MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of May 16, 2023 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

WHEREAS, pursuant to Florida Statute Section 394.462, a transportation plan was developed and implemented by each county on July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, counties may establish a shared transportation plan with other, nearby counties pursuant to a memorandum of understanding between their governing boards; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statute Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.

2. The Counties each agree to adopt, implement and abide by the shared transportation plan, attached hereto and incorporated herein by reference as Exhibit "A," as each County's transportation plan required pursuant to Florida Statute.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

POLK COUNTY, a political subdivision of the State of Florida

By: _____
George M. Lindsey, III, Chairman
Board of County Commissioners

Date: 5/16/23

R.27

ATTEST:
Stacy M. Butterfield, Clerk

By: Alison Holland
Deputy Clerk

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of April 20, 2023 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

WHEREAS, pursuant to Florida Statute Section 394.462, a transportation plan was developed and implemented by each county on July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, counties may establish a shared transportation plan with other, nearby counties pursuant to a memorandum of understanding between their governing boards; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statute Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.

2. The Counties each agree to adopt, implement and abide by the shared transportation plan, attached hereto and incorporated herein by reference as Exhibit "A," as each County's transportation plan required pursuant to Florida Statute.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

[SIGNATURE PAGE TO FOLLOW]

THE BOARD OF COUNTY COMMISSIONERS
OF HARDEE COUNTY, FLORIDA

Noey A. Flores
Chairman

ATTEST:

Victoria L. Rogers
Victoria L. Rogers
Ex-Officio Clerk to the Board of County Commissioners
Board Approved: 04/20/2023
Date: 04/25/2023

APPROVED AS TO FORM:

WEISS SEROTA HELFMAN COLE + BIERMAN P.L.
COUNTY ATTORNEY

Date: 4-20-2023

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective on the date executed by the last party hereto ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

WHEREAS, pursuant to Florida Statutes, Section 394.462, a transportation plan was developed and implemented by each of the Counties on July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, the Counties may establish a shared transportation plan with other, nearby Counties pursuant to a memorandum of understanding with the governing boards thereof; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statutes, Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.

2. Hardee County, Polk County and Highlands County hereby adopt the shared transportation plan attached hereto as **Exhibit "A"** (Transportation Plan) and agree to abide by and implement the Transportation Plan as its transportation plan pursuant to Florida Statutes, Section 394.462.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

HIGHLANDS COUNTY, a political subdivision
of the State of Florida

By: _____

Chris Campbell, Chairman

Date: June 06, 2023

BOARD OF COUNTY COMMISSIONERS SEAL

ATTEST:

Sally B. Wood for
Jerome Kaszubowski, Clerk of Court

HARDEE COUNTY, a political subdivision
of the State of Florida

By: _____

Victoria L. Rogers, Chairman, Clerk to the Board of County Commissioners
Date: _____

ATTEST:

_____
Weiss Serota Helfman Cole + Bierman P.L.
County Attorney

POLK COUNTY, a political subdivision
of the State of Florida

By: _____
William D. Beasley, County Manager

ATTEST: Stacy M. Butterfield, Clerk to the
Board (SEAL)

By: _____
Deputy Clerk, County Manager

Exhibit "A"
Shared Transportation Plan
[attached hereto]

DEPARTMENT OF CHILDREN AND FAMILIES
SUNCOAST REGION
Circuit 10
SUBSTANCE ABUSE AND MENTAL HEALTH

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

2023-2026

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

CIRCUIT 10 BEHAVIORAL HEALTH TRANSPORTATION PLAN

Introduction

In accordance with the Florida Mental Health Act, the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, and Senate Bill 12, a plan has been developed to organize a centralized system for acute care services. This plan has been developed by community stakeholders listed on page two, the Circuit 10 - Baker Act/Marchman Act Advisory Committee. This transportation plan requires approval by the Polk County Board of County Commissioners, Highlands County Board of County Commissioners, and Hardee County Board of County Commissioners. Upon approval this document will serve as the transportation plan for Florida's 10th Circuit per legislative intent.

The intent of this plan is:

1. An arrangement centralizing and improving the provision of services within each county, which may include exceptions to the requirement for transportation to the nearest receiving facility.
2. An arrangement by which a facility may provide, in addition to required psychiatric and addiction services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties; or
3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities, and to treatment facilities.

Purpose

The Circuit 10 Transportation Plan has been successfully implemented. In the continued best interest of persons in need of public mental healthcare in Circuit 10 it is now agreed that a renewal of the plan will continue the successful established centralized Baker Act/Marchman Act system, known as the Circuit 10 Behavioral Transportation Plan. The Plan will insure that individuals on an involuntary Baker Act/Marchman Act will obtain immediate access to acute care services and will reduce the need for inter-hospital transfers for psychiatric and addiction services. Coordination of services among providers in the Circuit 10 area will continue to meet individual needs.

The Plan calls for all law enforcement agencies in the Circuit 10 area to transport:

1. Adults on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Lakeland Regional Health,
    b. Winter Haven Hospital BayCare,
    c. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    d. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    e. Park West Behavioral Health Care Crisis Center
2. Adults on an involuntary Marchman Act to Tri-County Human Services, Detox Center, Bartow.
3. Youth under the age of 18 years on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    b. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    c. Lakeland Regional Health, age 10 years or older.
4. Youth under the age of 18 years on an involuntary Marchman Act to ACTS-Thonotosassa

Baker Act / Marchman Act Advisory Committee

The purpose of the Baker Act/Marchman Act Advisory Committee is to discuss the operations of the Circuit 10 Transportation Plan. The committee meets regularly to discuss grievances, public satisfaction,

and assurance of patient rights as related to this plan. The Baker Act/Marchman Act Advisory Committee is composed of, but not limited to, representatives of the following agencies: DCF's Substance Abuse and Mental Health office, Peace River Center, Tri-County Human Services, Heartland For Children, Lakeland Regional Health, Winter Haven Hospital, BayCare, AdventHealth Lake Wales, Florida Hospital, Highlands Regional Medical Center, Poinciana Medical Center, Bartow Regional Medical Center, Polk County Sheriff's Office, Highland County Sheriff's Office, Hardee County Sheriff's Office, City of Lakeland Police Department, Winter Haven Police Department, Bartow Police Department, Bowling Green Police Department, Sebring Police Department, Lake Placid Police Department, Wauchula Police Department, Florida Highway Patrol, Polk County Public Safety Group, National Alliance on Mental Illness (NAMI), Department of Corrections, Emergency Management System, Homeless Coalition of Polk County, Polk County School Board, Hardee County School Board, Highlands School Board, and Public Defenders Office. All listed stakeholders will have access to the transportation plan.

System Capacity

- Peace River Center's Crisis Stabilization Unit, located at 1255 Golfview Ave., Bartow, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 30 Crisis Stabilization Unit beds for adults and minors. At the same location, Peace River Center also operates a 30 bed Short Term Adult Residential Facility, licensed by AHCA to provide psychiatric treatment services.
- Peace River Center's Crisis Stabilization Unit, located at 715 N. Lake Ave., Lakeland, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 20 Crisis Stabilization Unit beds for adults and minors.
- Tri-County Human Services' Detox Unit, located at 2725 Hwy 60 East, Bartow, Florida is a public Marchman Act receiving facility licensed by the State of Florida to operate 20 beds.
- Lakeland Regional Health Hospital located at 1324 Lakeland Hills Blvd, Lakeland, FL is a private Baker Act receiving facility licensed by AHCA to operate 68 beds consisting of 60 adult mental health beds and 8 adolescent (ages 10-17) mental health beds and 14 adult substance abuse beds.
- Winter Haven Hospital BayCare located at 200 Ave F NE, Winter Haven, FL is a private Baker Act receiving facility licensed by AHCA to operate 30 adult mental health beds.
- Poinciana Medical Center, Bartow Regional Medical Center, Highlands Regional Medical Center, Florida Hospital – Wauchula, Florida Hospital - Sebring are not receiving facilities, but are responsible to evaluate, treat and transfer persons in need of mental health and addiction treatment as part of their emergency department. This is in accordance with federal (EMTALA) emergency care rules and the medical treatment aspect of the plan applies to Lakeland Regional Health Hospital, Winter Haven Hospital BayCare, Florida Hospital – Lake Placid and AdventHealth Lake Wales.
- The receiving facilities will notify the Baker Act/Marchman Act Advisory Committee of any changes in system capacity.

Medical Treatment

Individuals needing medical treatment should be handled according to law enforcement agency policy and transported to the closest medical hospital, as follows;

- Lakeland Regional Health,
- Winter Haven Hospital BayCare,
- AdventHealth Lake Wales,
- Poinciana Medical Center,
- Bartow Regional Medical Center Baycare,
- HCA Florida Highlands Hospital,
- AdventHealth Lake Placid
- AdventHealth Wauchula
- AdventHealth Sebring
- AdventHealth Heart of Florida

Medical Clearance

Each facility has varying degree of ability to address co-morbid medical conditions. Receiving facilities in Circuit 10 have provided their medical exclusion and eligibly criteria to be included in the transportation plan for reference. See Attachments. Once the patient 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 or contracted law enforcement officer may provide this service.

Choice

When practical, Law Enforcement will take into consideration individual choice when making a determination of which Baker Act receiving facility to transport the individual. All adults on an involuntary Marchman Act are to be transported to Tri-County Human Services Detox Unit in Bartow Florida. Law enforcement may decline to transport if the County has a contract with emergency transport company and law enforcement continued presence is not needed. Transporting entity may seek reimbursement for transporting expenses. Person(s) receiving transportation is responsible for expenses.

Protective Custody Without Consent

Law enforcement shall use the standard form CFMH 3800, 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 written report shall be included in the patient's record.

System Oversight

In an effort to resolve complaints, grievances, and disputes which may arise during implementation of the plan, key personnel from each of the public or private receiving facilities are encouraged to communicate regularly and frequently between Baker Act / Marchman Act Advisory Committee meetings. The Baker Act / Marchman Act Advisory Committee will implement necessary actions in response to its ongoing review and any public or Central Florida Behavioral Health Network (CFBHN) review.

County representatives of Polk, Highlands and Hardee Counties along with CFBHN are responsible for providing oversight to the Circuit 10 Behavioral Health Transportation Plan. A collaborative conflict resolution process will be used to resolve issues concerning the Circuit 10 Behavioral Health Transportation Plan, approve interagency agreements, as well as coordinate other services needed for individuals beyond acute care services.

Interorganizational Collaboration

Implementing an excellent Transportation Plan on behalf of persons in need of behavioral health services requires a significant amount of cooperation, commitment and collaboration from all parties involved. Besides having the strong support of law enforcement and the behavioral health providers, Polk, Highlands and Hardee County hospitals have engaged in a public planning process which has strengthened the relationships between all parties responsible for implementing the Transportation Plan in Circuit 10.

DEFINITIONS

Baker Act:	The Florida Mental Health Act, Florida Statute Chapter 394, Part 1
Marchman Act:	The Hal S. Marchman Alcohol and Other Drug Services Act, Florida Statute Chapter 397
Receiving Facility:	Any public or private facility designated by DCF to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.
Private Receiving Facility:	Any hospital or facility operated by a for-profit or not-for-profit corporation or association that provides mental health services and is not a public facility.
Public Receiving Facility:	Any facility that has contracted with DCF to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.

Attachments

Admission / Transfer for BayCare Behavioral Health Unit
Exclusion and Eligibility Recommendations

Revised
October 2019

Decisions outside of these criteria requires 1:1 discussion between ED Physician or Medical Hospitalist and a Psychiatrist or Medical Consultant

MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations
LABS / CHEMISTRY (parameters)	Lab values must be current (**72 hours** dependent on the medical condition) BayCare Behavioral Health Receiving Facilities cannot accept patients with abnormal labs outside of these values without prior approval: **HEMATOLOGY:** **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 Stable Chronic Dialysis patients will be accepted, individuals with acute uremia are not eligible for admission. Patients who require ≥ 2 units of PRBC's in a 24 hr period are not eligible for transfer **CRITICAL VALUES ADULT REFERENCE – UPPER LIMITS:** Chloride 113 mmol/L, Creatinine 2.0mg/dL (if chronic kidney disease may be stable, check for .5 changes in past 24 hours) Glucose 74 mg/dL, Glucose 300 mg/dL, Hematocrit 54%, Hemoglobin 19.9 mg/dL, Magnesium 3.3 mg/dL, Platelets 450 th/uL, Valproic Acid 150 mcg/mL. lithium 2.0,
CARDIAC **BLOOD PRESSURE:**	**FOR ALL FACILITIES: NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.** If patient has attained diagnostic tests for cardiac, they must reflect **medical** stability. **If original admission to hospital was for acute CHF,** CHF patients must meet BayCare Guideline for CHF Discharge. Ie lower weight, sodium above 135, 50% improvement in BNP. No individuals with significant alterations in their normal baseline BP unless clinically asymptomatic and on medication (if needed) **ADULTS** ≥ 180 mmHg / 110 mmHg or ≤ 90 mmHg / 60 mmHg • **If the Behavioral Health patient in the ER is asymptomatic and BP is not over 180/110– can go directly to BH.** • **If the Behavioral Health patient in the ER has known hypertension and has been prescribed hypertension meds but has not been taking them and BP is not over 180/110– ER can restart the patient on meds, then patient can go to BH.** • **If the Behavioral Health patient in the ER has high BP > 180/110 and is asymptomatic, and the ER cannot lower it, the patient must be admitted medically. If the ER lowers the BP, the ED physician should provide recommendations for Hypertension Treatment.** • **If the patient BP is over 180/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization.** **Child ages and 99 percentile parameters. Outside these parameters will require**

	telephonic consultation and approval by on call pediatric hospitalist or cardiologist: 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
DIABETES	All Behavioral Health transfers must have a measurable blood sugar ≤300 mg/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 Psychiatric Unit. Implanted Pumps are allowed as long as they have a safety mechanism to prevent overuse.
OVERDOSES	Overdoses will be treated by the ED physician and will have a medical clearance order following stabilization. Individuals 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 and will require repeat draws to ensure decreasing levels. 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
ALCOHOL / DRUGS ETOH:	Cannot be in severe withdrawal CIWA Score > 20. Cannot be primary need for treatment. 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, disorientation, altered mental status or unconsciousness cannot be admitted to Behavioral Health.
NEUROLOGICAL HEAD TRAUMA: **SEIZURES:**	Individuals 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. Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours will require medical admission and treatment. Patients will need to be free of seizure activity for 24 hours to be accepted to a Behavioral Health unit.
SKIN/LINES/PORTS **WOUNDS:** **OSTOMY:** **BEDSORES:**	No patients receiving IV fluids/meds. Permanent access or surgically placed ports are eligible for transfer. Cannot accept wounds that require wet dressings or dry dressings that require intensive treatment due to their size and/or location. No Drainage tubes. Once daily dry dressings are acceptable if wound care nurse will follow the patient 2 to 3 times a week. Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units within medical hospitals. No Patients with Stage 2, 3 or 4 bedsores or contact precautions.

MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations
INFECTIONS	**ALL FACILITIES:** Cannot accept Patients with infections (URI's phlebitis, UTI's renal complications, cellulites, etc.), with elevated temperatures ≥ 101 degrees F and have not been treated by referring facility prior to transfer will not be accepted. Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per inflection control policy and procedure. ***Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.*** ***Elevated LFT's AST/ALT requires Hep A IGM antibody test prior to medical clearance. Hep A positive will not be accepted into behavioral health.*** Review with infection control on a case by case basis when results are borderline. Patients may have return trips back to the ER/hospital after this initial episode. Even if the liver enzymes have not returned to normal, they will NOT require any further isolation/precautions. Hepatitis A can only be acquired once and provides lifelong protection against a re-infection. **See BayCare policy and procedure.** ***Lice/Scabies requires 24-hour isolation post treatment per BayCare policy/procedure.*** ***MRSA positive/MDROs accepted per BayCare policy/procedure.***
RESPIRATORY	Individuals who have respiratory needs that require suction, or continuous oxygen, or have a recent tracheotomy are not accepted. No patients with Pulse Ox < 90% on room air will be accepted. Patients requiring continuous or intermittent oxygen during sleep will be accepted to psychiatric units within medical hospitals with medical bed capability. Patients requiring BiPAP will not be accepted to inpatient behavioral health units. Patients requiring CPAP are accepted.
Orthopedics/Oncology **BROKEN BONES:** **CANCER:**	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 by BH clinical leadership. Generally unable to accept cases unless casting is complete. *Casting for fractures must be provided by the transferring facility prior to transfer.* Walking boots are permitted. Cannot accept patients actively receiving **daily/continuous** I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted
NUTRITION	Patients with NG or PEG tubes or who require enteral feeding tubes for metabolic stability maybe accepted at facilities. Patients unable to self-feed or take basic nutrition by mouth or who cannot void prior to transfer are excluded. Patients with PEG tubes must be able to provide their own tube feedings.
OB/GYN **PREGNANCY:**	Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia). Pregnant patients in acute alcohol or opiate withdrawal need to be treated in an acute medical setting. 1. Patients in the first trimester should only have ultrasound if medically indicated by ED

	physician and in rare circumstances to confirm gestational age if no prior obstetrical care or inability to verify gestational age from patient history. Verification of fetal heart sounds is recommended. 2. Patients prior to **22** weeks will need an obstetrical consultation based on the discretion of the attending or if there are known medical problems being followed prenatally. Combine 1 and 2 because still first trimester. Ob consult or not **3.** Patients **22-34 weeks** of pregnancy must be placed in a psychiatric facility with immediate access to obstetrical services and should have an OB/GYN consultant. 4. Patients with complicating factors after **22** weeks of pregnancy or with conditions unable to participate in needed psychiatric care should be admitted to an obstetrical unit with immediate availability of psychiatric services and consultation.
AMBULATION	Patients with have gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing *are eligible for* psychiatric units **with medical bed capability.**
INCONTINENCE CATHETERS: (without active infection)	Patients with in-dwelling catheters (**leg bag/suprapubic)** who can perform self-care and have no active infectious process requiring isolation can be accepted. Patients requiring straight catheters who can perform self-cath/care **independently** can be accepted.

Revised February 14, 2020

Lakeland Regional Health

Behavioral Health Medical Stability for Admission/Transfer
Exclusion and Eligibility Recommendations

Decisions outside of these criteria requires 1:1 discussion between ED Physician/Medical Hospitalist and a Psychiatrist/Medical Consultant

Unit Specific Guidelines	Exclusion Recommendations
1 South	Bariatric patients who are non-ambulatory or require lift or transfer equipment, Continuous Oxygen, need for a medical bed, active *C. difficile* colitis
MDU	Young adults with complex medical problems, cerebral palsy, or cognitive impairments are not best served on a memory disorder unit designed for treatment of dementia.
ADL	Less than 10 years old, Pediatric Wheelchair, Crutches, need of ADA restroom, need for a medical bed, Continuous Oxygen, active *C. difficile* colitis
All Behavioral Health Units	Central Lines, Canes, Continuous IV Fluid dependence, Telemetry/Cardiac Monitoring, BiPap if for respiratory failure, Blood Transfusions, Chest Tubes, recent tracheostomy requiring nursing care, Rectal Tube, insulin or cardiac IV drips, Scabies (unless treatment administered x24h), Lice (Unless treatment has been applied), Bed Bugs (until bathed and clothing removed), Active Hepatitis A, Infectious Diseases (such as TB, Varicella) requiring respiratory, airborne or droplet precautions.
MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations
LABS / CHEMISTRY (parameters)	Lab values must be current (within 72h old). CMP, CBC, UDS, and Urine Pregnancy on females required at minimum on all BH patients. ***If patient refuses labs, this requires MD to MD telephonic consultation to review prior to admission***. Outside of these labs values below physician approval required. If only a few points from normal likely provider will approve acceptance:

HEMATOLOGY:	**Hemoglobin:**	Acute < 10 or Chronic ≤ 8	**Sodium:** **Potassium:** **Calcium:**	< 128 mmol/L or ≥ 159 mmol/L ≤ 3.0 mmol/L or ≥ 6.0 mmol/L ≤ 7.0 mmol/L or ≥ 11.0 mmol/L

	Hematocrit:	Acute < 30 or Chronic < 25	**SGOT/SGPT:** **Amylase:**	≥350 >300	
	WBC: **Platelets:**	≥ 20,000/mL (exceptions made for patients with stable CML) or ≤ 3,000/mL (unless stable or chronic condition) <50,000 (Unless verified as chronic)	**CPK:**	If > 1,000 IV hydration should be given prior to medical clearance.	
	Stable Chronic Dialysis patients are accepted, individuals with acute uremia are declined. **CRITICAL VALUES ADULT REFERENCE** Acute changes in lab values that are more or less than 2x normal levels, typically will be critical values, will need careful consideration and most likely MD to MD conversation about stability. History of Thyroid disorder requires a TSH level within the last 30 days to rule out medical reasons for mood and emotional dysregulations. Medical admission may be warranted if behavior related to thyroid disease. Typically overdoses with drug levels above these upper limits are unstable, see overdose section below for specific levels. Metabolic/electrolyte abnormalities require a baseline EKG Upper limit Creatinine 2.5mg/dL (if CKD may be stable and will consider on case by case basis) Transfusion dependent blood dyscrasias are not stable nor accepted, except Sickle Cell patients that require monthly transfusions that are considered stable. If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted				

CARDIAC **BLOOD PRESSURE:**	**NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.** If patient has attained diagnostic cardiac testing they must reflect **medical** stability prior to acceptance. No individuals with rising enzymes who are still requiring monitoring are stable. If original admission to hospital was for CHF, medical assessment required to demonstrate condition is optimized. All new cardiac diagnoses (Afib, CHF, ACS) should have maximum medical stabilization prior to acceptance, preferably in a medical unit. Symptomatic hypertension/hypotension requiring IV therapeutics are not permitted. Uncontrolled, unstable, or new brady or tachy arhythimias are not permitted. **ADULTS** Blood Pressure that is unexplained, sustained or unresponsive to treatment ≥ of 190 mmHg / 110 mmHg or less than 90 mmHg / 60 mmHg should be considered for medical stabilization prior to admission. If the patient BP is over 190/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization. **Child ages and 99 percentile parameters. Outside these parameters will require telephonic consultation and approval by on call pediatric hospitalist or cardiologist:** 16-17: >140/90 or <90/60 12-15: >125/80 or <90/60 10-11: >125/80 or <85/55
ENDOCRINE **DIABETES:**	If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted New diagnosis of Diabetes will not be accepted until blood sugars stabilized. For pediatric patients with new onset diabetes sugar stabilization takes longer so hyperglycemia may be permitted after discussion MD to MD, but anything <50 remains exclusionary.

	Implanted Pumps should be removed and basal/bolus insulin begun prior to arrival on BH Unit. Sliding scale insulin is not sufficient at time of pump removal.
OVERDOSES	Overdoses like these: Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc., require specific labs as related to the drug. Acetaminophen OD will require APAP levels, liver function tests and will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment must complete treatment in medical unit before transfer. Any medication overdoses known to cause EKG abnormalities (such as but not limited to: Cardiac medications, Tricyclic class antidepressants, all Psychotropics) should have a baseline EKG.
ALCOHOL / DRUGS **ETOH:**	If substance related psychosis is so severe IV sedation may be required ICU admission needs to be considered. Cannot be in severe withdrawal CIWA Score > 20. Disorientation, altered mental status, unconsciousness or actively hallucinating regardless of BAL level cannot be admitted to Behavioral Health and should be considered for medical admit due to Delirium Tremens. If no evidence of DT's BAL guidelines are below: • If Blood alcohol <300 stable for admission to BH unit. • If Blood alcohol 300-375 and level anticipated to come down to 300 with a clearance of 25 mg/dL/hour performed from time of lab draw are stable for BH admission. • If BAL is >375 at ANY time, regardless how fast it comes down, patient is unstable to detox in a BH unit, medical admission is recommended. • A provider to provider telephonic consultation is required if go outside of this recommendation.
NEUROLOGICAL **HEAD TRAUMA:** **SEIZURES:**	Primary Diagnosis of Traumatic Brain Injury is not permitted. Primary Diagnosis of Neurological Movement Disorder such at Huntington's Disease is not permitted. Individuals 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.

	Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours are not appropriate for admission to the Behavioral Health unit unless and until patient has been free of seizure activity for 24 hours. Concerns for pseudo seizures can be discussed on a case by case basis.
SKIN/LINES/PORTS	No patients dependent on continuous IV fluids or meds. No Central Lines are allowed, only peripheral IV's and midlines. Permanent access or surgically placed ports are eligible for transfer.
WOUNDS:	Complex wound care will need to have a MD to MD conversation and be reviewed with nursing leadership. Wound vacs are not permitted. Sutures and Dermabond preferred over staples as staples pose increased risk of re-injury to patient.
OSTOMY:	Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units with MD approval.
DIALYSIS:	Dialisys dependent Acute Renal Failure are not permitted. Peritoneal dialysis is not routinely permitted. End Stage Renal Disease (ESRD) is accepted.

INFECTIONS	Cannot accept Patients with infections (URI's, phlebitis, UTI's renal complications, cellulites, etc.), who also has elevated temperatures $\geq$ 101 degrees F. Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per inflection control policy and procedure. *Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.*

	Elevated liver enzymes AST/ALT (SGOT/SGPT) requires a negative Hep A IGM antibody test prior to medical clearance. If IgM Hep A positive, must be over 1 week after onset of jaundice to be accepted into behavioral health and cooperative with hand hygiene using soap and water after toileting. Review with infection control on a case-by-case basis when results are borderline. *Lice – accepted only after treatment has been applied* *Scabies – accepted only after treatment administered x24h* *Bed Bugs – accepted only after all clothing removed and bathed* *MRSA positive/MDROs/VRE - accepted and isolated if room available* *C-diff – accepted only to MDU room W757, only room with appropriate sink for handwashing* *Decline: Uncontrolled secretions, diarrhea of unknown etiology, norovirus, diseases such as varicella or influenza that require Airborne or Droplet/Contact Precautions*
RESPIRATORY	Individuals who have respiratory needs that require suction Patients with recent tracheotomy or who require suctioning are not accepted. If requires continuous Oxygen will need MD to MD approval. Nocturnal BiPAP/CPAP will be accepted to inpatient behavioral health units, will require 1:1 COA sitter. BiPAP/CPAP for respiratory failure are not permitted.
ORTHO **Fractures/Durable Medical Equip Needs:**	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 by BH clinical leadership and MD. Hard casts and Walking boots are permitted but requires 1:1 COA. No Canes but Walkers and wheelchairs are allowed as indicated with safety measures in place.
ONCOLOGY	Cannot accept patients actively receiving daily/continuous I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted as long a certified oncology nurse is not required to administer medication.
NUTRITION	Temporary enteral feeding tubes are not accepted. Patients with PEG tubes are accepted Patients unable to take basic nutrition by mouth or who cannot void prior to transfer are excluded.

	Patients with PEG tubes not on MDU must be stable for bolus feedings.
OB/GYN PREGNANCY:	If pregnant MD to MD conversation must occur before acceptance. If appropriate, LRH ED MD will call OB GYN MD Hospitalist for consult if needed. OB will determine medical stability and write order for level of monitoring and frequency if stable to admit to BH unit. If not stable from OB point of view will be taken to OB ED and then if appropriate admitted to OB MD service with psych consult placed. OB Team Lead will make daily visits based on ordered frequency for specialized monitoring while on the BH unit.
AMBULATION	Patients with gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing *are eligible for* MDU (as long as other MDU criteria are met). Patients need to be able to perform ADLs independently within reason on all other units. Wheelchairs accepted to units other than MDU after MD to MD conversation.
INCONTINENCE CATHETERS:	Patients with in-dwelling catheters (leg bag/suprapubic) who can perform self-care and have no active infectious process can be accepted to MDU only due to safe placement of foley bag. Patients requiring straight catheters who can perform self-cath/care independently can be accepted. Patients requiring straight I/O caths or daily foley care by nursing staff are eligible for MDU only. All in-dwelling catheters require a COA 1:1.

Peace River Center®
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MEDICAL STABILIZATION GUIDELINES

Criteria for Accepting Baker Act Transfers from Medical Providers (Hospitals) to Free Standing Baker Act Receiving Facilities (Crisis Stabilization Units)

POLK, HIGHLANDS AND HARDEE COUNTIES

Effective: May 02, 2011, Updated March 1, 2019, November 9, 2020, January 28, 2021

These guidelines have been developed collaboratively between non-medical psychiatric facilities and crisis stabilization units (referred to as non-medical providers) and medical providers (hospitals and medical centers) to provide guidance regarding the appropriate referral and transfer of patients who have been examined and/or treated for medical issues prior to their transfer to a non-medical facility.

If a potential Baker Act patient arrives at a medical provider facility for an emergent medical condition, the condition will be treated/addressed as medically appropriate. All patients referred by a medical provider to a non-medical provider (crisis stabilization unit or freestanding psychiatric facility) for admission will be screened by the medical provider for medical illnesses/complications and medical stability prior to approving the patient for transfer. In all cases, sharing of information and agreement to accept the transfer from the medical provider to the non-medical provider will be obtained prior to the actual patient transfer taking place.

There is no requirement in Florida statute that medical clearance must be obtained prior to a person being transported by law enforcement to a non-medical provider Baker Act Receiving facility. If law enforcement believes there may be a medical issue or complication occurring, then a medical clearance should be sought prior to bringing a person to a non-medical provider.

For the medical safety of all persons involved, patients that are at or are being seen by a medical provider must be medically stable for transfer and not be in need of immediate emergent or urgent care or follow-up medical care prior to a transfer, drop-off or admission to a non-medical provider location.

To help facilitate the transfer process there should be a registered nurse phone consultation call between the facilities prior to transfer acceptance - this should be a registered nurse to registered nurse call. During this call the patient's clinical and medical status and stability is to be discussed and agreed upon. The patient's medical record, including diagnostic and laboratory test results, should be provided by fax or secure email, so it may be discussed during the registered nurse consult call in advance of the transfer.

A patient must be stabilized at the time of transfer and have supporting documentation of medical stability. *"Stabilized" in accordance with s.395.002(29) F.S. means that no material deterioration of the condition is likely, within reasonable medical probability, to result from the transfer of the patient from a hospital. Per the definition above, hospitals use the term "stabilized" to mean that the emergency medical condition has been resolved (meaning that it is no longer an emergency, not that the medical condition no longer exists) and also that a person can be transferred, in accordance with s. 395.002 (29) and EMTALA.*

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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 to bodily function or serious dysfunction of any bodily organ or part. (*FS 395*).
MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose of ruling out other conditions or whether the examination was a perfunctory "cleared for psych" that failed to address underlying issues. The medical screening examination must be adequate not only to define the psychiatric problem, but also to reveal any physical illness or trauma. The treatable psychiatric symptoms/problem(s) must exceed any medical problems for the patient to be placed in an inpatient psychiatric unit. (*CMS publication 100-02, Medicare Benefit Policy Manual, Chapter 2, Sections 20, 20.1...) (HCFA, State Operations Manual Pub. 7 6/1998).*

Laboratory and diagnostic testing is expected to only be performed on medically compromised patients and is not expected to be performed for routine screening purposes. If Labs are performed, the lab values must be current (within past 24-48 hours) to be used to determine suitability for patient stability and transfer. **Any lab levels that fall outside the established guidelines stated in this document may require a Physician to Physician review.** ***Denial of acceptance of a patient outside of these guidelines requires a physician-to-physician consult.***

LABORATORY AND MEDICAL CONDITIONS THAT MAY DELAY OR PREVENT ADMISSION TO A NON-MEDICAL PROVIDER:

MEDICAL ISSUE	EXPLANATION - DEFINITION
1. AMBULATION	Patients who cannot ambulate independently and without assistive devices (crutches, canes, walkers), require bedside rails, adjustable beds, or Geri-chairs. May not be appropriate and require a case by case review for approval.
2. CARDIAC	PLATELETS: < 50,000 BNP: > 400 **** NO Patients who require cardiac monitoring or oxygen therapy may be admitted.**
3. DIABETES	Uncontrolled or untreated diabetes with blood levels < 70 or > 350meq.
4. EKG & CARDIAC CONDITIONS	Active chest pain, prior stents, prior coronary artery bypass graft (CABG) and any abnormal results require physician prior approval
5. ELECTROLYTES	SODIUM: < 130 OR >150 POTASSIUM: < 3.2 OR >5.8 CALCIUM: < 6.5 OR >10.5

MEDICAL ISSUE	EXPLANATION – DEFINITION
6. ETOH/DRUGS	Cannot be the primary need for treatment (except for Tri-County). Co-occurring is OK. BAL must be < 300 or patient must be able to ambulate with a steady gate and have clear coherent speech. Will NOT accept individuals requiring methadone for opiate addiction.
7. HEAD TRAUMA	Individuals with recent head trauma (2 weeks) & first onset of mental status change with no prior history. Individuals without documented neurological exam and/or appropriate head scan that will rule out medical instability, neurological and organic origins of psychiatric symptomatology.

8. HEMATOLOGY	HEMOGLOBIN : < 10.0 Hemoccult + (unless prior history of anemia) HEMATOCRIT: < 30.0 WBC: > 16,000 (unless acceptable medical explanation i.e. pregnancy, steroid use)
9. I & O	Patients unable to feed self or take basic nutrition by mouth OR who cannot void prior to transfer. Must be able to chew and swallow food. No indwelling catheters. Self-care catheters only with prior approval by the physician.
10. INFECTIONS	Cannot accept patients with an active infectious process that requires any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI's, phlebitis, UTI's, Cellulitis etc.) with elevated temperatures > 38 and have not been treated by referring facility prior to transfer. Cannot accept patients where VRE is colonized in the stool. Cannot accept patients with C-Difficile. ***Require physician approval for all referrals receiving treatment.*** **COVID-19** - Cannot accept patients who are **positive** for COVID-19 and/or who answer "Yes" to any of the following "Screening Questions" used until a **negative** COVID-19 result is obtained (or they have been deemed cleared by the medical provider from the holding facility for the quarantine period and are therefore determined to no longer require isolation): Screening Questions Does the patient appear or report being ill? Does the patient have a fever/temp of 100.4F/38C or higher? Do they have a cough or shortness of breath? Are they experiencing one or more of the following: headache, sore throat, chills, muscle pain, diarrhea, loss of taste or smell? Have they been exposed to someone with confirmed COVID-19 or who is awaiting the result of a COVID-19 test?
MEDICAL ISSUE	**EXPLANATION – DEFINITION**
11. IV FLUIDS	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 unless approved by a physician.
12. LIVER	AMYLASE: > 350 AST: > 250 LDH: >350
13. MED/SURGICAL	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-surgical issues or needing procedures that could potentially prevent participation in the active treatment program will be reviewed on an individual basis. Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory). Unable to accept cases unless hard or soft casting is complete. Cannot accept patients that are actively receiving chemotherapy or radiation treatment.

	Cannot accept patients who are pregnant with complications requiring bed rest or within 4-6 weeks of due date.
14. OVERDOSES	Patients known to have ingested an overdose of any substance are not to be transferred/admitted to the CSU without the approval from the provider on-duty/on-call. ALL of the following considerations must be met prior to transfer/admission: 1. Patient is alert and able to communicate adequately for the RN to assess physical and mental status. 2. Vital signs and gross neurological signs are documented as within normal limits. 3. Individuals requiring Mucomyst treatment IV or PO must complete treatment at the medical provider facility and have labs within acceptable ranges before transfer. 4. Cardiac status is considered stable per cardiologist evaluation and a copy of most recent EKG is included in documentation received at CSU. 5. Referring physician documents patient is medically stable. 6. PRC psychiatrist agrees to accept patient for admission to CSU. Persons who are NOT medically stable will not be accepted and should not be transferred. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs related to the overdosed drug. Acetaminophen overdoes will require APAP levels and LFT's & will require repeat draws to ensure decreasing levels.
15. PULSE OXIMETRY	> 90 % - Sustained reading within parameters required for 2 consecutive readings
MEDICAL ISSUE	**EXPLANATION – DEFINITION**
16. RENAL (No pts on dialysis)	BUN: > 50 CREATININE: > 2.5
17. RESPIRATORY	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 who are actively using a CPAP machine unless approved by the physician.
18. SEIZURES	Patients with known epileptic seizure history who have not been taking anti-convulsive medication with positive recent seizure history (within 72 hours). No documentation of administering appropriate anti-convulsive medication or monitoring for a therapeutic level is evident. Non-medication compliant epileptic seizure patients will need loading dose. Status "Epilepticus" individuals will not be considered for admission until seizure free for up to 72 hours.
19. SKIN	Cannot accept wounds that require wet dressings or dry dressings that require intensive daily treatment due to their size and/or location. Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and require physician approval. No patients with Stage 2, 3, or 4 bedsores.
20. VITAL SIGNS	TEMPERATURE > 38 (100.4 F) BLOOD PRESSURE Adult > 170/110 OR < 90/60 Child > 130/90 OR < 90/60 PULSE Adult > 120 Child > 130
21. Special Formulary	Cannot accept inpatient admissions requiring Methadone, Suboxone or Morphine treatment

22. Diagnostics	Lithium level >2.0
23. Pregnancy	Pregnancies considered "high risk" require clearance by an OB/GYN provider. Consultation at the referring facility must occur prior to the transfer.
24. Isolation Precautions	Cannot accept patients requiring contact isolation, airborne or droplet precautions (e.g. MRSA, VRE, RSV, C. Difficile, etc.)

Advent Health Behavioral Health Medical Stability for Admission/Transfer Exclusion and Eligibility Recommendations

Decisions outside of these criteria require 1:1 discussion between ED Physician/Medical Hospitalist and a Psychiatrist/Medical Consultant

Admission Criteria Checklist for SAMH Admissions			
	Patient has legal status (Baker Act or Voluntary)		**Medical Clearance is complete and includes:**
	Legal paperwork is complete w/dates and signatures		**-CBC with Diff / WBC between 3500-15000**
	Patient is 60+ years of age or older		**-Potassium between 3.0-5.5**
	Danger to Self (Suicidal Ideations, Plan, or Actions)		**-Sodium between 128-152**
	Danger to Others (Homicidal Ideations, Assaultive, Destroyed Property)		**-BUN <30**
	Psychosis w/Command Hallucinations		**-Creatinine <2.0**
	Psychomotor Agitation (Mania) that impacts ability to complete ADLs		**-Urinalysis w/ <2+ Bacteria or Blood**
	Decline in Self-Care abilities that prevents adequate nutrition/hygiene		**-BP w/ DBP between 50-110**
	Cognitive Impairment w/Psychiatric Comorbidity that needs stabilized (Depression, Behavioral Disturbance, Psychosis)		**-Pulse between 50-110**
			-Oral Temperature <101◦F
	Failure of Outpatient Psychiatric Treatment d/t increase in severity of symptoms, non-compliance, or inadequate clinical response to treatment		**-Alcohol Level <200**
			-Narcan reversal completed 4+ hours *prior to medical clearance*

Unit-Specific Guidelines	**Exclusion Recommendations**				
SAMH	< 60 years old				
All BH Units	**Central/PICC/Midlines**, Canes, **Continuous IV Fluid Dependence or IV Push Medications**, Telemetry/Cardiac Monitoring, BiPAP/CPAP if for Respiratory Failure, Blood Transfusions, Chest Tubes, Recent Tracheostomy requiring Nursing Care, Rectal Tube, Insulin or Cardiac IV Drips, Scabies (unless treatment administered x24 hours,) Lice (unless treatment has been applied,) Bed Bugs (until bathed and clothing removed,) Active Hepatitis A, Infectious Disease (such as TB, Varicella) requiring Respiratory, Airborne, or Droplet Precautions, **Patients whose alternative placement choice is incarceration, Patients with primary diagnosis of Developmental Delay**				
Medical Conditions	**Exclusion/Eligibility Recommendations**				
LABS / CHEMISTRY (Parameters)	**Lab values must be current (within last 72 hours.)** CMP, CBC, UDS, UA, and Urine Pregnancy on females required at minimum on all BH Patients.				
	HEMATOLOGY:	**Hemoglobin:**	Acute < 10 Chronic ≤ 8	**Sodium:** **Potassium:** **Calcium:**	**< 128 mmol/L or ≥ 152 mmol/L** **< 3.0 mmol/L or ≥ 5.5 mmol/L** ≤ 7.0 mmol/L or ≥ 11.0 mmol/L
		Hematocrit:	Acute < 30 Chronic < 25	**SGOT/SGPT:** **Amylase:**	≥ 350 > 300

		WBC:	**≥ 15,000/mL or ≤ 3,500/mL**	**BUN: Creatinine:**	**>30 >2.0**
		Platelets:	< 50,000	**CPK:**	If > 1,000, IV hydration should be given prior to medical clearance.
	CRITICAL VALUES ADULT REFERENCE Acute changes in lab values that are more or less than 2x normal levels, typically will be critical values, will need careful consideration and most likely MD to MD conversation about stability. History of Thyroid disorder requires a TSH level within the last 30 days to rule out medical reasons for mood and emotional dysregulations. Medical admission may be warranted if behavior related to thyroid disease. Typically overdoses with drug levels above these upper limits are unstable, see Overdose Section below for specific levels. Metabolic/electrolyte abnormalities require a baseline EKG. **UA: >2+ Bacteria or Blood is not accepted** Transfusion-dependent blood dyscrasias are not stable nor accepted, except Sickle Cell patient that require monthly transfusions that are considered stable. Blood Glucose < 50 or Hyperglycemia requiring IV treatment is not accepted.				
CARDIAC **BLOOD PRESSURE:**	**NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.** **Patients with chest pain are not permitted.** **Pulse: between 50-110 for acceptance** If patient has attained diagnostic cardiac testing, they must reflect medical stability prior to acceptance. No individuals with rising enzymes who require monitoring are stable. If original admission to hospital was for CHF, medical assessment requires to demonstrate condition is optimized. All new cardiac diagnoses (A-Fib, CHF, ACS) should have maximum medical stabilization prior to acceptance, preferably in a medical unit. Symptomatic hypertension/hypotension requiring IV therapeutics are not permitted. Uncontrolled, unstable, or new brady or tachy arrythmias are not permitted. Blood Pressure that is unexplained, sustained, or unresponsive to treatment ≥ of 190 mmHg / 110 mmHg or < 90 mmHg / 60 mmHg should be considered for medical stabilization prior to admission. If the patient BP is over 190/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization. **Diastolic BP must be between 50-110.**				
ENDOCRINE **DIABETES:**	Blood Glucose < 50 or Hyperglycemia requiring IV treatment is not accepted. New diagnosis of Diabetes will not be accepted until blood sugars stabilize.				

	Implanted Pumps should be removed, and a basal/bolus insulin begun prior to arrival on BH Unit. Sliding Scale insulin is not sufficient at time of pump removal.
OVERDOSES	**Opiate overdose that required reversal with Narcan <4 hours ago are not permitted.** Overdoses such as: Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc. require specific labs as related to the drug. Acetaminophen OD will require APAP levels, liver function tests, and repeat draws to ensure decreasing levels. Individuals requiring Mucomyst treatment must complete treatment in a medical unit before transfer. Any medication overdoses known to cause EKG abnormalities (including, but not limited to: cardiac medications, tricyclic-class antidepressants, and all psychotropics) should have a baseline EKG.
ALCOHOL / DRUGS **ETOH:**	**Primary Drug or Alcohol diagnosis without documented psychiatric comorbidity is not permitted.** If substance-related psychosis is so severe IV sedation may be required, and ICU admission should be considered. **Cannot be in acute withdrawal (Delirium Tremens, CIWA Score > 20)** Disorientation, altered mental status, unconsciousness, or actively hallucinating, regardless of BAL, cannot be admitted to BH Unit and should be considered for medical admission due to Delirium Tremens (DTs.) If no evidence of DTs, BAC level guidelines are as follows: • If BAL < 200: stable for admission to BH Unit
NEUROLOGICAL **HEAD TRAUMA:** **SEIZURES:**	**Patients with recent head or spinal cord trauma are not permitted.** Primary Diagnosis of Traumatic Brain Injury (TBI) is not permitted. Primary Diagnosis of Neurological Movement Disorder, such as Huntington's, is not permitted. Individuals with recent head trauma (< 2 weeks) and with neurocognitive features of TBI (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. **New onset of uncontrolled seizures are not permitted.** Patients with a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours are not appropriate for admission to the BH Unit unless/until patient has been free of seizure activity for 24 hours. Concerns for pseudo-seizures can be discussed on a case-by-case basis.
SKIN / LINES / PORTS **WOUNDS:** **OSTOMY:** **DIALYSIS:**	**No patients dependent on continuous IV fluids or IV push meds.** **No Central Lines, PICC Lines, or Midlines are permitted.** Permanent access or surgically placed ports are eligible for transfer. **Complex wound care, including wound vacs, are not permitted.** Sutures and Dermabond preferred over staples, as staples pose increased risk of re-injury to patient. Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for BH Unit with MD approval. **Peritoneal Dialysis is not permitted.** **Intake to contact On-Call Practitioner to review/accept *every* dialysis admission.** • Dialysis-dependent Acute Renal Failure are not permitted.

	• End Stage Renal Disease (ESRD) is accepted.
INFECTIONS	**Infections requiring more than Contact Isolation are not permitted.** Acceptance of patients with an active infectious process that requires any time of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per Infection Control Policy and Procedure. Cannot accept patients with infections (URIs, phlebitis, UTIs, renal complications, cellulitis, etc.) who also has **elevated temperatures ≥ 101◦F.** *Clear documentation of treatment and declining temperatures consistently < 101◦F must be recorded.* Elevated liver enzymes AST/ALT (SGOT/SGPT) requires a negative Hep A IgM antibody test prior to medical clearance. If IgM Hep A positive, must be over one week after onset of jaundice to be accepted into BH Unit and cooperative with hand hygiene, using soap and water after toileting. Review with Infection Control on a case-by-case basis when results are borderline. Lice – accepted only after treatment is applied Scabies – accepted only after treatment administered x24 hours Bed Bugs – accepted only after all clothing removed and bathed MRSA +/MDROs/VRE – accepted and isolated if room available C-diff – accepted only to rooms with appropriate sink for handwashing Decline: Uncontrolled secretions, diarrhea of unknown etiology, norovirus, diseases such as Varicella or Influenza that require Airborne or Droplet Contact Precautions.
RESPIRATORY	**O2 needs >5L via NC are not permitted.** Individuals who have respiratory needs that require suction – patients with recent tracheotomy or who require suctioning are not accepted. Nocturnal BiPAP/CPAP will be accepted to inpatient BH Unit, will require 1:1 COA. BiPAP/CPAP for Respiratory Failure are not permitted.
ORTHO **FRACTURES:** **DURABLE MEDICAL EQUIPMENT NEEDS:**	**Complex Orthopedic issues are not permitted.** 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 by BH Clinical Leadership and MD. Hard casts/walking boots are permitted, will require 1:1 COA. No canes, but walkers and wheelchairs are allowed as indicated with safety measures in place.
ONCOLOGY	Cannot accept patients actively receiving daily/continuous IV chemotherapy or radiation treatment. PO chemotherapy accepted if certified oncology nurse is NOT required to administer medication.
NUTRITION	**Tube feedings that cannot be independently managed by the patient are not accepted.** Temporary enteral feeding tubes are not accepted. Patients unable to take basic nutrition by mouth or cannot void prior to transfer are excluded.

OB/GYN - **PREGNANCY**	If pregnant, MD-to-MD conversation must occur before acceptance. If appropriate, ED MD will call OB/GYN MD Hospitalist for consult if needed. OB will determine medical stability and write order for level of monitoring and frequency, if stable to admit to BH Unit. If not stable from OB standpoint, patient will be taken to OB ED and then, if appropriate, admitted to OB MD service with Psych consult placed. OB Team Lead will make daily visits based on ordered frequency for specialized monitoring while on the BH Unit.
AMBULATION	**Bedbound patients unable to participate in programming are not permitted.** Patients with gait impairment who cannot ambulate independently and without assistive devices, require bedside rails, adjustable beds, HOB >30◦, bowel/bladder assistive care, personal care are eligible for admission to the SAMH.
INCONTINENCE - **CATHETERS**	**Patients with urinary retention requiring foley catheter are not permitted.** Patients requiring straight catheters who can perform self-care independently can be accepted to the BH Unit. Patients with indwelling catheters who can perform self-care and have no active infectious process can be accepted to the SAMH. Patients requiring straight I/O caths or daily foley care by nursing staff are eligible for the SAMH. All indwelling catheters require a 1:1 COA.

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of July 1, 2017 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

WHEREAS, pursuant to Florida Statute Section 394.462, a transportation plan shall be developed and implemented by each county by July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, counties may establish a shared transportation plan with other, nearby counties pursuant to a memorandum of understanding between their governing boards; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statute Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.

2. The Counties each agree to adopt, implement and abide by the shared transportation plan, attached hereto and incorporated herein by reference as Exhibit "A," as each County's transportation plan required pursuant to Florida Statute.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

POLK COUNTY, a political subdivision of the State of Florida

By: Melony M. Bell
Melony M. Bell, Chairman
Board of County Commissioners

Date: 4/18/17

ATTEST:
Stacy M. Butterfield, Clerk

By: Jennifer Lidinger
Deputy Clerk

05-01-17A10:13 RCVD

0.51

HARDEE COUNTY, a political subdivision of the State of Florida

By: Colon Lambert
Colon Lambert, Chairman
Board of County Commissioners

Date: April 20, 2017

ATTEST:

Victoria L. Rogers
Ex-Offico Clerk to the Board
of County Commissioners
Two(2) of Three(3) Originals

By: Victoria L. Rogers
~~Deputy Clerk~~

HIGHLANDS COUNTY, a political subdivision of the State of Florida

By: Don Elwell
Don Elwell, Chairman
Board of County Commissioners

Date: APRIL 18, 2017

BOARD OF COUNTY COMMISSIONERS SEAL

ATTEST:
Robert W. Germaine, Clerk

By:
Clerk of Courts

Exhibit "A"
Shared Transportation Plan
[attached hereto]

DEPARTMENT OF CHILDREN AND FAMILIES
SUNCOAST REGION
Circuit 10
SUBSTANCE ABUSE AND MENTAL HEALTH

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

2017-2020

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

CIRCUIT 10 BEHAVIORAL HEALTH TRANSPORTATION PLAN

Introduction

In accordance with the Florida Mental Health Act, the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, and Senate Bill 12, a plan has been developed to organize a centralized system for acute care services. This plan has been developed by community stakeholders listed on page two, the Circuit 10 - Baker Act/Marchman Act Advisory Committee. This transportation plan requires approval by the Polk County Board of County Commissioners, Highlands County Board of County Commissioners, Hardee County Board of County Commissioners. Upon approval this document will serve as the transportation plan for Florida's 10th Circuit per legislative intent.

The intent of this plan is:

1. An arrangement centralizing and improving the provision of services within each county, which may include exceptions to the requirement for transportation to the nearest receiving facility.
2. An arrangement by which a facility may provide, in addition to required psychiatric and addiction services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties; or
3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities, and to treatment facilities.

Purpose

The Circuit 10 Transportation Plan has been successfully implemented. In the continued best interest of persons in need of public mental healthcare in Circuit 10 it is now agreed that a renewal of the plan will continue the successful established centralized Baker Act/Marchman Act system, known as the Circuit 10 Behavioral Transportation Plan. The Plan will insure that individuals on an involuntary Baker Act/Marchman Act will obtain immediate access to acute care services and will reduce the need for inter-hospital transfers for psychiatric and addiction services. Coordination of services among providers in the Circuit 10 area will continue to meet individual needs.

The Plan calls for all law enforcement agencies in the Circuit 10 area to transport:

1. Adults on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Lakeland Regional Health,
    b. Winter Haven Hospital BayCare,
    c. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    d. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    e. Lake Wales Medical Center, age 60 years or older.
    f. Florida Hospital, Lake Placid, age 55 years or older.
2. Adults on an involuntary Marchman Act to Tri-County Human Services, Detox Center, Bartow.
3. Youth under the age of 18 years on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    b. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    c. Lakeland Regional Health Hospital, age 10 years or older.
4. Youth under the age of 18 years on an involuntary Marchman Act to ACTS-Tampa.

Baker Act / Marchman Act Advisory Committee

The purpose of the Baker Act/Marchman Act Advisory Committee is to discuss the operations of the Circuit 10 Transportation Plan. The committee meets regularly to discuss grievances, public satisfaction, and assurance of patient rights as related to this plan. The Baker Act/Marchman Act Advisory Committee is composed of, but not limited to, representatives of the following agencies: DCF's Substance Abuse and Mental Health office, Peace River Center, Tri-County Human Services, Heartland For Children, Lakeland Regional Health Hospital, Winter Haven Hospital, BayCare, Lake Wales Medical Center, Florida Hospital, Highlands Regional Medical Center, Poinciana Medical Center, Bartow Regional Medical Center, Polk County Sheriff's Office, Highland County Sheriff's Office, Hardee County Sheriff's Office, City of Lakeland Police Department, Winter Haven Police Department, Bartow Police Department, Bowling Green Police Department, Sebring Police Department, Lake Placid Police Department, Wauchula Police Department, Florida Highway Patrol, Polk County Public Safety Group, National Alliance on Mental Illness (NAMI), Department of Corrections, Emergency Management System, Homeless Coalition of Polk County, Polk County School Board, Hardee County School Board, Highlands School Board, and Public Defenders Office. All listed stakeholders will have access to the transportation plan.

System Capacity

- Peace River Center's Crisis Stabilization Unit, located at 1255 Golfview Ave., Bartow, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 30 Crisis Stabilization Unit beds for adults and minors. At the same location, Peace River Center also operates a 30 bed Short Term Adult Residential Facility, licensed by AHCA to provide psychiatric treatment services.
- Peace River Center's Crisis Stabilization Unit, located at 715 N. Lake Ave., Lakeland, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 20 Crisis Stabilization Unit beds for adults and minors. (Scheduled to open April 2017)
- Tri-County Human Services' Detox Unit, located at 2725 Hwy 60 East, Bartow, Florida is a public Marchman Act receiving facility licensed by the State of Florida to operate 20 beds.
- Lakeland Regional Health Hospital located at 1324 Lakeland Hills Blvd, Lakeland, FL is a private Baker Act receiving facility licensed by AHCA to operate 59 beds consisting of 50 adult mental health beds and 9 adolescent (ages 10-17) mental health beds.
- Winter Haven Hospital BayCare located at 200 Ave F NE, Winter Haven, FL is a private Baker Act receiving facility licensed by AHCA to operate 30 adult mental health beds.
- Lake Wales Medical Center located at 410 South 11th St., Lake Wales, FL is a private Baker Act receiving facility licensed by AHCA to operate 18 adult mental health beds.
- Florida Hospital, Lake Placid located at 1210 US Hwy 27, North Lake Placid, Fl. is a private Baker Act receiving facility licensed by AHCA to operate 17 adult mental health beds.
- Poinciana Medical Center, Bartow Regional Medical Center, Highlands Regional Medical Center, Florida Hospital – Wauchula, Florida Hospital - Sebring are not receiving facilities, but are responsible to evaluate, treat and transfer persons in need of mental health and addiction treatment as part of their emergency department. This is in accordance with federal (EMTALA) emergency care rules and the medical treatment aspect of the plan applies to Lakeland Regional Health Hospital, Winter Haven Hospital BayCare, Florida Hospital – Lake Placid and Lake Wales Medical Center.
- The receiving facilities will notify the Baker Act/Marchman Act Advisory Committee of any changes in system capacity.

Medical Treatment

Individuals needing medical treatment should be handled according to law enforcement agency policy and transported to the closest medical hospital, as follows;

- Lakeland Regional Health,
- Winter Haven Hospital BayCare,
- Lake Wales Medical Center,
- Poinciana Medical Center,
- Bartow Regional Medical Center,
- Highlands Regional Medical Center,
- Florida Hospital, Wauchula,
- Florida Hospital, Sebring or
- Florida Hospital, Lake Placid.

Choice

When practical, Law Enforcement will take into consideration individual choice when making a determination of which Baker Act receiving facility to transport the individual. All adults on an involuntary Marchman Act are to be transported to Tri-County Human Services Detox Unit in Bartow Florida. Law enforcement may decline to transport if the County has a contract with emergency transport company and law enforcement continued presence is not needed. Transporting entity may seek reimbursement for transporting expenses. Person(s) receiving transportation is responsible for expenses.

Protective Custody Without Consent

Law enforcement shall use the standard form CFMH 3800, 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 written report shall be included in the patient's record.

System Oversight

In an effort to resolve complaints, grievances, and disputes which may arise during implementation of the plan, key personnel from each of the public or private receiving facilities are encouraged to communicate regularly and frequently between Baker Act / Marchman Act Advisory Committee meetings. The Baker Act / Marchman Act Advisory Committee will implement necessary actions in response to its ongoing review and any public or CFBHN review.

County representatives of Polk, Highlands and Hardee Counties along with CFBHN are responsible for providing oversight to the Circuit 10 Behavioral Health Transportation Plan. A collaborative conflict resolution process will be used to resolve issues concerning the Circuit 10 Behavioral Health Transportation Plan, approve interagency agreements, as well as coordinate other services needed for individuals beyond acute care services.

Interorganizational Collaboration

Implementing an excellent Transportation Plan on behalf of persons in need of behavioral health services requires a significant amount of cooperation, commitment and collaboration from all parties involved. Besides having the strong support of law enforcement and the behavioral health providers, Polk, Highlands and Hardee County hospitals have engaged in a public planning process which has strengthened the relationships between all parties responsible for implementing the Transportation Plan in Circuit 10

DEFINITIONS

Baker Act:	The Florida Mental Health Act, Florida Statute Chapter 394, Part 1
Marchman Act:	The Hal S. Marchman Alcohol and Other Drug Services Act, Florida Statute Chapter 397
Receiving Facility:	Any public or private facility designated by DCF to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.
Private Receiving Facility:	Any hospital or facility operated by a for-profit or not-for-profit corporation or association that provides mental health services and is not a public facility.
Public Receiving Facility:	Any facility that has contracted with DCF to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.

DEPARTMENT OF CHILDREN AND FAMILIES
SUNCOAST REGION
Circuit 10
SUBSTANCE ABUSE AND MENTAL HEALTH

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

2020-2023

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

CIRCUIT 10 BEHAVIORAL HEALTH TRANSPORTATION PLAN

Introduction

In accordance with the Florida Mental Health Act, the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, and Senate Bill 12, a plan has been developed to organize a centralized system for acute care services. This plan has been developed by community stakeholders listed on page two, the Circuit 10 - Baker Act/Marchman Act Advisory Committee. This transportation plan requires approval by the Polk County Board of County Commissioners, Highlands County Board of County Commissioners, and Hardee County Board of County Commissioners. Upon approval this document will serve as the transportation plan for Florida's 10th Circuit per legislative intent.

The intent of this plan is:

1. An arrangement centralizing and improving the provision of services within each county, which may include exceptions to the requirement for transportation to the nearest receiving facility.
2. An arrangement by which a facility may provide, in addition to required psychiatric and addiction services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties; or
3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities, and to treatment facilities.

Purpose

The Circuit 10 Transportation Plan has been successfully implemented. In the continued best interest of persons in need of public mental healthcare in Circuit 10 it is now agreed that a renewal of the plan will continue the successful established centralized Baker Act/Marchman Act system, known as the Circuit 10 Behavioral Transportation Plan. The Plan will insure that individuals on an involuntary Baker Act/Marchman Act will obtain immediate access to acute care services and will reduce the need for inter-hospital transfers for psychiatric and addiction services. Coordination of services among providers in the Circuit 10 area will continue to meet individual needs.

The Plan calls for all law enforcement agencies in the Circuit 10 area to transport:

1. Adults on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Lakeland Regional Health,
    b. Winter Haven Hospital BayCare,
    c. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    d. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    e. Advent Health Lake Wales,- Geriatric Crisis Stabilization Unit (GCU)- age 60 or older,
    f. Advent Health Lake Wales- Adult Mental Health MH ages 18-59
2. Adults on an involuntary Marchman Act to Tri-County Human Services, Detox Center, Bartow.
3. Youth under the age of 18 years on an involuntary Baker Act to the nearest receiving facility, as follows;
    a. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
    b. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
    c. Lakeland Regional Health, age 10 years or older.
4. Youth under the age of 18 years on an involuntary Marchman Act to ACTS-Thonotosassa

Baker Act / Marchman Act Advisory Committee

The purpose of the Baker Act/Marchman Act Advisory Committee is to discuss the operations of the Circuit 10 Transportation Plan. The committee meets regularly to discuss grievances, public satisfaction,

and assurance of patient rights as related to this plan. The Baker Act/Marchman Act Advisory Committee is composed of, but not limited to, representatives of the following agencies: DCF's Substance Abuse and Mental Health office, Peace River Center, Tri-County Human Services, Heartland For Children, Lakeland Regional Health, Winter Haven Hospital, BayCare, Advent Health Lake Wales, Florida Hospital, Highlands Regional Medical Center, Poinciana Medical Center, Bartow Regional Medical Center, Polk County Sheriff's Office, Highland County Sheriff's Office, Hardee County Sheriff's Office, City of Lakeland Police Department, Winter Haven Police Department, Bartow Police Department, Bowling Green Police Department, Sebring Police Department, Lake Placid Police Department, Wauchula Police Department, Florida Highway Patrol, Polk County Public Safety Group, National Alliance on Mental Illness (NAMI), Department of Corrections, Emergency Management System, Homeless Coalition of Polk County, Polk County School Board, Hardee County School Board, Highlands School Board, and Public Defenders Office. All listed stakeholders will have access to the transportation plan.

System Capacity

- Peace River Center's Crisis Stabilization Unit, located at 1255 Golfview Ave., Bartow, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 30 Crisis Stabilization Unit beds for adults and minors. At the same location, Peace River Center also operates a 30 bed Short Term Adult Residential Facility, licensed by AHCA to provide psychiatric treatment services.
- Peace River Center's Crisis Stabilization Unit, located at 715 N. Lake Ave., Lakeland, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 20 Crisis Stabilization Unit beds for adults and minors.
- Tri-County Human Services' Detox Unit, located at 2725 Hwy 60 East, Bartow, Florida is a public Marchman Act receiving facility licensed by the State of Florida to operate 20 beds.
- Lakeland Regional Health Hospital located at 1324 Lakeland Hills Blvd, Lakeland, FL is a private Baker Act receiving facility licensed by AHCA to operate 68 beds consisting of 60 adult mental health beds and 8 adolescent (ages 10-17) mental health beds and 14 adult substance abuse beds.
- Winter Haven Hospital BayCare located at 200 Ave F NE, Winter Haven, FL is a private Baker Act receiving facility licensed by AHCA to operate 30 adult mental health beds.
- Advent Health Lake Wales located at 410 South 11th St., Lake Wales, FL is a private Baker Act receiving facility licensed by AHCA to operate 24 adult mental health beds and 18 geriatric mental health beds.
- Poinciana Medical Center, Bartow Regional Medical Center, Highlands Regional Medical Center, Florida Hospital – Wauchula, Florida Hospital - Sebring are not receiving facilities, but are responsible to evaluate, treat and transfer persons in need of mental health and addiction treatment as part of their emergency department. This is in accordance with federal (EMTALA) emergency care rules and the medical treatment aspect of the plan applies to Lakeland Regional Health Hospital, Winter Haven Hospital BayCare, Florida Hospital – Lake Placid and Lake Wales Medical Center.
- The receiving facilities will notify the Baker Act/Marchman Act Advisory Committee of any changes in system capacity.

Medical Treatment

Individuals needing medical treatment should be handled according to law enforcement agency policy and transported to the closest medical hospital, as follows;

- Lakeland Regional Health,
- Winter Haven Hospital BayCare,
- Lake Wales Medical Center,
- Poinciana Medical Center,
- Baycare Medical Center,
- Highlands Regional Medical Center,
- Advent Health Lake Wales
- Advent Health Wachula

Medical Clearance

Each facility has varying degree of ability to address co-morbid medical conditions. Receiving facilities in Circuit 10 have provided their medical exclusion and eligibly criteria to be included in the transportation plan for reference. See Attachments. Once the patient 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 or contracted law enforcement officer may provide this service.

Choice

When practical, Law Enforcement will take into consideration individual choice when making a determination of which Baker Act receiving facility to transport the individual. All adults on an involuntary Marchman Act are to be transported to Tri-County Human Services Detox Unit in Bartow Florida. Law enforcement may decline to transport if the County has a contract with emergency transport company and law enforcement continued presence is not needed. Transporting entity may seek reimbursement for transporting expenses. Person(s) receiving transportation is responsible for expenses.

Protective Custody Without Consent

Law enforcement shall use the standard form CFMH 3800, 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 written report shall be included in the patient's record.

System Oversight

In an effort to resolve complaints, grievances, and disputes which may arise during implementation of the plan, key personnel from each of the public or private receiving facilities are encouraged to communicate regularly and frequently between Baker Act / Marchman Act Advisory Committee meetings. The Baker Act / Marchman Act Advisory Committee will implement necessary actions in response to its ongoing review and any public or Central Florida Behavioral Health Network (CFBHN) review.

County representatives of Polk, Highlands and Hardee Counties along with CFBHN are responsible for providing oversight to the Circuit 10 Behavioral Health Transportation Plan. A collaborative conflict resolution process will be used to resolve issues concerning the Circuit 10 Behavioral Health Transportation Plan, approve interagency agreements, as well as coordinate other services needed for individuals beyond acute care services.

Interorganizational Collaboration

Implementing an excellent Transportation Plan on behalf of persons in need of behavioral health services requires a significant amount of cooperation, commitment and collaboration from all parties involved. Besides having the strong support of law enforcement and the behavioral health providers, Polk, Highlands and Hardee County hospitals have engaged in a public planning process which has strengthened the relationships between all parties responsible for implementing the Transportation Plan in Circuit10.

DEFINITIONS

Baker Act:	The Florida Mental Health Act, Florida Statute Chapter 394, Part 1
Marchman Act:	The Hal S. Marchman Alcohol and Other Drug Services Act, Florida Statute Chapter 397
Receiving Facility:	Any public or private facility designated by DCF to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.
Private Receiving Facility:	Any hospital or facility operated by a for-profit or not-for-profit corporation or association that provides mental health services and is not a public facility.
Public Receiving Facility:	Any facility that has contracted with DCF to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.

Admission / Transfer for BayCare Behavioral Health Unit
Exclusion and Eligibility Recommendations

Revised
October 2019

Decisions outside of these criteria requires 1:1 discussion between ED Physician or Medical Hospitalist and a Psychiatrist or Medical Consultant

MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations
LABS / CHEMISTRY (parameters)	Lab values must be current (**72 hours** dependent on the medical condition) BayCare Behavioral Health Receiving Facilities cannot accept patients with abnormal labs outside of these values without prior approval: **HEMATOLOGY:** **Hemoglobin:** < 7 g/dL (unless stable or chronic condition) **Sodium:** < 128 mmol/L or ≥ 159 mmol/L **Potassium:** ≤ 3.0 mmol/L or ≥ 6.0 mmol/L **WBC:** ≥ 20,000/mL (exceptions made for patients with stable CML) or ≤ 3,000/mL (unless stable or chronic condition) Stable Chronic Dialysis patients will be accepted, individuals with acute uremia are not eligible for admission. Patients who require ≥ 2 units of PRBC's in a 24 hr period are not eligible for transfer **CRITICAL VALUES ADULT REFERENCE – UPPER LIMITS:** Chloride 113 mmol/L, Creatinine 2.0mg/dL (if chronic kidney disease may be stable, check for .5 changes in past 24 hours) Glucose 74 mg/dL, Glucose 300 mg/dL, Hematocrit 54%, Hemoglobin 19.9 mg/dL, Magnesium 3.3 mg/dL, Platelets 450 th/uL, Valproic Acid 150 mcg/mL. lithium 2.0,
CARDIAC **BLOOD PRESSURE:**	**FOR ALL FACILITIES: NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.** If patient has attained diagnostic tests for cardiac, they must reflect **medical** stability. **If original admission to hospital was for acute CHF,** CHF patients must meet BayCare Guideline for CHF Discharge. Ie lower weight, sodium above 135, 50% improvement in BNP. No individuals with significant alterations in their normal baseline BP unless clinically asymptomatic and on medication (if needed) **ADULTS** ≥ 180 mmHg / 110 mmHg or ≤ 90 mmHg / 60 mmHg • **If the Behavioral Health patient in the ER is asymptomatic and BP is not over 180/110– can go directly to BH.** • **If the Behavioral Health patient in the ER has known hypertension and has been prescribed hypertension meds but has not been taking them and BP is not over 180/110– ER can restart the patient on meds, then patient can go to BH.** • **If the Behavioral Health patient in the ER has high BP > 180/110 and is asymptomatic, and the ER cannot lower it, the patient must be admitted medically. If the ER lowers the BP, the ED physician should provide recommendations for Hypertension Treatment.** • **If the patient BP is over 180/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization.** **Child ages and 99 percentile parameters. Outside these parameters will require**

	telephonic consultation and approval by on call pediatric hospitalist or cardiologist: 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
DIABETES	All Behavioral Health transfers must have a measurable blood sugar ≤300 mg/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 Psychiatric Unit. Implanted Pumps are allowed as long as they have a safety mechanism to prevent overuse.
OVERDOSES	Overdoses will be treated by the ED physician and will have a medical clearance order following stabilization. Individuals 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 and will require repeat draws to ensure decreasing levels. 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
ALCOHOL / DRUGS ETOH:	Cannot be in severe withdrawal CIWA Score > 20. Cannot be primary need for treatment. 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, disorientation, altered mental status or unconsciousness cannot be admitted to Behavioral Health.
NEUROLOGICAL HEAD TRAUMA:	Individuals 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.
SEIZURES:	Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours will require medical admission and treatment. Patients will need to be free of seizure activity for 24 hours to be accepted to a Behavioral Health unit.
SKIN/LINES/PORTS	No patients receiving IV fluids/meds. Permanent access or surgically placed ports are eligible for transfer.
WOUNDS:	Cannot accept wounds that require wet dressings or dry dressings that require intensive treatment due to their size and/or location. No Drainage tubes. Once daily dry dressings are acceptable if wound care nurse will follow the patient 2 to 3 times a week.
OSTOMY:	Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units within medical hospitals.
BEDSORES:	No Patients with Stage 2, 3 or 4 bedsores or contact precautions.

MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations
INFECTIONS	**ALL FACILITIES:** Cannot accept Patients with infections (URI's phlebitis, UTI's renal complications, cellulites, etc.), with elevated temperatures ≥ 101 degrees F and have not been treated by referring facility prior to transfer will not be accepted. Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per inflection control policy and procedure. ***Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.*** ***Elevated LFT's AST/ALT requires Hep A IGM antibody test prior to medical clearance. Hep A positive will not be accepted into behavioral health.*** Review with infection control on a case by case basis when results are borderline. Patients may have return trips back to the ER/hospital after this initial episode. Even if the liver enzymes have not returned to normal, they will NOT require any further isolation/precautions. Hepatitis A can only be acquired once and provides lifelong protection against a re-infection. **See BayCare policy and procedure.** ***Lice/Scabies requires 24-hour isolation post treatment per BayCare policy/procedure.*** ***MRSA positive/MDROs accepted per BayCare policy/procedure.***
RESPIRATORY	Individuals who have respiratory needs that require suction, or continuous oxygen, or have a recent tracheotomy are not accepted. No patients with Pulse Ox < 90% on room air will be accepted. Patients requiring continuous or intermittent oxygen during sleep will be accepted to psychiatric units within medical hospitals with medical bed capability. Patients requiring BiPAP will not be accepted to inpatient behavioral health units. Patients requiring CPAP are accepted.
Orthopedics/Oncology **BROKEN BONES:** **CANCER:**	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 by BH clinical leadership. Generally unable to accept cases unless casting is complete. *Casting for fractures must be provided by the transferring facility prior to transfer.* Walking boots are permitted. Cannot accept patients actively receiving **daily/continuous** I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted
NUTRITION	Patients with NG or PEG tubes or who require enteral feeding tubes for metabolic stability maybe accepted at facilities. Patients unable to self-feed or take basic nutrition by mouth or who cannot void prior to transfer are excluded. Patients with PEG tubes must be able to provide their own tube feedings.
OB/GYN **PREGNANCY:**	Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia). Pregnant patients in acute alcohol or opiate withdrawal need to be treated in an acute medical setting. 1. Patients in the first trimester should only have ultrasound if medically indicated by ED

	physician and in rare circumstances to confirm gestational age if no prior obstetrical care or inability to verify gestational age from patient history. Verification of fetal heart sounds is recommended. 2. Patients prior to **22** weeks will need an obstetrical consultation based on the discretion of the attending or if there are known medical problems being followed prenatally. Combine 1 and 2 because still first trimester. Ob consult or not **3.** Patients **22-34 weeks** of pregnancy must be placed in a psychiatric facility with immediate access to obstetrical services and should have an OB/GYN consultant. 4. Patients with complicating factors after **22** weeks of pregnancy or with conditions unable to participate in needed psychiatric care should be admitted to an obstetrical unit with immediate availability of psychiatric services and consultation.
AMBULATION	Patients with have gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing *are eligible for* psychiatric units **with medical bed capability.**
INCONTINENCE CATHETERS: (without active infection)	Patients with in-dwelling catheters **(leg bag/suprapubic)** who can perform self-care and have no active infectious process requiring isolation can be accepted. Patients requiring straight catheters who can perform self-cath/care **independently** can be accepted.

Revised February 14, 2020

Lakeland Regional Health

Behavioral Health Medical Stability for Admission/Transfer
Exclusion and Eligibility Recommendations

Decisions outside of these criteria requires 1:1 discussion between ED Physician/Medical Hospitalist and a Psychiatrist/Medical Consultant

Unit Specific Guidelines	Exclusion Recommendations
1 South	Bariatric patients who are non-ambulatory or require lift or transfer equipment, Continuous Oxygen, need for a medical bed, active *C. difficile* colitis
MDU	Young adults with complex medical problems, cerebral palsy, or cognitive impairments are not best served on a memory disorder unit designed for treatment of dementia.
ADL	Less than 10 years old, Pediatric Wheelchair, Crutches, need of ADA restroom, need for a medical bed, Continuous Oxygen, active *C. difficile* colitis
All Behavioral Health Units	Central Lines, Canes, Continuous IV Fluid dependence, Telemetry/Cardiac Monitoring, BiPap if for respiratory failure, Blood Transfusions, Chest Tubes, recent tracheostomy requiring nursing care, Rectal Tube, insulin or cardiac IV drips, Scabies (unless treatment administered x24h), Lice (Unless treatment has been applied), Bed Bugs (until bathed and clothing removed), Active Hepatitis A, Infectious Diseases (such as TB, Varicella) requiring respiratory, airborne or droplet precautions.

MEDICAL CONDITIONS	Exclusion / Eligibility Recommendations				
LABS / CHEMISTRY (parameters)	Lab values must be current (within 72h old). CMP, CBC, UDS, and Urine Pregnancy on females required at minimum on all BH patients. ***If patient refuses labs, this requires MD to MD telephonic consultation to review prior to admission***. Outside of these labs values below physician approval required. If only a few points from normal likely provider will approve acceptance:				
	HEMATOLOGY:	**Hemoglobin:**	Acute < 10 or Chronic ≤ 8	**Sodium:** **Potassium:** **Calcium:**	< 128 mmol/L or ≥ 159 mmol/L ≤ 3.0 mmol/L or ≥ 6.0 mmol/L ≤ 7.0 mmol/L or ≥ 11.0 mmol/L

	Hematocrit:	Acute < 30 or Chronic < 25	**SGOT/SGPT:** **Amylase:**	≥350 >300
	WBC: **Platelets:**	≥ 20,000/mL (exceptions made for patients with stable CML) or ≤ 3,000/mL (unless stable or chronic condition) <50,000 (Unless verified as chronic)	**CPK:**	If > 1,000 IV hydration should be given prior to medical clearance.

Stable Chronic Dialysis patients are accepted, individuals with acute uremia are declined.

CRITICAL VALUES ADULT REFERENCE

Acute changes in lab values that are more or less than 2x normal levels, typically will be critical values, will need careful consideration and most likely MD to MD conversation about stability.

History of Thyroid disorder requires a TSH level within the last 30 days to rule out medical reasons for mood and emotional dysregulations. Medical admission may be warranted if behavior related to thyroid disease.

Typically overdoses with drug levels above these upper limits are unstable, see overdose section below for specific levels.

Metabolic/electrolyte abnormalities require a baseline EKG

Upper limit Creatinine 2.5mg/dL (if CKD may be stable and will consider on case by case basis)

Transfusion dependent blood dyscrasias are not stable nor accepted, except Sickle Cell patients that require monthly transfusions that are considered stable.

If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted

CARDIAC	**NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.** If patient has attained diagnostic cardiac testing they must reflect **medical** stability prior to acceptance. No individuals with rising enzymes who are still requiring monitoring are stable. If original admission to hospital was for CHF, medical assessment required to demonstrate condition is optimized. All new cardiac diagnoses (Afib, CHF, ACS) should have maximum medical stabilization prior to acceptance, preferably in a medical unit. Symptomatic hypertension/hypotension requiring IV therapeutics are not permitted. Uncontrolled, unstable, or new brady or tachy arhythimias are not permitted.
BLOOD PRESSURE:	**ADULTS** Blood Pressure that is unexplained, sustained or unresponsive to treatment ≥ of 190 mmHg / 110 mmHg or less than 90 mmHg / 60 mmHg should be considered for medical stabilization prior to admission. If the patient BP is over 190/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization. **Child ages and 99 percentile parameters. Outside these parameters will require telephonic consultation and approval by on call pediatric hospitalist or cardiologist:** 16-17: >140/90 or <90/60 12-15: >125/80 or <90/60 10-11: >125/80 or <85/55
ENDOCRINE **DIABETES:**	If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted New diagnosis of Diabetes will not be accepted until blood sugars stabilized. For pediatric patients with new onset diabetes sugar stabilization takes longer so hyperglycemia may be permitted after discussion MD to MD, but anything <50 remains exclusionary.

	Implanted Pumps should be removed and basal/bolus insulin begun prior to arrival on BH Unit. Sliding scale insulin is not sufficient at time of pump removal.
OVERDOSES	Overdoses like these: Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc., require specific labs as related to the drug. Acetaminophen OD will require APAP levels, liver function tests and will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment must complete treatment in medical unit before transfer. Any medication overdoses known to cause EKG abnormalities (such as but not limited to: Cardiac medications, Tricyclic class antidepressants, all Psychotropics) should have a baseline EKG.
ALCOHOL / DRUGS **ETOH:**	If substance related psychosis is so severe IV sedation may be required ICU admission needs to be considered. Cannot be in severe withdrawal CIWA Score > 20. Disorientation, altered mental status, unconsciousness or actively hallucinating regardless of BAL level cannot be admitted to Behavioral Health and should be considered for medical admit due to Delirium Tremens. If no evidence of DT's BAL guidelines are below: • If Blood alcohol <300 stable for admission to BH unit. • If Blood alcohol 300-375 and level anticipated to come down to 300 with a clearance of 25 mg/dL/hour performed from time of lab draw are stable for BH admission. • If BAL is >375 at ANY time, regardless how fast it comes down, patient is unstable to detox in a BH unit, medical admission is recommended. • A provider to provider telephonic consultation is required if go outside of this recommendation.
NEUROLOGICAL HEAD TRAUMA: **SEIZURES:**	Primary Diagnosis of Traumatic Brain Injury is not permitted. Primary Diagnosis of Neurological Movement Disorder such at Huntington's Disease is not permitted. Individuals 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.

	Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours are not appropriate for admission to the Behavioral Health unit unless and until patient has been free of seizure activity for 24 hours. Concerns for pseudo seizures can be discussed on a case by case basis.
SKIN/LINES/PORTS	No patients dependent on continuous IV fluids or meds. No Central Lines are allowed, only peripheral IV's and midlines. Permanent access or surgically placed ports are eligible for transfer.
WOUNDS:	Complex wound care will need to have a MD to MD conversation and be reviewed with nursing leadership. Wound vacs are not permitted. Sutures and Dermabond preferred over staples as staples pose increased risk of re-injury to patient.
OSTOMY:	Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units with MD approval.
DIALYSIS:	Dialisys dependent Acute Renal Failure are not permitted. Peritoneal dialysis is not routinely permitted. End Stage Renal Disease (ESRD) is accepted.

INFECTIONS	Cannot accept Patients with infections (URI's, phlebitis, UTI's renal complications, cellulites, etc.), who also has elevated temperatures $\geq$ 101 degrees F. Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per inflection control policy and procedure. *Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.*

	Elevated liver enzymes AST/ALT (SGOT/SGPT) requires a negative Hep A IGM antibody test prior to medical clearance. If IgM Hep A positive, must be over 1 week after onset of jaundice to be accepted into behavioral health and cooperative with hand hygiene using soap and water after toileting. Review with infection control on a case-by-case basis when results are borderline. *Lice – accepted only after treatment has been applied* *Scabies – accepted only after treatment administered x24h* *Bed Bugs – accepted only after all clothing removed and bathed* *MRSA positive/MDROs/VRE - accepted and isolated if room available* *C-diff – accepted only to MDU room W757, only room with appropriate sink for handwashing* *Decline: Uncontrolled secretions, diarrhea of unknown etiology, norovirus, diseases such as varicella or influenza that require Airborne or Droplet/Contact Precautions*
RESPIRATORY	Individuals who have respiratory needs that require suction Patients with recent tracheotomy or who require suctioning are not accepted. If requires continuous Oxygen will need MD to MD approval. Nocturnal BiPAP/CPAP will be accepted to inpatient behavioral health units, will require 1:1 COA sitter. BiPAP/CPAP for respiratory failure are not permitted.
ORTHO Fractures/Durable Medical Equip Needs:	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 by BH clinical leadership and MD. Hard casts and Walking boots are permitted but requires 1:1 COA. No Canes but Walkers and wheelchairs are allowed as indicated with safety measures in place.
ONCOLOGY	Cannot accept patients actively receiving daily/continuous I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted as long a certified oncology nurse is not required to administer medication.
NUTRITION	Temporary enteral feeding tubes are not accepted. Patients with PEG tubes are accepted Patients unable to take basic nutrition by mouth or who cannot void prior to transfer are excluded.

	Patients with PEG tubes not on MDU must be stable for bolus feedings.
OB/GYN PREGNANCY:	If pregnant MD to MD conversation must occur before acceptance. If appropriate, LRH ED MD will call OB GYN MD Hospitalist for consult if needed. OB will determine medical stability and write order for level of monitoring and frequency if stable to admit to BH unit. If not stable from OB point of view will be taken to OB ED and then if appropriate admitted to OB MD service with psych consult placed. OB Team Lead will make daily visits based on ordered frequency for specialized monitoring while on the BH unit.
AMBULATION	Patients with gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing *are eligible for* MDU (as long as other MDU criteria are met). Patients need to be able to perform ADLs independently within reason on all other units. Wheelchairs accepted to units other than MDU after MD to MD conversation.
INCONTINENCE CATHETERS:	Patients with in-dwelling catheters (leg bag/suprapubic) who can perform self-care and have no active infectious process can be accepted to MDU only due to safe placement of foley bag. Patients requiring straight catheters who can perform self-cath/care independently can be accepted. Patients requiring straight I/O caths or daily foley care by nursing staff are eligible for MDU only. All in-dwelling catheters require a COA 1:1.

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MEDICAL STABILIZATION GUIDELINES

Criteria for Accepting Baker Act Transfers from Medical Providers (Hospitals) to Free Standing Baker Act Receiving Facilities (Crisis Stabilization Units)

POLK, HIGHLANDS AND HARDEE COUNTIES

Effective: May 02, 2011; Updated March 1, 2019

These guidelines have been developed collaboratively between non-medical psychiatric facilities and crisis stabilization units (referred to as non-medical providers) and medical providers (hospitals and medical centers) to provide guidance regarding the appropriate referral and transfer of patients who have been examined and/or treated for medical issues prior to their transfer to a non-medical facility.

If a potential Baker Act patient arrives at a medical provider facility for an emergent medical condition, the condition will be treated/addressed as medically appropriate. All patients referred by a medical provider to a non-medical provider (crisis stabilization unit or freestanding psychiatric facility) for admission will be screened by the medical provider for medical illnesses/complications and medical stability prior to approving the patient for transfer. In all cases, sharing of information and agreement to accept the transfer from the medical provider to the non-medical provider will be obtained prior to the actual patient transfer taking place.

There is no requirement in Florida statute that medical clearance must be obtained prior to a person being transported by law enforcement to a non-medical provider Baker Act Receiving facility. If law enforcement believes there may be a medical issue or complication occurring, then a medical clearance should be sought prior to bringing a person to a non-medical provider.

For the medical safety of all persons involved, patients that are at or are being seen by a medical provider must be medically stable for transfer and not be in need of immediate emergent or urgent care or follow-up medical care prior to a transfer, drop-off or admission to a non-medical provider location.

To help facilitate the transfer process there should be a registered nurse phone consultation call between the facilities prior to transfer acceptance - this should be a registered nurse to registered nurse call. During this call the patient's clinical and medical status and stability is to be discussed and agreed upon. The patient's medical record, including diagnostic and laboratory test results, should be provided by fax or secure email, so it may be discussed during the registered nurse consult call in advance of the transfer.

A patient must be stabilized at the time of transfer and have supporting documentation of medical stability. *"Stabilized" in accordance with s.395.002(29) F.S. means that no material deterioration of the condition is likely, within reasonable medical probability, to result from the transfer of the patient from a hospital. Per the definition above, hospitals use the term "stabilized" to mean that the emergency medical condition has been resolved (meaning that it is no longer an emergency, not that the medical condition no longer exists) and also that a person can be transferred, in accordance with s. 395.002 (29) and EMTALA.*

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 to bodily function or serious dysfunction of any bodily organ or part. (*FS 395*).
MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose of ruling out other conditions or whether the examination was a perfunctory "cleared for psych" that failed to address underlying issues. The medical screening examination must be adequate not only to define the psychiatric problem, but also to reveal any physical illness or trauma. The treatable psychiatric symptoms/problem(s) must exceed any medical problems for the patient to be placed in an inpatient psychiatric unit. (*CMS publication 100-02, Medicare Benefit Policy Manual, Chapter 2, Sections 20, 20.1...) (HCFA, State Operations Manual Pub. 7 6/1998).*

Laboratory and diagnostic testing is expected to only be performed on medically compromised patients and is not expected to be performed for routine screening purposes. If Labs are performed, the lab values must be current (within past 24-48 hours) to be used to determine suitability for patient stability and transfer. **Any lab levels that fall outside the established guidelines stated in this document may require a Physician to Physician review.** ***Denial of acceptance of a patient outside of these guidelines requires a physician-to-physician consult.***

LABORATORY AND MEDICAL CONDITIONS THAT MAY DELAY OR PREVENT ADMISSION TO A NON-MEDICAL PROVIDER:

MEDICAL ISSUE	EXPLANATION - DEFINITION
1. AMBULATION	Patients who cannot ambulate independently and without assistive devices (crutches, canes, walkers), require bedside rails, adjustable beds, or Geri-chairs. May not be appropriate and require a case by case review for approval.
2. CARDIAC	PLATELETS: < 50,000 BNP: > 400 **** NO Patients who require cardiac monitoring or oxygen therapy may be admitted.**
3. DIABETES	Uncontrolled or untreated diabetes with blood levels < 70 or > 350meq.
4. EKG & CARDIAC CONDITIONS	Active chest pain, prior stents, prior coronary artery bypass graft (CABG) and any abnormal results require physician prior approval
5. ELECTROLYTES	SODIUM: < 130 OR >150 POTASSIUM: < 3.2 OR >5.8 CALCIUM: < 6.5 OR >10.5

MEDICAL ISSUE	EXPLANATION – DEFINITION
6. ETOH/DRUGS	Cannot be the primary need for treatment (except for Tri-County). Co-occurring is OK. BAL must be < 300 or patient must be able to ambulate with a steady gate and have clear coherent speech. Will NOT accept individuals requiring methadone or Suboxone for opiate addiction. Cannot accept patients requiring PO Morphine.
7. HEAD TRAUMA	Individuals with recent head trauma (2 weeks) & first onset of mental status change with no prior history. Individuals without documented neurological exam and/or appropriate head scan that will rule out medical instability, neurological and organic origins of psychiatric symptomatology.
8. HEMATOLOGY	HEMOGLOBIN : < 10.0 Hemoccult + (unless prior history of anemia) HEMATOCRIT: < 30.0 WBC: > 16,000 (unless acceptable medical explanation i.e. pregnancy, steroid use)
9. I & O	Patients unable to feed self or take basic nutrition by mouth OR who cannot void prior to transfer. Must be able to chew and swallow food. No indwelling catheters. Self-care catheters only with prior approval by the physician.
10. INFECTIONS	Cannot accept patients with an active infectious process that requires any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI's, phlebitis, UTI's, Cellulitis etc.) with elevated temperatures > 38 degrees celsius and have not been treated by referring facility prior to transfer. Cannot accept patients where VRE is colonized in the stool. Cannot accept patients with C-Difficile. ***Require physician approval for all referrals receiving treatment.***
11. IV FLUIDS	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 unless approved by a physician.
12. LIVER	AMYLASE: > 350 AST or ALT: > 300 LDH: >350

MEDICAL ISSUE	EXPLANATION – DEFINITION
13. MED/SURGICAL	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-surgical issues or needing procedures that could potentially prevent participation in the active treatment program will be reviewed on an individual basis. Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory). Unable to accept cases unless hard or soft casting is complete. Cannot accept patients that are actively receiving chemotherapy or radiation treatment. Cannot accept patients who are pregnant with complications requiring bed rest or within 4-6 weeks of due date.
14. OVERDOSES	Patients known to have ingested an overdose of any substance will not be admitted to the CSU unless the following considerations are met: 1. Patient is alert and able to communicate adequately for the non-medical provider RN to assess physical and mental status. 2. Vital signs and gross neurological signs are documented as within normal limits. 3. Individuals requiring Mucomyst treatment IV or PO must complete treatment at the medical provider facility and have labs within acceptable ranges before transfer. 4. Cardiac status is considered stable per cardiologist evaluation and a copy of most recent EKG is included in documentation received at CSU. 5. Referring physician documents patient is medically stable. 6. PRC psychiatrist agrees to accept patient for admission to CSU. Persons who are NOT medically stable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs related to the overdosed drug. Acetaminophen overdoes will require APAP levels and LFT's & will require repeat draws to ensure decreasing levels.
15. PULSE OXIMETRY	≤ 90 % - Sustained reading within parameters required for 2 consecutive readings
16. RENAL (No pts on dialysis)	BUN: ≥ 50 CREATININE: ≥ 2.5 eGFR <35
17. RESPIRATORY	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 who are actively using a CPAP machine unless approved by the physician.

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MEDICAL ISSUE	EXPLANATION – DEFINITION
18. SEIZURES	Patients with known epileptic seizure history who have not been taking anti-convulsive medication with positive recent seizure history (within 72 hours). No documentation of administering appropriate anti-convulsive medication or monitoring for a therapeutic level is evident. Non-medication compliant epileptic seizure patients will need loading dose. Status "Epilepticus" individuals will not be considered for admission until seizure free for up to 72 hours.
19. SKIN	Cannot accept wounds that require wet dressings or dry dressings that require intensive daily treatment due to their size and/or location. Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and require physician approval. No patients with Stage 2, 3, or 4 bedsores.
20. VITAL SIGNS	TEMPERATURE > 38 degrees Celsius (100.4 F) BLOOD PRESSURE Adult > 170/110 OR < 90/60 Child > 130/90 OR < 90/60 PULSE Adult > 120 Child > 130
21. DIAGNOSTICS	Lithium level >2.0
22. PREGNANCY	Pregnancies considered "high risk" require clearance by an OB/GYN provider. Consultation at the referring facility must occur prior to the transfer.

THESE GUIDELINES WERE DEVELOPED AND AGREED TO ON MAY 2, 2011 BY:

Dr. Sean Harvey, Medical Director LRMC Psychiatry Department	Dr. Majd Alsamman, Medical Director WHH CFP
Dr. James Melton, Medical Director LRMC Emergency Department	Dr. Jaynath Bolaram, Medical Director Florida Hospital Lake Placid
Dr. Ronald Berman, Chief of Staff WHH Emergency Department	Dr. Jorge Dorta-Duque, Medical Director, Peace River Center

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HIGHLANDS COUNTY
COUNTY COMMISSION AGENDA ITEM

DATE OF ACTION REQUEST: May 19, 2020

PRESENTER: **Leah Sauls, Community Programs Director**

SUBJECT/TITLE: **Request approval of the proposed Memorandum of Understanding between Polk, Hardee, and Highlands County to establish a Transportation Plan; organizing a centralized system for acute care services in compliance with Florida Statute Section 394.462.**

STATEMENT OF ISSUE

In accordance with the Florida Mental Health Act, the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, and Senate Bill 12, a plan has been developed to organize a centralized system for acute care services. This plan has been developed by community stakeholders and requires approval by the County Commissioners. The Circuit 10 Transportation Plan has been successfully implemented. In the continued best interest of persons in need of public mental healthcare in Circuit 10 it is now agreed that a renewal of the plan will continue the successful established centralized Baker Act/Marchman Act system, known as the Circuit 10 Behavioral Transportation Plan. The Plan will insure that individuals on an involuntary Baker Act/Marchman Act will obtain immediate access to acute care services and will reduce the need for inter- hospital transfers for psychiatric and addiction services.

RECOMMENDED ACTION

Move to approve the proposed Memorandum of Understanding between Polk, Hardee, and Highlands County to establish a Transportation Plan; organizing a centralized system for acute care services in compliance with Florida Statute Section 394.462.

FISCAL IMPACT

No Fiscal Impact

Attachments: C10 Transportation Plan Final.4.29.20.docx
MOU - Highlands Counties.1.29.20.docx

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of May 20, 2020 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

WHEREAS, pursuant to Florida Statute Section 394.462, a transportation plan was developed and implemented by each county on July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, counties may establish a shared transportation plan with other, nearby counties pursuant to a memorandum of understanding between their governing boards; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statute Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.

2. The Counties each agree to adopt, implement and abide by the shared transportation plan, attached hereto and incorporated herein by reference as Exhibit "A," as each County's transportation plan required pursuant to Florida Statute.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

HIGHLANDS COUNTY, a political subdivision of the State of Florida

By: William R Handley

Print Name: _____
William Handley, Chariman, Board of County Commissioners

Date: May 20, 2020

ATTEST:

_____

By: Pamela Gamez
Pamela Gamez,
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS SEAL

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of February 20, 2020 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

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IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

HARDEE COUNTY, a political subdivision of the State of Florida

By: Rick Knight
Print Name: Rick Knight
Rick Knight, Chairman
Board of County Commissioners

Date: 2/20/2020

ATTEST:
Hardee County, Clerk of the Circuit Court and Comptroller

By: Victoria L. Rogers
Victoria L. Rogers, Ex-Officio Clerk
to the Board of County 02/21/2020
Commissioners

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of July1, 2020 ("Effective Date") by and between POLK COUNTY, a political subdivision of the State of Florida ("Polk County"), HARDEE COUNTY, a political subdivision of the State of Florida ("Hardee County"), and HIGHLANDS COUNTY, a political subdivision of the State of Florida ("Highlands County") (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the "Counties").

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IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

POLK COUNTY, a political subdivision of the State of Florida

By: _____
W.C. Braswell, Chairman
Board of County Commissioners

Date: 6/2/2020

ATTEST:
Stacy M. Butterfield, Clerk

By: Alison Holland
Deputy Clerk