

Pasco County Behavioral Health Transportation Plan

Three-Year Renewal: 2026-2029

Authored by:

Pasco County Acute Care Committee

In accordance

with

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

Submitted to:

Florida Department of Children and Families

Suncoast Region

Substance Abuse and Mental Health Program Office

For approval by:

Taylor Hatch, Secretary

Florida Department of Children and Families

Approved by:

Pasco County Board of County Commissioners

Pasco County Behavioral Health Transportation Plan

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Pasco County Behavioral Health Transportation Plan

I. Background/ Purpose:

In accordance with the changes promulgated by Senate Bill 12¹ to Florida Statute 394 (Florida Mental Health Act, commonly referred to as the “Baker Act”), and Florida Statute 397 (commonly referred to as the Marchman Act), the Pasco County Acute Care Committee in collaboration with Central Florida Behavioral Health Network (the Managing Entity) submit for approval from the Pasco County Board of County Commissioners this comprehensive Transportation Plan. Approval of this plan allows for the continued provision of immediate access to emergency services for people in need of help for behavioral health disorders and supports a comprehensive and successful system of acute care.

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

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

II. Specific Provision:

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

The plan:

1. Describes arrangements for safe and dignified transportation that supports the designated receiving system, as required under F.S. 394.461(5).
2. Describes methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811.
3. Specifies how persons shall be transported to, from, or between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to s. 394.462(2).

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.

4. Complies with the transportation provisions of s. 394.462 and ss. 397.6772, 397.6795, and 397.697.
5. Designates a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the designated receiving system for examination, per s. 394.462(1) (a).

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

III. Community Support:

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

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

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

- Agency for Community Treatment Services
- AdventHealth | West Florida Division
- Area Agency On Aging Of Pasco-Pinellas.Inc.
- BayCare Behavioral Health, Inc.
- BayCare Behavioral Health, Inc. – Integrated Stabilization Unit**
- BayCare Behavioral Health, Inc. – Morton Plant NorthBay Hospital Recovery Center*
- Catholic Services
- Central Florida Behavioral Health Network
- Coalition for the Homeless of Pasco County
- Crisis Center of Tampa Bay/TransCare
- Chrysalis Health
- ClearPath Health LLC
- Dade City Police Department
- Department of Children and Families, Substance Abuse and Mental Health, Suncoast Region
- Department of Veterans Affairs

- Gulf Coast Jewish Family and Community Services
- Florida Department of Health in Pasco County
- Florida Recovery Schools of Tampa Bay
- Heart of Florida United Way
- NAMI Pasco
- New Port Richey Police Department
- North Tampa Behavioral Health Center (Acadia)*
- Operation PAR
- Pasco ASAP
- Pasco County Government
- Pasco County Schools
- Pasco Sheriff's Office
- Port Richey Police Department
- Public Defender's Office
- SEDNET Region 5 - Pinellas and Pasco County
- Sunrise of Pasco County
- St. Vincent De Paul Society
- University of South Florida CARD
- Vincent House Pasco
- Youth and Family Alternatives Inc.

****Publicly funded designated receiving facility *designated receiving facility**

IV. The Transportation Plan: 2023-2026

Persons in Pasco County requiring examination in accordance with F.S. 394 or F.S. 397 will be transported by the Pasco Sheriff's Office or the Law Enforcement Agency for the jurisdiction in which the person is located. Law Enforcement will transport those individuals 18 or older who meet the criteria described within F.S. 394 to the nearest Baker Act receiving facility and those meeting criteria described within F.S. 397 to the nearest Marchman Act receiving facility. Pursuant to F.S. 394.462, those individuals arrested for a felony offense appearing to meet the statutory criteria delineated in F.S. Chapter 394 will first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate facility within the designated receiving system or to the nearest receiving facility. Children and adolescents who meet the criteria described within F.S. 394 will be transported to Morton Plant North Bay Recovery Center or as described in the ex parte court order. Children and adolescents who meet the criteria described within F.S. 397 will be transported as described in the ex parte court order or to the nearest medical emergency room.

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

While it is preferred that those experiencing a behavioral health crisis receive medical treatment from a facility that has the capacity to address behavioral health emergencies, any individual who

requires professional medical attention and/or needs immediate non-behavioral health emergency services will be transported to the nearest emergency department regardless of its capacity to address the behavioral health problem.

A. Accessing the Designated Receiving System

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

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

- Ex parte order issued by a circuit or county court. In those cases, law enforcement shall take the person into custody and deliver him or her to the appropriate facility within the designated receiving system. Law enforcement may decline to transport if the county has a contract with a transportation service provider, and law enforcement presence is not necessary for safety.
- A physician, clinical psychologist, physician's assistant, psychiatric nurse, advanced registered nurse practitioner, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance use disorder services only, a master's level certified addictions professional, may execute a professional certificate. Professionals who initiate a certificate for emergency admission under 397.679 must indicate whether the person requires transportation assistance for delivery for emergency admission and specify the type of assistance necessary.
- Under 397.6798, a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by filing an application at a juvenile addictions receiving facility.
- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into custody and transport him or her to the appropriate facility within the designated receiving system, executing a written report of the circumstances. Pursuant to F.S. 394.462, those individuals arrested for a felony offense appearing to meet the statutory criteria delineated in F.S. Chapter 394 will first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate facility within the designated receiving system or to the nearest receiving facility. When the criteria involve substance use, s. 397.6772(1) (b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest.

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

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

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

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

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

The Pasco Sheriff’s Office contracts with third party transportation services under certain conditions to provide transportation to a designated receiving facility if they meet the criteria described in FSS 394 and/or FSS 397 unless the individual is assessed to need emergency medical attention. The following individuals will be transported utilizing third party transportation services:

1. Individuals who are taken into custody for an involuntary examination on a school campus.
2. Individuals who meet criteria of a certifying professionals who are at out-patient offices that are not located within facilities licensed as hospitals.
3. Expertes who have been located by law enforcement who are compliant with the court order and do not have any pending criminal charges.

TransCare Dispatch (813-964-1594) is called to arrange alternate transportation. TransCare strives to maintain high availability across Pasco County. To support timely service, TransCare requests that attending Law Enforcement and/or medical personnel, be present with the patient and be ready to transfer care within 15 minutes of on scene arrival. TransCare does not transport patients who are voluntary admits that are void of Baker Act or Marchman Act status. TransCare will only transport individuals 8 years of age and older and non-combative.

TransCare Medical Transportation Services is the Provider of Behavioral Van Services. Transport Service shall act as a provider of behavioral van services (hereinafter, “Van Services”) for students and patients determined by Customer, pursuant to the Pasco County Transportation Plan to qualify for Van Services, during the hours of 8:00 am and 5:00 pm, Monday through Friday, pursuant to the terms of this Agreement. “Behavioral Van Services” consists of a response by Transport Service to School or Facility and one-way transportation to the students/patients designated Receiving Facility according to the Pasco County Transportation Plan.

Patient Transport requests for Van Services to secured facility, i.e. (Mood Discovery, Dade City)

in 24 hours/ 7 day operation, will not be expected to meet Section 3.c. response time expectancy, Van Services will respond as available.

D. Students in Pasco County Schools

The intention of the Behavioral Health Community is to minimize trauma related to an emergency involuntary mental health evaluation. Statutorily, it is the responsibility of law enforcement to provide transportation unless otherwise specified in the county's transportation plan. Currently, Pasco Sheriff's Office transports students enrolled in Pasco County Schools in the rear of a patrol vehicle making a traumatic situation potentially worse. Beginning in the Fall of 2020, TransCare, Pasco Sheriff's Office and Pasco District Schools collaborated to determine Behavioral Health transportation modes that would allow for faster turnaround times in the field for law enforcement, negate the need for additional resources at schools for patient transports and decrease trauma and stigma by transport in a Behavioral Health Van versus the back seat of a patrol vehicle.

Students who meet the criteria described within FS 394 will be transported as described in the Pasco County Transportation Plan or as described in the ex parte court order. Students who meet the criteria described within FS 397 will be transported as described in the ex parte court order or to the nearest medical emergency room. Students in schools shall be transported by the designated transportation provider to the nearest mental health receiving facility. Students exhibiting aggressive behavior or presenting as an elopement risk will be transported by law enforcement.

For students that require transportation from schools that are older than the age of 8 and require involuntary transportation to the designated facility will be transported by TransCare. Due to the importance of safety to the patient, any person younger than the age of 8 requiring transport must be completed by law enforcement or ambulatory services. TransCare, provides this dignified means of transportation and paraprofessional care to persons experiencing a crisis in their lives that may cause them to pose a danger to themselves or others or to be self-neglectful.

TransCare does not transport patients who are voluntary admits that are void of Baker Act or Marchman Act status.

E. Mental Health Outpatient Offices and Ex Parte Orders

The intention of the Behavioral Health Community is to minimize trauma related to an emergency involuntary mental health evaluation. Statutorily, it is the responsibility of law enforcement to provide transportation unless otherwise specified in the county's transportation plan. Currently, the Pasco Sheriff's Office transports individuals who are evaluated by a licensed professional to be at risk of harming themselves or others. Beginning in the fall of 2021, TransCare and the Pasco Sheriff's Office collaborated to determine Behavioral Health transportation modes that would allow for faster turnaround times in the field for law enforcement, negate the need for additional resources for patient transports, decrease trauma and stigma by transport in a Behavioral Health Van versus the back seat of a patrol vehicle. Individuals who meet the criteria described within F.S. 394.462 will be transported as described

in the Pasco County Transportation Plan or as described in the ex parte court order. Individuals who meet the criteria described within F.S. 397 will be transported as described in the ex parte court order or to the nearest medical emergency room. Individuals who are within a licensed professional's office and a Certificate of Professional Initiating an involuntary examination shall be transported by the contracted transportation provider (TransCare) to the nearest mental health receiving facility. Individuals exhibiting aggressive behavior or presenting as an elopement risk will be transported by law enforcement.

For individuals that require transportation from outpatient offices that are older than the age of 8 that require involuntary transportation to the designated facility will be transported by TransCare. TransCare provides this dignified means of transportation and paraprofessional care to persons experiencing a crisis in their lives that may cause them to pose a danger to themselves or others or to be self-neglectful. TransCare does not transport patients who are voluntary admits that are void of Baker Act or Marchman Act status.

For individuals that require transportation from outpatient offices, they must be older than the age of 8. Due to the importance of safety to the patient, any person younger than the age of 8 requiring transport must be completed by law enforcement or ambulatory services. In all cases the primary consideration is safety for the person in crisis and all others who are involved; and providing dignity, respect, and humane treatment for the individuals served during a challenging and difficult time in their lives.

F. Individual and Family Choice

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

G. Medical Clearance

The Pasco County Acute Care Committee will continue to maintain the "Exclusion and Eligibility Criteria." Receiving facilities in Pasco County have provided their medical exclusion and eligibility to be included in the Transportation Plan for Reference. See Attachments B and C. 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.

H. Inpatient System Capacity

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

I. Collaborative Problem Solving

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

The Pasco Acute Care Committee will

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

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

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

Facility	Address	Licensed Capacity Baker Act	Licensed Capacity Marchman Act
Morton Plant North Bay Hospital Recovery Center	21808 State Road 54 Lutz, FL 33549	47 Adults 25 Children	N/A
North Tampa Behavioral Health	29910 State Road 56 Wesley Chapel, FL 33543	74 Adults 24 Adolescents (ages 13 to 17 years old)	26 Adults
BayCare ISU	8002 King Helie Blvd. New Port Richey, FL 34653	30 bed adult unit dual licensed	

ATTACHMENT B
BayCare Behavioral Health
Medical Exclusion and Eligibility Criteria

<p><u>MEDICAL CONDITIONS</u></p>	<p style="text-align: center;">Exclusion / Eligibility Recommendations</p> <p style="text-align: center;">Appendix A - June 2025</p> <p style="text-align: center;">Admission / Transfer for BayCare Behavioral Health Unit Exclusion and Eligibility Recommendations</p> <p style="text-align: center;">Decisions outside of these criteria require 1:1 discussion between ED Physician or Medical Hospitalist and the accepting Psychiatrist or Psychiatric Medical Consultant</p>
<p>LABS / CHEMISTRY (parameters)</p>	<p>Lab values must be current (72 hours dependent upon the medical condition) BayCare Behavioral Health Receiving Facilities cannot accept patients with abnormal labs outside of these values without prior approval by accepting psychiatrist.</p> <p style="text-align: center;"><u>HEMATOLOGY:</u></p> <p>Hemoglobin: =/$<$ 7 g/dL (unless stable or chronic condition) WBC: $>$ 20,000/mL (exceptions made for patients with stable CML) or $<$ 3,000/mL (unless stable or chronic condition) Sodium: $<$ 128 mmol/L or $>$ 159 mmol/L Potassium: $<$ 3.0 mmol/L or $>$ 6.0 mmol/L CPK: $<$ 1000 or trending down</p> <p>Stable Chronic Dialysis patients will be accepted, however, individuals with acute uremia are not eligible for admission. Behavioral Health candidates who require \geq 2 units of PRBC's in a 24 hr period are not eligible for transfer.</p> <p><u>CRITICAL VALUES ADULT REFERENCE – UPPER/LOWER LIMITS: Require prior approval for acceptance.</u> Chloride 113 mmol/L, Creatinine 2.0mg/dL (if chronic kidney disease, check for increase from baseline creatinine \geq 1), Glucose 65 mg/dL, Glucose 300 mg/dL, Magnesium 3.3 mg/dL, Platelets 450 th/uL, Valproic Acid 150 mcg/mL, Lithium 2.0, Hemoglobin $<$ 7. An eligible BH candidate must exhibit behavioral stability for 12 hours post medical sedation.</p>

<p>CARDIAC</p> <p>BLOOD PRESSURE:</p>	<p align="center">FOR ALL BH FACILITIES: NO PATIENTS WHO REQUIRE TELEMETRY MONITORING</p> <p>If a Behavioral Candidate has had diagnostic tests for cardiac function, they must reflect medical stability (may include use of life vest for asymptomatic patients with no chest pain or shortness of breath, compliance with wearing life vest and appropriate labs/electrolytes with provider-to-provider conversion for acceptance in a hospital based BH unit). CHF candidate must meet the BayCare Guideline for CHF Discharge. I.e.: lower weight, sodium above 135, 50% improvement in BNP.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p align="center">BayCare Asymptomatic Hypertension Emergency Department Guidelines</p> </div> <p>Child age and 99 percentile parameters. Outside these parameters will require telephonic consultation and approval by on call pediatric hospitalist or cardiologist.</p> <p align="center"> 16-18: >140/90 or <90/60 12-15: >125/80 or <90/60 6-11: >125/80 or <85/55 2-5: >115/75 or <80/45 </p>
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<p>DIABETES</p>	<p>All Behavioral Health candidates must have measurable blood sugar < 300mg/d. Diabetic emergency conditions such as diabetic ketoacidosis (DKA) and hyperosmolar Hyperglycemic Syndrome (HHS) should be excluded prior to transfer. Standard insulin sliding scale regimens can be used prior to formal consultation with Internal Medicine on Behavioral Health unit. Implanted Pumps are allowed if the Patient alert, oriented to person, place, and time, Patient has the mental and physical capacity to independently use the pump and/or use blood glucose monitoring device. Patient knows what and when to report to nurse regarding any low/ high blood sugars and action to be taken. Patients must have their own supplies, see BayCare Insulin Pump Protocol.</p>
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<p>MEDICAL CONDITIONS</p>	<p align="center">Exclusion / Eligibility Recommendations</p>
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<p>OVERDOSES</p>	<p>Overdoses must be treated by the physician and require BH medical clearance order following medical stabilization. Individuals who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs related to the drug. (i.e., Acetaminophen OD will require APAP levels, liver function tests and Tylenol is checked and interpreted based on time of ingestion, it does not require repeat levels for clearance. Individuals requiring mucomyst treatment must complete treatment at the medical facility. ADULT REFERENCE – UPPER LIMITS: Acetaminophen 150 mcg/mL, Carbamazepine 15 mcg/mL, Digoxin 2.4 mg/mL, Lithium 2.0 mmol/L, Phenobarbital 60 mcg/mL, Phenytoin 25 mcg/mL, Salicylate 31 mg/dL, Theophylline 20.1 mcg/mL, Vancomycin 40 mcg/mL.</p>
<p>ALCOHOL / DRUGS ETOH:</p>	<p>Behavioral Health candidates cannot be in severe withdrawal CIWA Score > 20 and it must not be primary need for treatment (except ISU). Blood alcohol level must be < 300 mg/dL or should be anticipated to be < 300 based on ETOH clearance of 25 mg/dL/hour performed from time of lab draw. Unconscious patients cannot be admitted to Behavioral Health.</p>
<p>NEUROLOGICAL HEAD TRAUMA:</p> <p>DEMENTIA:</p> <p>SEIZURES:</p>	<p>Behavioral Health candidates with recent head trauma (<2 weeks) and with neurocognitive features of traumatic brain injury (new onset of memory, balance, executive function impairment) will need to have a documented recent neurological exam as part of the physical exam and appropriate testing to exclude bleeding or other acute intracranial anatomic abnormalities prior to acceptance.</p> <p>Behavioral Health candidates may be eligible if documented presentation is with persistent psychomotor agitation or psychosis related to dementia. Candidates who present with dementia requiring 1:1, wandering, balance concerns (High Fall risk), meet medical bed criteria, total care or executive function impairment will not be considered for Behavioral Health admission unless special, case by case.</p> <p>Behavioral Health candidates that have a known seizure disorder who had a seizure (witnessed or unwitnessed) within the last 24 hours will require medical stabilization and treatment. If the cause of the seizure is determined to be a sub therapeutic anticonvulsant level, determined by history of missed medication or lab result that demonstrates a sub therapeutic drug level, those patients can receive an appropriate loading dose (IV) of the anticonvulsant medication and can be admitted to Behavioral Health after a 2-hour observation period that starts after the loading dose. Patients who have an additional seizure after the loading dose is administered are not eligible for admission to Behavioral Health. Patients who have a seizure but have not missed a dose of their medication or if anticonvulsant levels are found to be therapeutic cannot be admitted to Behavioral Health until seizure free for 24 hours.</p> <p>Seizure medication levels that are a send out test will not be used to determine eligibility for Behavioral Health. Documented non-epileptic seizures (Pseudo Seizures) are not considered to be epileptic in nature and are eligible for Behavioral Health admission.</p>
<p>SKIN/LINES/PORT</p> <p>WOUNDS:</p> <p>OSTOMY:</p>	<p>Behavioral Health candidates with permanent access or surgically placed ports are eligible for hospital based inpatient BH Unit. Ports with lumens are eligible for BH unless indicated otherwise by accepting psychiatrist. Patients receiving IV fluid medications are not eligible for BH. No pain pumps are accepted in behavioral health.</p> <p>Behavioral Health candidate that has a wound requiring wet/dry dressing with intensive daily treatment due to their size/location is not eligible for inpatient BH. No Drainage tubes or wound VAC. Exception: SJHN can take drain tubes on a case-by-case basis. Once daily dry dressings are acceptable with wound care nurse follow along if needed.</p> <p>Patients with Stage 2, 3 or 4 bedsores or contact precautions are not eligible for BH. Behavioral Health candidates who require ostomy or stoma care and are unable to perform self-care are not eligible for inpatient BH (Exception: SJHN). Individuals who are capable of self-care are eligible for inpatient Behavior Health within a hospital based BH Unit.</p>

<p>INFECTIONS</p>	<p>ALL FACILITIES: Behavioral Health Candidates with infections (URI's, phlebitis, UTI's renal complications, cellulitis, etc.) must have <i>Clear documentation of treatment and declining temperatures consistently (< 101 degrees must be recorded).</i></p> <p>BC-IPC-102 Highlights for BH Guidelines:</p> <p>Bed Bugs: No isolation/blocked room at any BH site required once intervention guidelines have been completed.</p> <p>Candida auris (C. auris): Can be accepted to BH prior to results at BHC, NBRC, ISU, NS Only. If a patient requires a medical bed-SJHN can accept if isolation room available.</p> <p>COVID 19 testing is not required for asymptomatic BH patients who screen negative for symptoms. (Exception: as directed by Infection Prevention when community spread is above 8%, all BH patients will be tested in ED).</p> <p>COVID 19 testing is required if a BH patient has symptoms consistent with COVID 19 or if they cannot answer the screening questions due to a clinical condition (i.e. acute psychosis). Patients with a positive COVID 19 result are eligible for all inpatient BH units' beginning days 6-10 if they can follow mask guidelines. SJHN can take COVID positive patients on days 6-10, <u>or</u> on days 0-5 if not severely sick AND an isolation room is available. Refer to BH-Workflow-COVID-19 for further guidelines.</p> <p>Hep A: elevated LFTs (AST/ALT) with documented symptoms require Hep A IGM antibody test prior to medical clearance for BH-Incidental finding of elevated LFTs no longer require Hepatitis A/IGM testing for medical clearance. Only symptoms consistent with Hepatitis A require testing for medical clearance to Behavioral Health and must be negative.</p> <p>Lice/Scabies require 24-hour isolation post effective treatment prior to acceptance to BH, then standard precautions. SJHN can take patients immediately post treatment if isolation room available. No isolation/blocked room needed after 24*/effective treatment at any BH site.</p> <p>MRSA positive (Wound or Nares): Standard level can be accepted to BH units. If MRSA sites (wound, urine, sputum, etc) are not contained, and the patient requires a medical bed, transfer to SJHN isolation room or SJH, BHC, NBRC, NS, ISU (stand-alone facilities with non-medical bed units).</p> <p>Shingles: If blisters/vesicles are dry and crusted, patient remains on/can be accepted to Behavioral Health. If blisters/vesicles are draining, contained with dressing AND localized, noted in only one or two dermatomes without crossing the midline, the patient can remain on/be accepted to BHC.</p>
<p><u>MEDICAL CONDITIONS</u></p>	<p>Exclusion / Eligibility Recommendations</p>
<p>RESPIRATORY</p>	<p>Behavioral Health candidates who have respiratory needs that require suction or have a tracheostomy (Chronic or New Onset) are not accepted within BH (Exception at SJHN-no supplemental O2/vents and New Onset Trach requires Provider to Provider conversation for acceptance). No patients with Pulse Ox < 90% (at rest or ambulation challenged-with or without O2). Patients requiring continuous or intermittent oxygen during sleep will be accepted to psychiatric units within hospital based BH Units with medical bed capability. Patients requiring BiPAP will not be accepted to inpatient behavioral health (Exception is SJHN). Patients who require CPAP are accepted to BH units/rooms with capacity (outlets). **Refer to BH Respiratory Pathogen Reference Guide**</p>
<p>ORTHOPEDICS/ ONCOLOGY BROKEN BONES:</p> <p>CANCER:</p>	<p>Behavioral Health candidates with broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) will be reviewed on a case-by-case basis for acceptance. Generally unable to accept cases unless casting is complete. Casting/splinting for fractures must be provided by the transferring facility prior to acceptance. Walking boots and ace wraps are eligible for BH unless indicated otherwise by an accepting physician.</p> <p>Patients actively receiving I.V. chemotherapy or radiation treatment are not eligible candidates for inpatient BH. Patients with a port for outpatient chemotherapy may be eligible for BH inpatient treatment on a case-by-case basis depending on frequency of treatment regimen. Patients who are on PO Chemotherapy are eligible for inpatient BH Unit on hospital-based unit.</p>

NUTRITION

Behavioral Health candidates with PEG tubes or who require enteral feeding tubes for metabolic stability may be accepted at hospitals with a BH Unit and medical bed capability. No continuous feed accepted.
PO medication administration (Medication administration through tube **are eligible** for BH unless indicated otherwise by accepting physician. Behavioral Health candidates with NG tubes **are not** eligible for inpatient BH.

ATTACHMENT C
North Tampa Behavioral Health
Medical Exclusion and Eligibility Criteria

North Tampa Behavioral Health Hospital- Intake Tier System

SYSTEM	TIER 1- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission.	TIER 2- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission provided nursing has been consulted and it has been determined that the nursing staff have the capability to provide care.	TIER 3- Patients in this category must be reviewed on a case by case basis with medical staff to determine the capability to provide care should the patient meet criteria for psychiatric admission.	TIER 4- Patients in this category have been determined by the medical staff to be outside the capability to provide care for the facility.
Skin	<ul style="list-style-type: none"> Recent or current case of bed bugs, lice, rashes or lesions. Pt has been treated and clothing has been laundered in hot water. All other inventory is sealed in plastic bags. (Infection control nurse consulted). If untreated then they will be placed in contact precautions, immediately shower, given a gown, current clothing will be washed right away. No roommate until medicated for 24 hours. Scabies pt has been treated with permethrin cream for over 24 hours and clothing has been laundered in hot water. All other inventory is sealed in plastic bags. (Infection control nurse consulted). 	<ul style="list-style-type: none"> Wound Care – basic wound care can be accommodated (dry sterile dressings). If sutures are in place then need to know when they are scheduled to be removed. <p><i>Any wound care requires three days' worth of supplies</i></p>	<ul style="list-style-type: none"> Active stage 2 and 3 wounds Open surgical wounds/ wounds that require packing Unstapable wounds 	<ul style="list-style-type: none"> Wound VAC
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Genitourinary	<ul style="list-style-type: none"> UTI without fever 	<ul style="list-style-type: none"> Straight Cath: pt must bring at least 3 days' worth of supplies. Ileostomy not requiring nursing care- pt must bring 3 days' worth of supplies 	<ul style="list-style-type: none"> Ostomy requiring nursing care Ileostomy requiring nursing care 	<ul style="list-style-type: none"> Hemo or peritoneal dialysis Total Incontinence Foley Catheter – for urinary retention
Gastrointestinal	<ul style="list-style-type: none"> Non-bleeding ulcers/peptic ulcers GERD Hiatal Hernia 	<ul style="list-style-type: none"> Vomiting and diarrhea for 3 days, need contact precautions for positive CDiff. Current labs? Colostomy: self-care – pt must bring 5 days' worth of supplies) Hx of bleeding ulcer has been treated and is not an active bleed. Pancreatitis 	<ul style="list-style-type: none"> Recent bleeding of/surgery of esophageal varices, no evidence of bleed for 2 days. Colostomy requiring nursing care- pt must bring 2 days' worth of supplies and no behavioral issues involving colostomy. 	<ul style="list-style-type: none"> Bowel Obstruction
Cardiovascular	<ul style="list-style-type: none"> Presentation older than 3 months of: MI, CVA, stent placement, CABG, angioplasty, internal pacemaker, arrhythmias, CHF, tachycardia 	<ul style="list-style-type: none"> Dx of uncontrolled hypertension Abnormal EKG, anything outside NSR CK <1000 or trending down Any cardiac markers not WNL Abnormal Vital Signs BP <90/50 or >140/90, pulse < 60>100, Respirations <14>20, O2 <94% Presentation within the last 1 month of: MI, CVA, stent placement, CABG, angioplasty, internal pacemaker and has been cleared by cardiology Active Chest Pain (Requires MED CLEARANCE and evidence of EKG and cardiac labs) 		<ul style="list-style-type: none"> Stroke requiring full nursing care Telemetry
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Neurological	<ul style="list-style-type: none"> Seizures controlled with medications, compliant and seizure-free for prior 6 months 	<ul style="list-style-type: none"> Seizure activity within the past 6 months Hx regular Petit mal seizures TBI, multiple concussions without violence or aggression Altered Mental Status with No/Unknown Medical Hx or No/Unknown Psych Hx Early stages of Dementia - patient can care for self and participate in treatment. TBI with violent or aggressive behaviors New onset seizures with known cause Head injury within the last 24 hours, has negative head CT, and is not on anticoagulant. Hx regular Grand mal seizures 	<ul style="list-style-type: none"> Moderate Dementia – patient needs some assistance with ADLs, requires prompting, but can participate in treatment 	<ul style="list-style-type: none"> Uncontrolled seizure activity Currently comatose patient IDD – moderate or profound (unable to take part in simple conversation, complete self-care, participate in programming), functions at less than 7th grade level Severe Dementia – requires full assistance, unable to communicate or actively participate in treatment. Delirium Severe Autism IQ<60
DISEASES, DISORDERS, or OTHER CONDITIONS	TIER 1- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission.	TIER 2- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission provided nursing has been consulted and it has been determined that the nursing staff have the capability to provide care.	TIER 3- Patients in this category must be reviewed on a case by case basis with medical staff to determine the capability to provide care should the patient meet criteria for psychiatric admission.	TIER 4- Patients in this category have been determined by the medical staff to be outside the capability to provide care for the facility.
Cancer	<ul style="list-style-type: none"> Recent Chemo or Radiation treatment, no longer requiring treatment. 	<ul style="list-style-type: none"> Current PO Chemotherapy without immunosuppression. Pt must bring own supply and have current CBC. 	<ul style="list-style-type: none"> Current or within 4 weeks IV/PO Chemotherapy resulting in immuno-suppression 	
Diabetes		<ul style="list-style-type: none"> Non-compliance with Diabetic treatment Use of Insulin pump but can be switched to injections during hospitalization. Brittle Diabete Recent DKA within last 2 weeks Requires use of Insulin pump and cannot switch to injections 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Low blood glucose ≤40 Elevated blood glucose ≥500
Pregnancy		<ul style="list-style-type: none"> Under 22 weeks gestation and receiving prenatal care. 		<ul style="list-style-type: none"> Pregnancy with active detox symptoms Pregnant Minors

				<ul style="list-style-type: none"> Adult over 22 weeks 																											
Eating Disorders		<ul style="list-style-type: none"> BMI less than 18 – ED must be secondary to Psych and stable 		<ul style="list-style-type: none"> Feeding tube is required to sustain patient's nutritional status 																											
Detox	<ul style="list-style-type: none"> BAC less than or equal to 0.30 Active Withdrawal symptoms present 	<ul style="list-style-type: none"> Breathalyzer > 0.40 or BAL >400 requires RN to assess Active DTs symptoms Active DTs with aggression Methadone <150mg 																													
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Overdose		<ul style="list-style-type: none"> Recent intubation, lavage or charcoal Tricyclic OD Requires frequent medication blood levels 																													
Laboratory Results	<ul style="list-style-type: none"> All required labs within normal ranges. 	<ul style="list-style-type: none"> 		<table border="1"> <thead> <tr> <th>Test Name</th> <th>Critical Low</th> <th>Critical High</th> </tr> </thead> <tbody> <tr> <td>Creatine Kinase, MB</td> <td>N/A</td> <td>Male: ≥10.4, Female ≥5.3</td> </tr> <tr> <td>Creatine Kinase, Total (U/L)</td> <td>N/A</td> <td>≥10,000</td> </tr> <tr> <td>Glucose</td> <td>≤40</td> <td>≥500</td> </tr> <tr> <td>Potassium</td> <td>≤2.5</td> <td>≥6.5</td> </tr> <tr> <td>Sodium</td> <td>≤120</td> <td>≥160</td> </tr> <tr> <td>Calcium</td> <td>≤7.0</td> <td>≥13.0</td> </tr> <tr> <td>Hematocrit (%)</td> <td>≤18.1</td> <td>≥64.4</td> </tr> <tr> <td>Hemoglobin (g/dL)</td> <td>≤6.1</td> <td>≥21.4</td> </tr> </tbody> </table>	Test Name	Critical Low	Critical High	Creatine Kinase, MB	N/A	Male: ≥10.4, Female ≥5.3	Creatine Kinase, Total (U/L)	N/A	≥10,000	Glucose	≤40	≥500	Potassium	≤2.5	≥6.5	Sodium	≤120	≥160	Calcium	≤7.0	≥13.0	Hematocrit (%)	≤18.1	≥64.4	Hemoglobin (g/dL)	≤6.1	≥21.4
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Equipment	<ul style="list-style-type: none"> Wheelchairs, walkers, canes, etc. 			<ul style="list-style-type: none"> Parenteral nutrition via NG or PEG tube TPN Indwelling catheter Vascular Ports 									
OTHER CATEGORIES	<p>TIER 1- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission.</p>	<ul style="list-style-type: none"> TIER 2- Patients in this category have been approved by the medical staff for acceptance for evaluation for admission provided nursing has been consulted and it has been determined that the nursing staff have the capability to provide care. 	<ul style="list-style-type: none"> TIER 3- Patients in this category must be reviewed on a case by case basis with medical staff to determine the capability to provide care should the patient meet criteria for psychiatric admission. 	<ul style="list-style-type: none"> TIER 4- Patients in this category have been determined by the medical staff to be outside the capability to provide care for the facility. 									
<p>Infection Control Concerns</p> <p>Universal Precautions Apply</p>	<ul style="list-style-type: none"> MRSA: History only HIV + with no AIDs Sx, must be compliant with medications Hep B/C with no acute Sx +PPD with negative CXR +Strep (on antibiotics) 	<ul style="list-style-type: none"> MRSA positive nasal swab but pt has no open wounds VRE Running a Fever (abnormal temp) +Strep (not on antibiotics) AIDS – must have own supply of meds C-diff: without diarrhea. How long has this been active? Active MRSA: open draining wound, not on antibiotics. Wound can be covered. COVID + (5 days past initial + test) Immuno-suppression requiring isolation Active Isolation Precautions (Flu, Scabies, Chicken Pox, Shingles) HIV+, non-compliant with medications 		<ul style="list-style-type: none"> Active TB 									

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Medications	<ul style="list-style-type: none"> Medications that pharmacy does not carry, but physician can prescribe (Intake has copy of formulary). Pt may bring own meds if they can be verified and in are in their own prescription bottles. Anything OTC needs to be in unopened, sealed bottles 	<ul style="list-style-type: none"> On anticoagulation therapy that includes Warfarin, Lovenox, or Heparin – what is the dosage, how often is PT/INR required and what was most recent lab result? Clozaril, requiring weekly WBC blood draws Medication pump Opiate patches for pain management Chemo or Anti-Rejection Medications on admission. Must be provided Medications that facility does not carry in pharmacy; must be provided 		
ADLs		<ul style="list-style-type: none"> Patient requires partial assistance to complete ADLs 		<ul style="list-style-type: none"> Requires <u>total care</u> with ADLs/feeding Bedridden patients Total incontinence
Legal/Safety concerns	<ul style="list-style-type: none"> DUI Non-assaultive criminal charges 	<ul style="list-style-type: none"> Must be out of restraints for 4 hours (Adults/Children/Geriatrics) Post ETO, upon arrival must be alert. 	<ul style="list-style-type: none"> Recent, severe violence with serious risk of injury** 	
Referral Source		<ul style="list-style-type: none"> Direct referral from med/surg facility (not to include ERs) Direct Referral from Jail or patient currently in Jail Direct Referral from nursing home 	<ul style="list-style-type: none"> Hospice 	<ul style="list-style-type: none"> Inpatient Hospice