

The transportation protocol set forth in this plan includes all of Pinellas County – both municipalities and unincorporated Pinellas County territories.

B. Accessing the Designated Receiving System

Florida Statutes 394 and 397 outline the different ways persons may access acute care services through the designated receiving system.

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

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 protective custody and deliver him or her to the appropriate facility within the designated receiving system. In Pinellas County, the Pinellas County Sheriff’s Office is the designated law enforcement agency to execute

Ex parte orders.

- A physician, clinical psychologist, physician's assistant, ARNP who is a certified psychiatric nurse practitioner, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance use disorder services only, a master's level certified addictions professional, may execute a professional certificate.

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

- Under 397.6798, a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by filing an application at a juvenile addictions receiving facility.
- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into protective custody and provide transportation for him or her to the appropriate facility within the designated receiving system, executing a written report of the circumstances. If a member of a mental health overlay program or a mobile crisis response service is a professional authorized to initiate an involuntary examination pursuant to s. 394.463 or s. 397.675 and that professional evaluates a person and determines that transportation to a receiving facility is needed, the service, at its discretion, may transport the person to the facility and not the law enforcement agency if determined to be best suited to the needs of the patient. 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.

Additionally, Pinellas County established extensive Crisis Intervention Team (CIT) training nearly 20 years ago, and continues to hold regular trainings for certification of local law enforcement officials. CIT is an evidence-based practice; requesting CIT training of law enforcement agencies and first-responders is actively encouraged.

C. Emergency Mental Health Examination or Involuntary Baker Act

For adults accessing voluntary or involuntary emergency psychiatric examination services through s 394.4625 or 394.463, Personal Enrichment through Mental Health Services (PEMHS) is the DCF designated Public Receiving Facility and operates one Access Center and Crisis Stabilization Unit (CSU) to screen, assess, admit or transfer individuals under the (Baker Act) Florida Mental Health Act.

Personal Enrichment through Mental Health Services (PEMHS)

➤ 11254 58th Street North, Pinellas Park, FL 33782

PEMHS will conduct the initial screening, assessment and triage in order to determine whether the individual requires a voluntary or involuntary CSU admission, and any applicable transfer to

one of the five private Baker Act Receiving Facilities in Pinellas County, or a Baker Act Receiving Facility in another county. Any determinations of transfer location shall be primarily informed by patient preference(s) including any psychiatric advanced directives in place, followed by availability.

The following Private Receiving Facilities also operate within Pinellas County. However, the list is subject to change from time to time as locations change, new facilities are designated, others are closed or have their designations removed.

Mease Dunedin Hospital
601 Main Street
Dunedin, FL 34698

Morton Plant Hospital
300 Pinellas Street
Clearwater, FL 33756

St. Anthony's Hospital
1200 7th Avenue North
St. Petersburg, FL 33705

HCA Largo West
2025 Indian Rocks Road
Largo, FL 33774

Windmoor Healthcare of Clearwater
11300 US Hwy 19 North
Clearwater, FL 33764

*Bay Pines VA Healthcare System
10000 Bay Pines Blvd Bay Pines, FL 33744
*Baker Act Facility for Veterans

**See Attachment A for complete list of Acute Care Services in Pinellas County.*

Adults over age 64 should be transported to the nearest emergency room or designated receiving facility.

For children under age 18 accessing services through s 394.4625 or 394.463, the two designated receiving facilities in Pinellas County that have the capability of serving minors under are:

- Personal Enrichment through Mental Health Services (PEMHS)
11254 58th Street North, Pinellas Park, FL33782

- Mease Dunedin Hospital
601 Main Street, Dunedin, FL 34698

Law enforcement will transport individuals under 18 years of age for whom an involuntary examination has been initiated to the designated receiving facility that serves minors that is closest to the location in which the child has been taken into protective custody. Law enforcement is encouraged to avoid the use of restraints/restrictive devices, when possible, in order to avoid preventable traumatization of youth/minors. 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 federal and state law.

D. Emergency Substance Use Examination or Involuntary Marchman Act

Adults accessing services through 397.675, the Marchman Act, will be transported to the nearest emergency room. Additionally, Florida Statute 397.6772(1) (b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest. Certified Peer Recovery Specialists (CPRS) and Quick Response Teams (QRTs) are increasingly present in emergency departments to intervene with individuals who experience a non-fatal drug overdose or are identified in having a substance use condition, including the Pinellas MATTERS program. Use of these and other similar professional resources to optimize voluntary linkages to substance use disorder treatment including medication induction and enhanced linkages into care are encouraged to improve supports and reduce non-adherence to post-discharge recommendations.

Children under age 18 accessing services through s 397.675, the Marchman Act, will be transported to the nearest emergency room or to:

- Personal Enrichment through Mental Health Services (PEMHS)
11254 58th Street North, Pinellas Park, FL 33782.

E. Methods of Transportation

The Pinellas County Sheriff's Office is designated by this plan as the law enforcement agency within Pinellas County 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 designated receiving system for examination.

While the Pinellas County Sheriff's Office is designated to transport individuals under the Baker Act and Marchman Act, all law enforcement agencies within Pinellas County may take a person within their jurisdiction into protective custody and transport that person to the appropriate facility within the designated receiving system for examination or permit transport by a member of a mental health overlay program or a mobile crisis response service if the professional is authorized to initiate an involuntary examination pursuant to s. 394.463 or s. 397.675 and if it is determined to be best suited to the needs of the patient.

As required under s 394.462, each law enforcement agency within Pinellas County shall establish 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. These policies are maintained by the law enforcement agencies and have been submitted to the Managing Entity.

Law enforcement may decline to provide transportation only if the county has a contract with an emergency medical transport service or private transport company for transportation of persons to receiving facilities at the sole cost to the county; and 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.

The Pinellas County Board of County Commissioners contracts with Paramedics Plus, providing emergency medical services (EMS) and transport, operating as Sunstar Paramedics. Sunstar is the designated EMS provider for alternate, non-law enforcement transportation for persons experiencing a behavioral health crisis.

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

Law enforcement and EMS have extensive experience in Baker Act and Marchman Act transportation 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, most respectful, and least restrictive manner possible. If a law enforcement officer takes an individual to a designated receiving facility contrary to this Behavioral Health Transportation Plan, the individual will be accepted, assessed, and triaged as required by statute, and may be transferred by the facility in accordance with state and federal laws.

F. Mobile Crisis Response Teams and Diversion

Mobile Response Teams (MRTs) improve behavioral health services by providing on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. MRTs are available to respond 24/7 for all age groups to provide on-site crisis intervention and de-escalation to ensure timely access to supports and services, and resolve crises. Services include evaluation and assessment, development of safety or crisis plans, development of coping skills, and linkage to appropriate resources. A primary goal of MRTs is to prevent unnecessary psychiatric hospitalizations including crisis stabilization units.

MRTs may identify alternative placements outside of a CSU, such as a Recovery Living Room, to receive formal and information intervention services to de-escalate a consumer and assess

crisis needs outside of an acute setting. Use of MRTs demonstrates significant reductions in Baker Acts. PEMHS is the operator of MRT services in Pinellas County.

Diversions occur in a variety of intercepts within the care continuum including diversion of hospital admissions, diversion of involuntary examinations (Baker/Marchman Act), and diversion from a psychiatric crisis episode. The Acute Care Committee will work to optimize all diversionary opportunities. Early facilitation into treatment services can reduce the potential of a crisis episode which can be accomplished with pre-crisis coordination such as with the use of a Coordinated Access Model (CAM), de-escalation and diversion of a Baker/Marchman Act may be accomplished with MRTs, and coordination of care between CSU's and community-based treatment providers who can provide wrap-around and community-based stabilization to divert preventable hospital admissions or re-admissions which may include use of other least-restrictive interventions like assisted outpatient treatment (AOT).

G. Medical Clearance

When necessary, law enforcement will request Sunstar Paramedics 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.

Any individual who is having a medical emergency will be transported to the nearest emergency department regardless of its capacity to address the behavioral health problem. 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. Emergency Medical Services will at all times follow the current Pinellas County EMS protocols.

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.

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

Florida Statute 394.4685 affirms that a patient who has been admitted to a public receiving or public treatment facility and has requested, either personally or through his or her guardian or

guardian advocate, and is able to pay for treatment in a private facility shall be transferred at the patient's expense to a private facility upon acceptance of the patient by the private facility. Law enforcement is not responsible for transportation between facilities.

I. Continuing Treatment

Further treatment, case management, recovery-oriented services and co-occurring mental health and substance use disorders services are coordinated with the following organizations that are an integral part of the Pinellas County behavioral health service delivery system and includes those under contract with Central Florida Behavioral Health Network and Pinellas County Human Services:

- ✓ Agency for Community Treatment Services (ACTS)
- ✓ Boley Centers, Inc.
- ✓ Directions for Living
- ✓ Gulf Coast Jewish Family & Community Services
- ✓ Mental Health Resource Center, Inc.
- ✓ NAMI Pinellas County Florida, Inc.
- ✓ Operation PAR
- ✓ Personal Enrichment through Mental Health Services, Inc.
- ✓ Suncoast Center, Inc.
- ✓ Vincent House
- ✓ WestCare Florida, Inc.

J. Accountability

The ultimate accountability under the Plan lies with the State of Florida's Department of Children and Families as the designated authority of substance abuse and mental health services. The public official responsible for overseeing the Plan is the DCF Regional Substance Abuse and Mental health (SAMH) Program Director. The Office retains the administrative authority to resolve issues concerning the Plan, approve interagency agreements, clarify procedures under DCF's licensing authority of Baker Act facilities, as well as coordinate other services needed for individuals beyond acute care services. The Regional DCF Office also has a working relationship with the Agency for Health Care Administration (AHCA) if issues arise beyond the department's authority.

In Pinellas County, the DCF Suncoast Region SAMH Program Office contracts with the Managing Entity (ME), Central Florida Behavioral Health Network (CFBHN,) to oversee and manage the community-based behavioral health system with the most direct services contracted with non-profit behavioral health service providers. CFBHN and Pinellas County Government contract

with PEMHS to operate the Central Receiving System (CRS) in partnership with Pinellas County community providers.

The Acute Care Committee and ultimately its governing authorities are responsible for ensuring that the use of least-restrictive interventions are used, including involuntary examinations and placements under the Florida Mental Health Act (Baker Act) in order to comply with federal Americans with Disabilities Act (ADA) and the Olmstead Decision of 1999.

J. Collaborative Problem Solving

The Pinellas County Acute Care Committee represents a critical portion of the community-based behavioral health system within Pinellas. The Committee focuses on needs and solutions for active, short-term care for those experiencing a behavioral health crisis but in order to do this effectively, it must also measure capacity in least-restrictive, more integrated settings to ensure sufficiency in non-acute services to ensure system-wide stability that can achieve stabilization and reduce recurrent use of acute care services. The Committee works with, and is informed by, other community behavioral health initiatives, and encourages involvement from agencies and organizations who aide in the safety, treatment and recovery of individuals with mental illness and/or substance use disorder.

The Pinellas Acute Care Committee will:

- Act as the forum for addressing issues as they arise in the implementation of this Behavioral Health Transportation Plan.
- When issues or conflicts arise between or among providers, law enforcement, and/or agencies within the Acute Care behavioral health system, those issues or conflicts should be addressed directly with those involved with the conflict or issue. Should the issue or conflict continue not to be resolved after efforts have been made to address it between involved parties, the issue should be brought to the Acute Care Committee. The Acute Care Committee will facilitate the collaborative conflict resolution process between agencies by identifying a Transportation Plan Sub-Committee to work collaboratively to resolve issues related to the implementation of the plan.
- Assure that this Transportation Plan is reviewed and approved as required and make revisions of the Transportation Plan when needed.
- Continuously strive to improve the coordination of acute care including the lawful exchange of health information allowable under acute emergency medical care which is inclusive of psychiatric emergencies in order to optimize patient-centered stabilization, transitions to community-based treatment, and reductions in repeat utilization.
- Identify outpatient and other lower levels of treatment services available throughout Pinellas County to measure non-acute service access.
- All agencies will work toward the goal of identifying a mechanism to monitor publicly-funded consumer utilization of Baker Act beds that are licensed by DFC, in order to optimize the timely coordination of acute emergency psychiatric services to facilitate coordination of treatment and measurement of acute service utilization throughout the Pinellas County system of care.

- All agencies and providers that are involved in the acute behavioral health system of care are responsible for participating in the Pinellas County Acute Care Committee.
- The Department of Children and Families, Central Florida Behavioral Health Network, and Pinellas County Human Services will actively support and participate in this process.
- Those involved shall report the results of the conflict resolution process to the full Acute Care Committee including making recommendations regarding amending this Transportation Plan.

K. Choice

Individual and family preference is a core tenant of this Plan. All persons will be provided an opportunity to voice their preference in where to receive mental health evaluation services. If a person presents to a facility or to law enforcement and a specific hospital within the county is preferred, the person may be transported directly to that facility under this Plan. If the person's preference for examination is outside of the county, arrangements for transfer may be coordinated between the facilities however the County reserves no responsibilities with the transfer or transport for services provided outside of the county. The Centralized Receiving Facility serves as the centralized screening facility for persons in Pinellas County without an emergency medical condition.

L. Environmental Threats/Public Health Emergencies

Environmental threats such as wind, storms, flood, fire, and other environmental threats including viral outbreaks such as COVID-19 have the ability to threaten infrastructure and the safe delivery of psychiatric and medical services. A protocol has been developed to describe a communication structure for these events, described in Attachment D.

M. Attachments

Attachment A = Pinellas County Acute Care Providers

Attachment B = Medical Exclusion and Eligibility Criteria for Non-Medical Designated Receiving Facilities

Attachment C = Overflow Plan

Attachment D = Behavioral Health Acute Care Patient Flow/COVID-19

Attachment A – Pinellas County Acute Care Providers

Facility	Address	Licensed Capacity
Windmoor Healthcare of Clearwater	11300 US 19N Clearwater, FL 34624	Total Adult: 144 Psychiatric Capacity: 122 Substance Use Disorder Capacity: 22
HCA Largo West	2025 Indian Rocks Rd Largo, FL 33774	Adult: 71
Personal Enrichment through Mental Health Services (PEMHS)	11254 58 th St N Pinellas Park, FL 33782	Adult: 45 Children: 15
Morton Plant Hospital	300 Pinellas St Clearwater, FL 33756	Adult: 24
St. Anthony's Hospital	1200 7 th Ave N St Petersburg, FL 33705	Adult: 50
Mease Dunedin Hospital	601 Main St Dunedin, FL 34698	Adult: 22 Children: 10
Bay Pines VA Healthcare System	10000 Bay Pines Blvd Bay Pines, FL 33744	*Baker Act Facility for Veterans

Attachment A describes the capacity of acute care beds. It is recognized that in order to reduce preventable overuse of acute care resources, sufficient outpatient capacity is required. The Acute Care Task Force and its membership will work collaboratively to develop an outline of treatment capacity for lower levels of care to be tabled as a future addendum to the Plan.

Pinellas County Baker Act Receiving Facilities

Medical Acceptance Criteria

(for transfers from medical facilities and jails to free standing Baker Act Receiving Facilities)

All clients referred by an acute care medical facility to a freestanding psychiatric facility for admission shall be screened for medical illnesses/complications prior to approving the client for transfer. **In order to be medically stable for admission to a freestanding psychiatric facility individuals must be able to be discharged home.** In addition to nurse-to-nurse consults, the person's medical record, including all diagnostic and laboratory test results must be furnished. All transports must have supporting documentation, which specifically states "medically stable for transport to non-medical facility". The client's physical safety always takes precedent over psychiatric needs.

The definition of "Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of 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. However, if persons have a serious diagnosable mental illness (serious thought or mood disorder) sufficiently severe to meet the legal definition that co-occurs with one or more of the above conditions, they may be eligible to be served as voluntary or involuntary patients under the Baker Act. Primary diagnoses of alcoholism or drug addiction are generally inappropriate and are more appropriately handled under Florida's Marchman Act. Chronic organic brain syndrome is generally inappropriate for referral and a medical evaluation is required if accepted for admission.

PEMHS Crisis Stabilization Unit (CSU) is a non-medical, non-hospital facility. Its structure and staffing patterns do not permit admission of persons who require medical care beyond the capability of a CSU. Windmoor is a non-medical hospital that accepts persons who have acute mental illness or substance abuse disorders who have been medically stabilized per Windmoor's policies. The follow medical illness/complications may delay or prevent admission to a freestanding psychiatric facility.

Medical Conditions	Exclusionary Guidelines
LABS & VALUES (unacceptable levels) Electrolytes: Liver: Renal: IV Fluids: I & O:	Lab values must be current (within past 24-48 hours) Abnormal labs may <u>not</u> be outside of values noted below <u>for all psychiatric facilities</u>: HEMOTOLOGY: Hemoglobin < 10 Hematocrit < 30 WBC: ≥ 15,000 Platelets < 100,000 CARDIAC: BNP > 350 Sodium: ≤ 136 or ≥ 145 Potassium: ≤ 3.2 or ≥ 5.8 Calcium: ≤ 6.5 or ≥ 8.5 Amylase: > 350 AST: > 250 LDH: > 350 <u>PEMHS:</u> No Dialysis pts or with symptoms of acute uremia <u>Windmoor:</u> Same as PEMHS. In addition, no patients 60 and older with a UIT with a change in mental status. <u>PEMHS:</u> No patients receiving IV fluids/meds. All IV ports must be removed prior to transfer. Permanent access or surgically placed ports must not be in use or require Heparin flushing. <u>Windmoor:</u> Same as PEMHS <u>PEMHS:</u> Patients unable to self, or take basic nutrition by mouth or who cannot void prior to transfer Nasal Gastric Tubes and PEG tubes must be removed prior to acceptance. <u>Windmoor:</u> Same as PEMHS
CARDIAC Blood Pressure: Cardiac Disease/ Abnormal EKG's:	ALL FACILITIES: No patients who require telemetry monitoring <u>PEMHS:</u> No individuals with significant alterations in their normal baseline BP ADULT ≥ 160/100, if ≤ 90/60 <u>will require PEMHS' physician approval</u> CHILD ≥ 130/90, if ≤ 90/60 <u>will require PEMHS' physician approval</u> Sustained reading may be required to determine medical stability. <u>Windmoor:</u> Same as above with <i>Windmoor's</i> physician approval Sustained reading may be required to determine medical stability. <u>PEMHS:</u> No patients who require O2 or equipment needed to maintain stability. All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG's <u>require PEMHS' physician approval.</u>

	<u>Windmoor:</u> All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG's <u>require Windmoor's physician approval.</u>
DIABETES	<u>PEMHS:</u> Untreated or uncontrolled, insulin dependent with blood levels ≥ 300meq. If initial is over 300 must have levels below 300 and indication of stability indicated by 3 accu checks may be required. <u>Windmoor:</u> Same as PEMHS
OVERDOSES	<u>PEMHS:</u> Overdoses will be treated according to the Regional Poison Center recommendations. Persons who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs as related to the drug. (i.e. Acetaminophen OD will require APAP levels & liver function tests & will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment IV or PO must <u>complete treatment</u> facility and have labs WNL. <u>Windmoor:</u> Same as PEMHS
ALCOHOL/DRUGS ETOH: METHADONE:	<u>PEMHS:</u> Cannot be primary need for treatment. BAL must be < 300, (presents with lethargy, disorientation, altered mental status or unconsciousness). BP $> 160/100$ and pulse of > 120 must be medically cleared first. <u>Windmoor:</u> Can be primary need for treatment. Blood level < 0.3, medically cleared, able to ambulate without assistance. (presents with lethargy, disorientation, altered mental status or unconsciousness). <u>PEMHS:</u> Cannot take addicted individuals requiring Methadone without <u>prior</u> arrangement with <u>Operation PAR</u> to provide Methadone. <u>Windmoor:</u> Cannot take addicted individuals requiring Methadone without <u>prior</u> arrangement with <u>Operation PAR</u> or other established Methadone clinic to agree to maintain the patients Methadone post discharge from Windmoor Healthcare.
HEAD TRAUMA Seizures:	<u>PEMHS:</u> Individuals with recent head trauma (2 weeks) & first onset of mental status change with no prior history. Individuals without documents neurological exam and MRI head scan that rule out medical instability, neurological and organic origins of psychiatric symptomatology. <u>Windmoor:</u> Same as PEMHS <u>PEMHS:</u> Patients with known seizure hx who have not been taking anti-convulsant medication with positive recent seizure history (i.e. Within past 3 days). No documentation of administering appropriate anti-convulsive medication or monitoring for a therapeutic level is evident. Non-medication compliant seizure patients will need loading dose & subsequent/repent level. Status Epilepticus individuals will not be considered for admission until seizure free for up to 72 hours.

	<u>Windmoor:</u> Same as PEMHS
SKIN	
WOUNDS:	<u>PEMHS:</u> Cannot accept wounds that require wet dressing or dry dressings that require intensive daily treatment due to their size and/or location. NO GUN SHOT WOUNDS. <u>Windmoor:</u> All wounds are assessed on a case-by-case basis.
OSTOMY:	<u>PEMHS:</u> Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and will <u>require physician approval</u>.
BEDSORES:	<u>Windmoor:</u> Same as PEMHS <u>PEMHS:</u> No patient with Stage 2, 3, or 4 bedsores. Stage 1 will require cultures prior to consideration and <u>physician approval</u> <u>Windmoor:</u> Same as PEMHS
INFECTIONS	<u>ALL FACILITIES:</u> Cannot accept patients with an active infectious proves that requires any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI's, phlebitis, UTI's, renal complications, cellulitis, etc.) with elevated temperatures $\geq$ and have not been treated by referring facility prior to transfer. <i>Clear documentation of treatment & declining temperatures to a consistent acceptable range must be recorded.</i>
MRSA:	<u>PEMHS:</u> Cannot accept: patients with MRSA infection colonized in urinary tract with indwelling catheter, MRSA colonized in Respiratory tract, nares, groin, armpits or GI tract. Cannot accept patients where VRE is colonized it the stool. Admission will <u>require physician approval for all referrals receiving treatment.</u>
C-DIFF:	<u>Windmoor:</u> Cannot accept: patients with MRSA infection colonized in urinary tract with indwelling catheter, MRSA Admission will <u>require physician approval for all referrals receiving treatment.</u> <u>PEMHS:</u> If incontinent, cannot accept. Treatment must be finished. <u>Windmoor:</u> Same as PEMHS
RESPIRATORY	<u>PEMHS:</u> Individuals requiring Nebulizer treatments or have respiratory issues that require suctions, individuals with a recent tracheotomy and/or those who require continuous oxygen. No patients with Pulse OX < 94%. Patients that have sleep apnea may be accepted if patient has CPAP machine with them and physician approves. <u>Windmoor:</u> Same as PEMHS
MEDS/SURGICAL	

IN GENERAL:	<u>PEMHS:</u> Individuals who require urgent medical/surgical follow up, who do not have a documented treatment plan and follow up appointments in place. Patients with complex medical or surgical issues or needing procedures that potentially prevent participation in the active treatment program will be review on an individual basis. <u>Windmoor:</u> Same as PEMHS
	BROKEN BONES: <u>PEMHS:</u> Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) Generally unable to accept cases unless casting is complete. <i>Casting for fractures must be provided by the transferring facility prior to transfer.</i> <u>Windmoor:</u> Same as PEMHS
	PREGNANCY: <u>PEMHS:</u> Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia) or within 4-6 weeks of due date. Pregnant individuals with no previous OB/GYN care must have a documents OB/GYN consultation.
	CANCER: <u>Windmoor:</u> Cannot accept patients who are beyond the first trimester. Cannot accept patients who are pregnant with complications requiring bed rest (preeclampsia), All pregnant patient must have had OB/GYN care to admissions. <u>PEMHS:</u> Cannot accept patients actively receiving chemotherapy or radiation treatment. <u>Windmoor:</u> No specific restrictions. Case-by-case based on physical status and physician consult/review. Cannot accept patients actively receiving chemotherapy or radiation treatments.
NUTRITION	<u>PEMHS:</u> Patients with NG or Peg Tubes or who require nutritional supplements for metabolic stability. Must be able to chew and swallow food on PEMHS available menu. <u>Windmoor:</u> Same as PEMHS
AMBULATION	<u>PEMHS:</u> Patients who cannot ambulate independently and without assistive devices (crutches, canes, walkers), require bedside rails, adjustable beds, call beds or Geri-chairs. Use of wheelchair is permitted. Reviewed on case by case basis. <u>Windmoor:</u> Same as PEMHS
INCONTINENCE	<u>PEMHS:</u> Patients incontinent of feces/urine with self-care deficits that are not due to psychiatric conditions will be review on a case by case basis. <u>Windmoor:</u> No specific limitations unless related to infectious process noted under infections.

CATHETERS:	<u>PEMHS:</u> No patients with in-dwelling catheters, excluding self-care catheters. <u>Children – No catheters.</u> <u>Windmoor:</u> No in-dwelling catheters. No additional specific restrictions unless related to infectious process noted under infections. Patients must be able to manage changing the catheters on their own and bring their own supplies. Case-by-case review expected. .
DEFINITIONS/REFERENCES	
EMERGENCY MEDICAL CONDITION	A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that absence of immediate medical attention could reasonably be expected to result in serious jeopardy to patient health, serious impairment of bodily function or serious dysfunction of any bodily organ or part <i>(from FC 395)</i>
MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose <u>of ruling out other conditions</u> or whether the examination was a <u>perfunctory “cleared for psych”</u> that failed to address <u>potential underlying issues</u> . The Medical screening examination must be adequate not only to define the psychiatric problem, but also to reveal any physical illnesses or trauma. The treatable psychiatric symptoms/problem(s) must exceed any medical problems for the patient to be placed in an inpatient psychiatric units. (CMS Publication 100-02, <i>Medicare Benefit Policies Manual</i> , Chapter 2, Sections 20, 20.1, 20...) <i>(HCFA, State Operations Manual Pub. 7, 6/1998)</i>
EMTALA & PSYCHIATRIC CONDITIONS	For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered to be stable when he/she is protected and prevented from harming themselves or others. For purpose of discharging a patient (other than for the purpose of transfer from one facility to a second facility), for psychiatric conditions, the patient is considered to be stable when he/she is no longer considered to be a threat to him/herself or to other. <i>(HCFA, State Operations Manual Pub. 7, 6/1998)</i>

Attachment C - Overflow Plan

In the event that Personal Enrichment through Mental Health Services (PEMHS), the public receiving facility in Pinellas County, is at capacity, the following overflow plan will be utilized in order to ensure services continue to be provided in the most humane and timely manner.

In order to efficiently manage overflow notification and the status of referrals, representatives from the receiving facilities will provide notification of census to PEMHS on a daily basis. In the event that PEMHS is in Overflow Status, PEMHS will notify all receiving facilities that there is an individual who needs placement as a result of PEMHS being in Overflow Status. Each receiving facility is responsible to respond to PEMHS with their availability to accommodate this individual immediately upon receipt of this notification. PEMHS will arrange for transportation of the individual to the appropriate receiving facility that has availability.

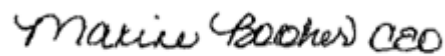
PEMHS is responsible for the referral process, and for monitoring the status of referrals on a monthly basis. PEMHS will provide a report to the Acute Care Committee that reflects when this Overflow Plan was activated, how long PEMHS remained in Overflow Status, the number of individuals referred to each facility, and how many individuals were accepted/ admitted to other facilities.

Any issues related to the Overflow Plan that cannot be resolved between PEMHS and the affected receiving facility should be brought to the Pinellas County Acute Care Committee for discussion and resolution.

OVERFLOW

Book/Section/No.:	Critical Care Services / Access Center /	255
Effective Date:	02/18, 8/19, 8/22	
Policy:	It is the policy of PEMHS to screen consumers referred to the Agency and triage according to the client's preference, needs, and funding. This procedure allows for minimal disruption into the triage process in the event PEMHS reaches client capacity. PEMHS shall operate within designated client ratios to ensure safety of clients and staff.	
Subjects:	A. Purpose B. Clients out on Medical Clearance C. Procedure D. Census E. Hospital Refusals F. Out of County Referrals G. Documentation	

 D.O.

 CEO

President/CEO

A. PURPOSE

- a. This policy assures a consumer's preference, medical, and psychiatric needs receive priority and are properly addressed with minimal interruption so that PEMHS may provide a safe and comprehensive level of care.

B. CLIENTS OUT ON MEDICAL CLEARANCE

- a. Priority is first given to any patient sent out on medical clearance from PEMHS Emergency Services before or while in Overflow. Priority will next be given to non-receiving facility hospital emergency rooms.

C. PROCEDURE

- D. When the census reaches 40

- a. St. Anthony's Hospital, Morton Plant hospital, Largo Medical Center Indian Rocks, Windmoor Healthcare and Mease Dunedin Hospital are all designated Receiving Facilities.
 - b. Priority is first given to any patient sent out on medical clearance from PEMHS Emergency Services before or while in Overflow. Priority will next be given to **non-receiving facility hospital emergency rooms**
 - c. Admit indigent clients only
 - d. Refer all insurance clients to other receiving facilities
 - e. Contact each Receiving Facility to obtain census and put them on alert that we may go into Overflow soon so that they can accommodate referrals.
- E. When census reaches 45
- a. Stop admissions from Receiving and non-receiving facility hospital emergency rooms and implement the Overflow Plan. This will include any patients who previously went out for Medical Clearance from Emergency Services. *Staff are still expected to assist the ED with the transfer of a patient who has medically cleared while PEMHS has entered Overflow.
 - b. All police drop offs and walk-ins continue to come to PEMHS where we take the responsibility of referring and arranging transportation.
 - c. Notify Administrator on Call. If it is really late at night or early in the morning, please email the AOC.
- F. If we are in overflow and it is 3 or 4 o'clock in the morning and there have been no walk-ins or police drop off's and the census is at 42, staff must first call over any patients that were sent out for medical clearance from Emergency Services and have since medically cleared. After this is done, Staff may call over some non-receiving facility hospital emergency room admissions from the waiting list.
- G. CENSUS
- a. The census can legally go to 60, 45 adult and 15 children's beds. Although above and beyond the total census of 60, we can go 10% over on each unit, which would be 2 additional individuals on CSU A, 3 additional on CSU B and 1 additional on CSSU. This is 6 additional beds.
 - b. Use of the 6 additional beds **only** occurs when PEMHS **cannot** get someone out to another hospital,
 - c. PEMHS is the Central Receiving Facility for Pinellas County and will continue to accept Walk Ins and Police Drop Offs. (These are the individuals who will be placed in the 6 additional beds once we reach capacity (60). The 3 beds on CSUA can be a combination of youth and adults being placed on the respective units.

H. HOSPITAL REFUSALS

- a. When the Overflow Plan is activated, all indigent and insured persons will be referred to hospital based receiving facilities in rotation (follow the Plan for Logging and Documentation in Avatar) based on the proportion of beds each hospital has of the total locked beds in the county, assuming the hospital has capacity. Current census of hospital based receiving facilities should be maintained.
- b. When the Overflow Plan is activated, no hospital will be permitted to refuse a referral due to the persons' source of payment or lack thereof, although PEMHS will first refer persons to hospitals where their insurance will pay.
- c. Should a hospital based receiving facility refuse to take a referral from PEMHS, they should take a client off the waiting list and count that individual as a referral from PEMHS. This may include a patient who was sent to their facility for a medical clearance. That individual will be taken off PEMHS referral waiting list.
- d. There are 5 hospitals PEMHS will be referring to:
 - i. St. Anthony's (Bay Care)
 - ii. Windmoor Hospital
 - iii. Morton Plant Hospital (Bay Care)
 - iv. Largo Medical Center – Indian Rocks
 - v. Mease Dunedin Hospital

I. Out of County Referrals

- a. There are also Out of County Hospitals such as Suncoast/Bradenton, Gracepoint, and North Tampa Behavioral. Please refer to these facilities as well after 30 minutes has passed without an acceptance, or once a denial from all in county hospitals has been provided. When no denial has been given, please call the in-county hospitals after 30 minutes and let them know that you will be referring to out of county as well.
- b. Once the Agency is officially in overflow (45), you will need to refer to all in-county agencies simultaneously. All data and referrals are to be done in Avatar for the purpose of accuracy and immediate access by Administrative staff (unless otherwise posted).

J. REPORT

- a. PEMHS is responsible for the referral process, and for monitoring the status of referrals for a given month. PEMHS will provide a report to the Acute Care Committee that reflects when this Overflow Rotation Plan was activated, how long PEMHS remained in Overflow Status, the number of individuals referred to each facility, and how many individuals were accepted/ admitted to other facilities.
- b. Documentation must reflect that all in-county hospitals received the referral,

and then out of county facilities as applicable.*

- c. The following documentation is required and should be documented on the overflow report in AVATAR.
 - i. Date and time of call to the RC.
 - ii. Whether client was accepted.
 - iii. If client was not accepted.
 - iv. The name of the person who refused the client.
 - v. The name of the Supervisor at said hospital.
 - vi. Why the client was not accepted.

Effective 2022

Behavioral Health Acute Care Patient Flow/COVID-19

Historical Context: The Pinellas County Behavioral Health Transportation Plan 2020-2023 was approved on June 2, 2020. This Plan describes how the community shall support and provide access to the designated receiving system for behavioral health emergencies. As community-level needs and support systems evolve, the Plan is intended to be updated as a living document to properly reflect the available resources and respond according to evolving needs throughout the county.

In response to the COVID-19 Pandemic, the Pinellas County Behavioral Health Emergency Management Workgroup established a collection of behavioral health agencies and service funders to establish a process for patient flow throughout the acute care network, focused primarily on crisis stabilization units (CSUs) throughout Pinellas County, and later included other stakeholders and providers who provide behavioral health services as part of the system of care.

Rationale: The evolving case rates and risk of transmission associated with variants of the COVID-19 virus requires a flexible, and at times, a rapid response to manage the health effects to consumers served by the system of care, the staff who service this system, and safety protocols that optimize prevention strategies to protect the health of consumers and staff alike. The purpose of this meeting is to ensure timely communication to understand and implement evolving protocols in response to managing COVID-19 infections and the management of acute behavioral health needs throughout the system of care. Universal source control is one of the areas of focus, to direct consumers to locations where their behavioral health needs can be met and risk for acquiring or spreading a COVID-19 infection are reduced. Therefore, communications about processes for consumer screenings/testing, personal protective equipment (PPE) supplies for consumers and staff, patient capacity, staff availability, directing consumers to alternative treatment sites, interfacility infection rates, vaccination accessibility, and other impacts to the ability to provide acute care services occur.

Meeting Topics: The following topics are discussed at each meeting, including: safety protocols, social distancing measures, capacity (level of care, genders, virtual vs in-person service, virtual vs in-person staff roles, consumer perspective of care delivery, policy/payer issues), positive case/rates of patients and staff, and other viral issues. Impacts on admissions, fluctuation in acuity and psychosis, volume issues, waitlists, discharge/patient placement needs, staff morale, diversion, infection control updates, changes to PPE protocols, staffing fluctuations, census changes to units/LOCs, and more.

Meeting Schedule: Meetings are convened as needed due observed or anticipated increased incidence of COVID-19 positive cases and/or at the request of any partners. Meetings, when established, meet frequency (Typical range = three times per week to minimally to monthly) for 30 minutes.

Attending Agencies: Agencies involved in the “Behavioral Health Acute Care Patient Flow/COVID-19” meetings include:

AGENCY	POSITION	AGENCY	POSITION
Central Florida Behavioral Health Network (CFBHN)	CEO & Community Manager	Largo West Hospital - HCA	Behavioral Health Manager
Pinellas County Human Services (PCHS)	Health Care Administrator	Pinellas County Safety and Emergency Services	Director
Personal Enrichment through Mental Health Services (PEMHS)	CEO	Operation PAR	CEO
Directions for Living (DFL)	CEO	Windmoor	Business Development
Baycare (Mease/Dunedin, Morton Plant, St. Anthony's)	VP of Behavioral Health, Acute Services Mgr.	Pinellas County Sheriff's Mental Health Unit	Clinical Supervisor
Primary position representatives are listed, designee may attend in their absentia. Primary position is preferred if meeting schedule is at least weekly.			

Representation may be extended to law enforcement agencies and the Pinellas County Sheriff's Office, Tampa Bay Thrives, ACTS, among others as needed. Meetings are convened using a virtual meeting platform.