

Pinellas County Behavioral Health Transportation Plan

Three-Year Renewal: 2026-2029

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:

Taylor Hatch, Secretary

Florida Department of Children and Families

Approved by:

Pinellas County Board of County Commissioners

Pinellas County Behavioral Health Transportation Plan

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I. DEFINITIONS

Access center: A facility staffed with medical, mental health, and substance use professionals to provide emergency screening and evaluation for mental health or substance use disorders. An Access Center may also provide transportation to an appropriate facility if an individual requires more intensive services. This definition aligns with statutory language under Florida Statute § 394.455.

Addictions Receiving Facility: A secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services; operates 24 hours per day, 7 days per week; and is designated by the Department to serve individuals with substance use disorders, including substance abuse or misuse, who qualify for services under this part (Florida Statute § 394.455).

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 use disorders (including substance abuse or misuse) as defined in chapter 397, or co-occurring mental and substance use disorders. The Act establishes the rights of individuals, procedures for assessment, and requirements for facilities providing services.

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): Known as Care About Me, the CAM is a non-crisis clinical appointment scheduling center for current or future residents of Pinellas County to call, text or chat for screening and scheduling of outpatient behavioral health treatment services including bridge prescription services for psychotropic medication refills.

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

Involuntary examination: An evaluation conducted under Florida Statutes s. 394.463, s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811 to determine whether an individual meets criteria for involuntary services due to a mental health or substance use crisis.

Involuntary services: Court-ordered outpatient or inpatient services for mental health or substance use treatment, as authorized under Florida Statutes s. 394.4655 or s. 394.467, for individuals who meet statutory criteria.

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 regulate conscious control of one's actions or the ability to perceive or understand reality, which substantially interferes with the individual's ability to meet the ordinary demands of daily living. For the purposes of this part, mental illness does not include developmental disabilities (Chapter 393), intoxication, or conditions manifested only by dementia, traumatic brain injury, antisocial behavior, or substance use disorders (including abuse or misuse).

Designated Receiving Facility: A public or private facility or hospital designated by the Department to receive, hold, or refer individuals (voluntary or involuntary) under emergency conditions for mental health or substance use evaluation, and to provide treatment or transportation to the appropriate service provider. This term does not include a county jail.

Pinellas Matters: A hospital-based bridge-to-substance use service and treatment program that optimizes the medical stabilization of substance use conditions with peer support engagement, harm reduction education, medication induction for opioid, alcohol and/or stimulant use, bridge prescriptions, and follow-up into ongoing medication assisted treatment.

Public Receiving Facility: Any public or private facility or hospital designated by the Department to receive, hold, or refer individuals (voluntary or involuntary) under emergency conditions for mental health or substance use evaluation, and to provide treatment or transportation to the appropriate service provider. This term does not include a county jail. Services are provided to all individuals, regardless of their ability to pay, using state funds allocated for these 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 the 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.

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.

III. Specific Provision

This plan is developed to address the transportation to support the designated receiving system, congruent with the 2025 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 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. When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person must 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 pursuant to a transportation plan. The receiving facility shall be responsible for promptly arranging for the examination and treatment of the person. A receiving facility is not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security, but shall provide examination and treatment to the person where he or she is held or by telehealth, per s. 394.462 (2)(h)
7. 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 Plan 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
- ✓ Eleos previously known as Personal Enrichment through Mental Health Services (PEMHS) ^{*2}
- ✓ Directions for Living

² Eleos, formerly known as Personal Enrichment through Mental Health Services (PEMHS)

- ✓ 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
- ✓ First Contact previously known as 211 Tampa Bay Cares³

* 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 2026-2029

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:

- 394.4625(1)(a) A facility may receive for observation, diagnosis, or treatment any adult who applies by express and informed consent for admission or any minor whose parent or legal guardian applies for admission. Such person may be admitted to the facility if found to show evidence of mental illness and to be suitable for treatment, and:
 1. If the person is an adult, is found to be competent to provide express and informed consent; or

³ First Contact previously known as 211 Tampa Bay Cares

2. If the person is a minor, the parent or legal guardian provides express and informed consent, and the facility performs a clinical review to verify the voluntariness of the minor's assent.

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, a physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse registered under s. 464.0123, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours.
- 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.

- When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination pursuant to s. 394.463, the law enforcement officer shall transport the person to the appropriate facility within the designated receiving system pursuant to a transportation plan. Persons who meet the statutory guidelines for involuntary admission pursuant to s. 397.675 may also be transported by law enforcement officers to the extent resources are available and as otherwise provided by law. Such persons shall be transported to an appropriate facility within the designated receiving system pursuant to a transportation plan. Florida Statute 394.462 (2)(g)
- A law enforcement officer may take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. A law enforcement officer transporting a person pursuant to this section shall restrain the person in the least restrictive manner available and appropriate under the circumstances. If transporting a minor and the parent or legal guardian of the minor is present, before departing, the law enforcement officer must provide the parent or legal guardian of the minor with the name, address, and contact information for the facility within the designated receiving system to which the law enforcement officer is transporting the minor, subject to any safety and welfare concerns for the minor. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. The report must include all emergency contact information for the person that is readily accessible to the law enforcement officer, including information available through electronic databases maintained by the Department of Law Enforcement or by the Department of Highway Safety and Motor Vehicles. Such emergency contact information may be used by a receiving facility only for the purpose of informing listed emergency contacts of a patient's whereabouts pursuant to s. 119.0712(2)(d). Any facility accepting the patient based on this report must send a copy of the report **to the department within 5 working days. Florida Statute 392.63 (2)(a)(2)**

Additionally, Pinellas County established extensive Crisis Intervention Team (CIT) training nearly 25 years ago and continues to hold regular training 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

Choice

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 and have their existing advance directives honored (65E-5.2301 FAC). 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.

Adults:

For adults accessing voluntary or involuntary emergency psychiatric examination services through s 394.4625 or 394.463, Eleos 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.

Eleos
11254 58th Street North
Pinellas Park, FL 33782

Eleos 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 Florida Largo West Hospital
2025 Indian Rocks Road
Largo, FL 33774

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

Special Populations:

The Baker Act contains specific criteria and procedures related to special populations including minors, individuals who reside in a long-term care facility, veterans, and individuals who are in the custody of the Department of Corrections. These individuals often have different needs and considerations for care. One of the legal requirements of providing mental health services in a designated receiving facility or State Mental Health Treatment Facility is to ensure that the services are individually tailored and age appropriate.

Veterans:

Bay Pines VA Healthcare accepts Veterans.

Bay Pines VA Healthcare System
10000 Bay Pines Blvd
Bay Pines, FL 33744

HCA Florida Largo West Hospital does not have a Veteran specific unit/program but is in network with Tricare and Optum VA insurances for both Inpatient and Outpatient care should a Veteran choose to receive services through our program.

Windmoor Healthcare is a preferred provider in the Coordinated Care Network (CCN) who manages the VA/Optum veteran benefit for covered medical services.

Our Patriot Support Program is open to active duty servicemembers, veterans, and first responders only. These are fully dedicated treatment units separate from civilian populations throughout treatment. We are mindful to ensure the medications we may

prescribe are compliant with the D.O.D formulary. We treat all mental health and substance use disorders that we treat in our civilian population, as well as trauma and PTSD, military sexual trauma, combat trauma.

We provide

- 12-step modalities for overcoming addiction
- American Society of Addiction Medicine's 8 Dimensions of Wellness Model
- Cognitive behavioral therapy (CBT)
- Cognitive processing therapy (CPT)
- Dialectical behavioral therapy (DBT)
- Eye movement desensitization and reprocessing (EMDR)
- Prolonged exposure (PE) therapy

Dedicated unit: We have 20 beds for active duty, 10 beds for veterans, first responders will be placed on the most appropriate unit either active duty unit or veteran unit based on their status, i.e., planning to return to work fit for duty, or a former first responder which would be best served and aligned with veteran focused programming.

Skilled staff: We hire nurses, behavioral health techs, and therapists specifically for this program and many staff are fellow veterans who can appreciate what our clients are going through.

Timely access: Assessment and referral specialists are available around the clock. As part of the COMPACT Act, veterans in suicidal crises have coverage in community programs such as ours. Veterans who wish to seek services with Windmoor Healthcare for non-emergent substance use treatment must be referred for treatment and authorized through the CCN prior to admission.

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

Adults age 65 and older:

Adults age 65 and older should be transported to the nearest emergency room or designated receiving facility located in a general hospital.

Youth:

For children under age 18 accessing services through 394.4625 or 394.463, Eleos 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. The designated receiving facility in Pinellas County with the capability to stabilize minors within the facility is:

Eleos
11254 58th Street North
Pinellas Park, FL33782

** Refer to Attachment C for Overflow Plan.*

The following Private Receiving Facilities also operate within Pinellas County and have the capability to assess and stabilize individuals in their Emergency Departments. Individuals may be referred to the most appropriate facility based on their clinical needs. However, the list is subject to change from time to time as locations change, new facilities are designated, and 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 Florida Largo West Hospital
2025 Indian Rocks Road
Largo, FL 33774

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.

Florida Statute 397.6771 Protective custody with consent. —A person in circumstances which justify protective custody, as described in s. 397.677, may consent to be assisted by a law enforcement officer to his or her home, to a hospital, or to a licensed detoxification or addictions receiving facility, whichever the officer determines is most appropriate.

Florida Statute 397.6772 Protective custody without consent.—

(1) If a person in circumstances which justify protective custody as described in s. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:

(a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force. The officer shall use the standard form developed by the department pursuant to s. 397.321 to execute a written report detailing the circumstances under which the person was taken into custody. The report must include all emergency contact information for the person that

is readily accessible to the law enforcement officer, including information available through electronic databases maintained by the Department of Law Enforcement or by the Department of Highway Safety and Motor Vehicles. Such emergency contact information may be used by a hospital or licensed detoxification or addictions receiving facility only for the purpose of informing listed emergency contacts of a patient's whereabouts pursuant to s. 119.0712(2)(d). The written report shall be included in the patient's clinical record; or

(b) In the case of an adult, detain the person for his or her own protection in any municipal or county jail or other appropriate detention facility.

Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the nearest appropriate licensed service provider within the first 8 hours after detention that the person has been detained. It is the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

(2) The law enforcement officer must notify the nearest relative of a minor in protective custody and must notify the nearest relative or other known emergency contact of an adult, unless the adult requests that there be no notification. The law enforcement officer must document such notification, and any attempts at notification, in the written report detailing the circumstances under which the person was taken into custody as required under paragraph (1)(a).

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

Eleos
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 Logistics of Florida 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 Crisis Response Teams (MRTs) provide 24/7, on-site behavioral health crisis intervention for individuals of all ages in settings such as homes, schools, community locations, and emergency departments. In Pinellas County, this team is operated by Eleos and designed to reduce trauma, prevent unnecessary psychiatric hospitalizations including crisis stabilization units, divert individuals from the criminal justice system when clinically appropriate, and ensure timely access to services through direct connection and follow-up support. Services can be provided in person or via telehealth based on the individual's preference. MRTs are committed to meeting individuals where they are, both physically and emotionally, to ensure a compassionate, accessible response.

MRT is composed of licensed clinicians, master's-level staff, bachelor's-level staff, and peer support specialists trained in crisis response. When an individual is experiencing a behavioral health crisis that interferes with their ability to function or poses a risk of harm to themselves or others, MRTs conduct an on-site/telehealth assessment, provide immediate stabilization, and work to safely resolve the crisis in the least restrictive setting. The teams can coordinate with law enforcement to support safety when needed and play a critical role in connecting individuals and families to appropriate ongoing services, including follow-up care and community-based supports. As part of the intervention process, MRT works with individuals to develop personalized safety plans, teach coping skills, and create Wellness Recovery Action Plans (WRAP), a structured, evidence-based tool that helps individuals identify triggers, early warning signs, and strategies to maintain wellness and prevent future crises. MRT also reinforces a "no wrong door" approach, ensuring that every individual in crisis is met with an appropriate and compassionate response, and is connected to the services they need, regardless of how they enter the system.

The Acute Care Committee will support the optimization of diversionary strategies systemwide. Early intervention and streamlined access to treatment are key to preventing escalation of behavioral health needs into full crisis episodes. This can be accomplished through pre-crisis coordination models such as the Coordinated Access Model (CAM), effective deployment of MRTs to divert from Baker and Marchman Acts when appropriate, and improved care coordination between Crisis Stabilization Units (CSUs) and community-based treatment providers. This coordination ensures that

individuals receive wraparound services and stabilization in the community, reducing the risk of preventable hospital admissions and readmissions. When appropriate, the use of least-restrictive alternatives such as the Recovery Room at Eleos can be utilized, which provides a safe environment for less than 24 hours for those needing further evaluation and support as an alternative for admission, which is available at any time of the day.

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 appropriate 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.

Medical Emergency Department Transfers

There are specific guidelines for individuals who are on involuntary status under the Baker Act and receiving services in a medical hospital. These guidelines help ensure the individual receives proper mental health care. For example, when an individual is sent to a medical hospital from a designated receiving facility or State Mental Health Treatment Facility, the individual needs to return to the same receiving facility upon medical clearance unless any of the following conditions apply:

- The individual was sent on voluntary status and chooses not to return.
- The individual was sent on involuntary status and a qualified professional conducted an examination and determined that the individual no longer meets Baker Act criteria.
- The individual was sent on involuntary status and all the following conditions apply.
 - o It is within the initial 72-hour examination period.
 - o A petition for involuntary placement or services had not been filed with the court.
 - o A qualified emergency department physician conducted an examination and determined that the individual no longer meets Baker Act criteria.

If the individual came directly to the emergency department after the initiation of an involuntary examination or the involuntary examination was initiated in the emergency department, the hospital must expedite and facilitate the transfer as soon as the

individual is medically stable. The emergency department must notify the designated receiving facility of the intent to transfer the individual within two (2) hours of medical clearance and the transfer must occur within 12-hours of medical clearance. Per EMTALA, designated receiving facilities that are licensed as hospitals are required to accept the individual for evaluation if they have the capacity and capability to meet the individual's needs.

If a medical hospital is unable to meet the 12-hour transfer deadline, hospital staff are required to notify the Department's Regional Office of SAMH as soon as possible. Public designated receiving facilities are required to assist with the coordination of care for individuals in their region who need assistance securing acute mental health services. The Department may be contacted if there are problems with the local CSU accepting or coordinating transfers. EMTALA violations should be reported to AHCA. ⁴

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. ⁵

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.

⁴ 2024 Baker Act Reference Guide, October 2024, Department of Children and Families, Office of Substance Abuse and Mental Health

H. 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)
- ✓ BayCare Behavioral Health
- ✓ Boley Centers, Inc.
- ✓ Directions for Living
- ✓ Eleos
- ✓ First Contact
- ✓ Florida Recovery Schools of Tampa Bay, Inc. DbA Victory High School
- ✓ Gulf Coast Jewish Family & Community Services
- ✓ Live Tampa Bay Inc.
- ✓ Mental Health Resource Center, Inc.
- ✓ NAMI Pinellas County Florida, Inc.
- ✓ Operation PAR
- ✓ Recovery Epicenter Foundation Inc.
- ✓ Suncoast Center, Inc.
- ✓ Vincent House
- ✓ Volunteers of America of Florida Inc,
- ✓ WestCare Florida, Inc.
- ✓ Or other providers who are attending of the patient's record or patient's preference"

I. 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 Eleos 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.

- Ensure 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 designated by DCF 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. Environmental Threats/Public Health Emergencies

Environmental threats such as wind, storms, food, 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.

L. 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 Veteran:: 30 Substance Use Disorder Capacity: 22
HCA Largo West	2025 Indian Rocks Rd Largo, FL 33774	Adult: 71
Eleos	11254 58 th St N Pinellas Park, FL 33782	Adult: 45 Children: 16 JARF: 1
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 Adult Med Psych: 10
Bay Pines VA Healthcare System	10000 Bay Pines Blvd Bay Pines, FL 33744	*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.

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

Pinellas County Baker Act Receiving Facilities

Medical Acceptance Criteria

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

All individuals referred by an acute care medical facility to a freestanding psychiatric facility for admission shall be screened for medical illnesses or complications prior to approving the transfer. To be medically stable for admission, individuals must be capable of being discharged home. In addition to nurse-to-nurse consultations, the individual's medical record, including all diagnostic and laboratory test results, must be furnished. All transports must include supporting documentation that specifically states "medically stable for transport to non-medical facility." The individual's physical safety always takes precedence over psychiatric needs.

The definition of "Mental illness" means an impairment of the mental or emotional processes that regulate conscious control of one's actions or the ability to perceive or understand reality, which substantially interferes with the individual's ability to meet the ordinary demands of daily living. For the purposes of this part, mental illness does not include developmental disabilities (Chapter 393), intoxication, or conditions manifested only by antisocial behavior or substance use disorders (including abuse or misuse). However, individuals with a serious diagnosable mental illness (such as severe thought or mood disorders) that co-occurs with one or more of the above conditions 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 under the Baker Act 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 such individuals are accepted for admission.

Eleos, a 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 use disorders who have been medically stabilized per Windmoor's policies.

The following 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>: Sodium: ≤ 136 or ≥ 145 HEMOTOLOGY: Hemoglobin < 10 Potassium: ≤ 3.2 or ≥ 5.8 Hematocrit < 30 Calcium: ≤ 6.5 or ≥ 8.5 WBC: $\geq 15,000$ Amylase: > 350 Platelets $< 100,000$ AST: > 250 CARDIAC: BNP > 350 LDH: > 350 Eleos: No Dialysis pts or with symptoms of acute uremia Windmoor: Same as Eleos. In addition, no patients 60 and older with a UTI with a change in mental status. Eleos: 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. Windmoor: Same as Eleos. Eleos: 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. Windmoor: Same as Eleos.
CARDIAC Blood Pressure:	ALL FACILITIES: No patients who require telemetry monitoring Eleos: No individuals with significant alterations in their normal baseline BP ADULT $\geq 160/100$, if $\leq 90/60$ <u>will require</u> Eleos, <u>physician approval</u>

Cardiac Disease/ Abnormal EKG's:	CHILD $\geq 130/90$, if $\leq 90/60$ <u>will require</u> Eleos, <u>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>Eleos</u>: No patients who require O2 or equipment needed to <i>maintain stability</i>. All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKGs require Eleos physician approval. <u>Windmoor</u>: All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKGs require <i>Windmoor's</i> physician approval.
DIABETES	<u>Eleos</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 Eleos.
OVERDOSES	<u>Eleos</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 complete treatment facility and have labs WNL. <u>Windmoor</u>: Same as Eleos.
ALCOHOL/DRUGS ETOH: METHADONE:	<u>Eleos</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>Eleos</u>: Cannot take addicted individuals requiring Methadone without prior arrangement with Operation PAR to provide

	Methadone. <u>Windmoor</u>: Cannot take addicted individuals requiring Methadone without prior arrangement with Operation PAR or other established Methadone clinic to agree to maintain the patients Methadone post discharge from Windmoor Healthcare.
HEAD TRAUMA Seizures:	<u>Eleos</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 Eleos. <u>Eleos</u>: Patients with known seizure history 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 Eleos.
SKIN WOUNDS: OSTOMY: BEDSORES:	<u>Eleos</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. <u>Eleos</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 require physician approval. <u>Windmoor</u>: Same as Eleos. <u>Eleos</u>: No patient with Stage 2, 3, or 4 bedsores. Stage 1 will <i>require cultures prior to consideration and physician approval</i> <u>Windmoor</u>: Same as Eleos.
INFECTIONS	<u>ALL FACILITIES</u>: Cannot accept patients with an <u>active infectious proves that requires any type of isolation</u> 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

MRSA: C-DIFF:	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> <u>Eleos:</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 in the stool. Admission will require physician approval for all referrals receiving treatment. <u>Windmoor:</u> Cannot accept patients with MRSA infection <i>colonized in urinary tract with indwelling catheter, MRSA</i> Admission will require physician approval for all referrals receiving treatment. <u>Eleos:</u> If incontinent, cannot accept. Treatment must be finished. <u>Windmoor:</u> Same as Eleos.
RESPIRATORY	<u>Eleos:</u> Individuals requiring Nebulizer treatments or have respiratory issues that require suction, 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 Eleos.
MEDS/SURGICAL IN GENERAL: BROKEN BONES:	<u>Eleos:</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 reviewed on an individual basis. <u>Windmoor:</u> Same as Eleos. <u>Eleos:</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. Casting for fractures must be provided by the transferring facility prior to transfer. <u>Windmoor:</u> Same as Eleos. <u>Eleos:</u> Cannot accept patients who are pregnant with

PREGNANCY: CANCER:	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.
	<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>Eleos</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>Eleos</u> : Patients with NG or Peg Tubes or who require nutritional supplements for metabolic stability. Must be able to chew and swallow food on Eleos' available menu. <u>Windmoor</u> : Same as Eleos.
AMBULATION	<u>Eleos</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 Eleos.
INCONTINENCE CATHETERS:	<u>Eleos</u> : Patients incontinent of feces/urine with self-care deficits that are not due to psychiatric conditions will be reviewed on a case by case basis. <u>Windmoor</u> : No specific limitations unless related to infectious process noted under infections. <u>Eleos</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” that failed to address 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 Eleos, 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. Referrals will first be made to facilities within Pinellas County before considering those outside the county.

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

Eleos is responsible for the referral process, and for monitoring the status of referrals on a monthly basis. Eleos will provide a report to the Acute Care Committee that reflects when this Overflow Plan was activated, how long Eleos 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 Eleos, and the affected receiving facility, should be brought to the Pinellas County Acute Care Committee for discussion and resolution.

EMERGENCY SERVICES OVERFLOW PROCEDURE

A. Capacity

Eleos is licensed for:

- 45 adult beds
- 16 children's beds

This capacity can be exceeded in certain circumstances, such as a lack of available beds elsewhere in or out of county.

B. Census Approaching Overflow at Eleos

- Adult census reaches 42 individuals.

Staff will contact each of the receiving facilities listed below to obtain census and alert that Eleos may go into overflow soon. Indigent and uninsured individuals will continue to be admitted.

All insured individuals are to be referred out to private Baker Act Receiving Facilities in rotation (following 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.

C. Receiving Facilities for Overflow Referrals

- BayCare (St. Anthony's, Morton Plant, Mease Dunedin, St. Joseph's Hospital (Hillsborough), Integrated Stabilization Unit (Pasco)
- HCA Largo West
- Windmoor Healthcare
- Tampa General Behavioral Health Hospital
- And others

D. Census Reaches Overflow at Eleos

- Adult census reaches 45 individuals.

Staff will notify the Program Administrator or Administrator-On-Call (AOC) and the Overflow Plan will go into effect. Such notification will be by email if the census reaches 45 individuals between 11pm and 5am. Eleos will stop accepting transfer referrals from all hospitals but will continue to process individuals who walk in or are transported by law enforcement.

All individuals, regardless of insurance status, will be referred out to private Baker Act Receiving Facilities to the extent possible. Staff will 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).

When the Overflow Plan is activated, no private receiving facility will be permitted to refuse a referral due to the individual's inability to pay. However, Eleos will first refer individuals to facilities where their insurance is accepted.

Should a hospital based receiving facility refuse to take a referral from Eleos, they should take a client off the waiting list and count that individual as a referral from Eleos. That individual will be taken off Eleos referral waiting list.

E. Out-of-County Referrals

Currently, Eleos is the only active Children's Baker Act Receiving Facility in Pinellas County. When census on the Children's Screening and Stabilization Unit reaches 15 individuals, Eleos may begin referring minors to out-of-county receiving facilities.

After 30 minutes has passed without an acceptance or once a denial from all in county facilities has been provided, adults may be referred to out-of-county receiving facilities such as Hospitals such as Suncoast Behavioral Health Hospital in Bradenton (Manatee), Gracepoint Wellness, and North Tampa Behavioral Health. When no denial has been given, staff should call in-county hospitals after 30 minutes and let them know that Eleos will be referring to out of county as well.

F. Documentation and Reporting

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

The following documentation is required and should be documented on the overflow report in AVATAR.

- Date and time of call to the receiving facility.
- Whether client was accepted.
- If client was not accepted.
- Why the client was not accepted.
- The name of the person who refused the client.
- The name of the supervisor at said private receiving facility.

Attachment D: Behavioral Health Acute Care Patient Flow

Historical Context: The Pinellas County Behavioral Health Transportation 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.

Beginning in 2022, the workgroup evolved into a central communication hub during hurricane season, helping agencies track preparedness efforts, monitor bed availability, and support one another in maintaining continuity of care during emergency events.

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.

Additionally, the group saw the usefulness of the meeting as a communication forum before, during, and after storm events, supporting coordination of preparedness efforts, assessment of operational impacts, and continuity of behavioral health services.

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.

Storm meeting discussions typically include storm tracking and situational updates, facility preparedness status, bed capacity and surge planning, staffing availability, consumer safety and continuity of care, transportation and evacuation needs, communication protocols, resource and supply tracking, coordination with county emergency management, and post-storm operational status.

Meeting Schedule: Meetings are convened as needed in response to an observed or anticipated increase in COVID-19 positive cases, hurricanes, or at the request of any partner agency. When established, meetings occur at a frequency appropriate to the situation, ranging from three times per week to, at minimum, monthly—and are scheduled for 30 minutes.

Attending Agencies: Agencies involved in the “Behavioral Health Acute Care Patient Flow 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)	Director/Designee		Pinellas County Safety and Emergency Services	Director
Eleos	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.