

Pinellas County  
Transportation Exception Plan  
*In accordance with the*

Florida Mental Health Act  
(Baker Act) Florida Statute 394.462 (4)

Five Year Plan 2013- 2018

Department of Children and Families  
SunCoast Region Substance Abuse and Mental  
Health  
Program Office

*Submitted to:*

David Wilkins, Secretary of DCF

*For Approval  
December 2012*

Department of Children and Families  
SunCoast Region Substance Abuse and Mental Health  
Program Office

# Pinellas County Transportation Exception Plan

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# **Pinellas County**

## **Baker Act Transportation Exception Plan**

### **I. Background/ Purpose:**

In accordance with Florida Statute 394.462 (4), F.S. (Florida Mental Health Act, commonly referred to as the “Baker Act”), the Department of Children and Families (DCF) is requesting an extension of the currently approved Pinellas County Baker Act Transportation Exception Plans to improve services for minors (under 17 years of age) and adults (18-64 years of age) in need of emergency mental health care. Specifically, the DCF SunCoast Region Substance Abuse and Mental Health Program (SAMH), along with its community partners is requesting continuation of two currently approved “exceptions” to F.S. 394.462 (4), that would otherwise require transporting individuals in need of mental health care to the nearest public or private Baker Act receiving facility.

The currently approved plan for minors was submitted for renewal and approved in December 2007, and is due for renewal in December 2012. The currently approved plan for adults was submitted for renewal and approved in February 2011, and isn’t due for renewal until February 2016. It is intended to re-submit the adult plan at the same time as the renewal of the plan for minors in order to coordinate efforts. This combined plan will take the place of the two separate plans.

The approved plans have reduced the number of individuals who are transported to hospital emergency departments in Pinellas County, under the provisions of the Baker Act. These plans continue to operate two “centralized” mental health assessment centers in Pinellas County. Baker Act Transportation will continue to be streamlined and individuals will continue to be screened, assessed, and/or admitted to the most appropriate Baker Act receiving facility in a humane and timely manner. The “exception” provisions apply to minors who are under the age of 18, and to adults who are 18-64 years of age. Anyone over the age of 64 will continue to be transported to the nearest receiving facility in accordance with the Baker Act.

If a law enforcement officer takes an individual to a designated receiving facility contrary to this exception, the individual will be accepted as required by statute and may be transferred by the facility in accord with state and federal laws.

### **II. Specific Provision:**

This transportation exception plan will meet the following provision of Chapter 394.462 (4), Florida Statutes:

- An arrangement centralizing and improving the provision of services with a district (Region), which may include an exception to the requirement for the transportation to the nearest receiving facility.

### **III. Community Need and Support:**

The Pinellas County Acute Care Committee, a community-wide planning group, analyzes the local Baker Act system on an ongoing basis. This committee analyzed the Baker Act admissions, inpatient occupancy, length of stay, funding sources (i.e. DCF SAMH- CFBHN, AHCA-Medicaid, Medicare, Private-Pay, Insurance or Indigent Care), historical and current trends and system-wide transportation issues, before agreeing that a transportation exception plan continues to be in the best interests of individuals, both adults and minors, and the community.

The following organizations and community-based planning groups that support the Pinellas County Baker Act Transportation Exception Plan agree to implement the centralized system and will continue to develop a quality improvement and long-range service expansion plan:

- ✓ Department of Children and Families (DCF) SunCoast Region Substance Abuse and Mental Health Program Office
  - ✓ Central Florida Behavioral Health Network
  - ✓ Pinellas County Board of County Commissioners
  - ✓ Pinellas County Acute Care Advisory Committee
  - ✓ Pinellas County Emergency Medical Services
  - ✓ Pinellas County Sheriff's Office
  - ✓ St. Petersburg Police Department
  - ✓ Largo Police Department
  - ✓ Clearwater Police Department
  - ✓ National Alliance on Mental Illness (NAMI)
  - ✓ Pinellas County Mental Health and Substance Abuse Coalition
  - ✓ Personal Enrichment through Mental Health Services (PEMHS) \*
  - ✓ Baycare Behavioral Health
  - ✓ Morton Plant Hospital\*
  - ✓ St. Anthony's Hospital\*
  - ✓ Largo Medical Center- Indian Rocks\*
  - ✓ Windmoor Healthcare of Clearwater\*
- \* Public and Private Baker Act Receiving Facilities

#### **IV. Improved Service Delivery and Implementation:**

##### **A. ADULTS:**

- 1. Geographic Area-** This plan will include all of Pinellas County. Law enforcement will transport adults (18-64 years of age) in need of emergency mental health services to one of two Access Centers and Crisis Stabilization Units (CSUs) operated by Personal Enrichment through Mental Health Services (PEMHS). Law enforcement and Emergency Medical Services (EMS) have extensive experience in Baker Act transportation and will exercise their professional judgment to transport individuals in need of emergency mental health care to the most immediate Access Center.
- 2. Access Centers/ Crisis Stabilization Units-** PEMHS is the DCF funded Public Receiving Facility, and will continue to operate two Access Centers and Crisis Stabilization Units (CSUs) to screen, assess, admit or transfer individuals under the Baker Act.
  - Personal Enrichment through Mental Health Services (PEMHS)
    - 11254 58<sup>th</sup> Street North, Pinellas Park, FL 33782
    - 401 16<sup>th</sup> Street North, St. Petersburg, FL 33705

The Pinellas Park campus is conveniently located in mid-Pinellas County and will receive approximately 75% of the county transports. Individuals can be admitted directly to this CSU location. The second Access Center and CSU is in St. Petersburg. Individuals will be assessed at this location and, if an admission is necessary, can be admitted to this Crisis Stabilization Unit. Individuals may also be transported to the PEMHS Pinellas Park location if the facility is at capacity. PEMHS has expanded clinical staffing at both Access Centers in order to increase their screening and assessment capabilities and services. Both Access Centers reduce the number of individuals who are brought to hospital emergency departments for initial assessments.

3. **Transportation-** Law enforcement will continue to transport adults 18-64 years of age on involuntary status under the Baker Act directly to one of these two PEMHS Access Centers and CSUs, rather than to hospital emergency departments or to the nearest private Baker Act Receiving Facility. As stated above, PEMHS will conduct the initial screening and determine if the individual needs a CSU admission or transfer to one of the five private Baker Act Receiving Facilities in Pinellas County. Individuals over the age of 64 will continue to be transported to the nearest Baker Act Receiving Facility under the Baker Act. Any individual who requires professional medical attention and needs immediate non-mental health emergency services will be transported by EMS to the nearest emergency department. EMS has agreed to expand “secondary” transportation capacity between facilities if demand for individual care increases as evidenced by EMS adding a second van for Baker Act transportation.

## B. MINORS

1. **Geographic Area-** There are only two designated receiving facilities in Pinellas County that have the capability of serving minors under 18 years of age, Personal Enrichment through Mental Health Services (PEMHS) in Pinellas Park and Morton Plant Hospital in Clearwater. Geographic boundaries within Pinellas County are not specified in this plan. Law enforcement shall transport minors for whom an involuntary examination has been initiated to the nearest receiving facility that has pediatric beds, either PEMHS or Morton Plant Hospital. Drawing specific geographic boundaries would result in confusion to law enforcement, who know which of these two facilities is closest to where the minor has been taken into custody for involuntary examination.

Prior to initial approval of this plan in 2002, statute required law enforcement to transport individuals of all ages to the nearest receiving facility for involuntary examination. Transfer to a facility with the capability to serve minors was then required, which resulted in unnecessary delays in the psychiatric examination, as well as increased secondary transports. Under EMTALA, hospitals are required to provide full medical screening and stabilization within the capability and capacity of the hospital, regardless of whether or not the facility has licensed psychiatric beds for minors. This resulted in further delay of specialized treatment, increased expense, and, at times duplication of efforts.

2. **Access Centers-** The two designated receiving facilities in Pinellas County that have the capability of serving minors under 18 years of age are:
  - a. Personal Enrichment through Mental Health Services (PEMHS)  
11254 58<sup>th</sup> Street North, Pinellas Park, FL33782
  - o Morton Plant Hospital  
323 Jeffords St, Clearwater, FL 33756

*\*Please see Attachment C for complete list of acute care services in Pinellas County*

Law enforcement will continue to transport minors under 18 years of age for whom an involuntary examination has been initiated to one of these two facilities.

3. **Transportation-** Law enforcement and Emergency Medical Services (EMS) have extensive experience in Baker Act transportation and will exercise their professional judgment to transport individuals in need of emergency mental health care to the more immediate of these two facilities that have the capability to serve minors. If a minor is transported to an adult facility in error, that facility is responsible for transferring the youth to an appropriate facility, in compliance with federal and state law. Contact is then made by the facility to which the minor was inappropriately transported to the law enforcement agency responsible for the transportation. Follow-up communication takes place as necessary between hospital personnel and the law enforcement agency responsible for the transport.

**C. Medical Clearance-** The Pinellas Baker Act Advisory Medical/Psychiatric Subcommittee developed the “Medical Stabilization Guidelines” for freestanding psychiatric facilities. PEMHS Medical Stabilization Guidelines, with admission criteria for minors and adults to the CSU, is used by hospital emergency departments, several of which are part of a medical/surgical hospital with a Baker Act Receiving Facility designation. Once adults are “medically cleared” from an emergency department, they will either be transferred to PEMHS or admitted to one of the private receiving facilities from the emergency department when appropriate. Once minors are “medically cleared” from an emergency department, they will be transferred to either PEMHS or Morton Plant Hospital.

*Please see Attachment A, “Medical Stabilization Guidelines”*

**D. Gate Keeping, Coordination and Aftercare-** PEMHS is responsible for the clinical coordination between the two Access Centers and all other Baker Act receiving facilities. PEMHS keeps a daily log of available inpatient Baker Act beds for individuals, and identifies a central phone line where private Baker Act receiving facilities contact PEMHS to ensure system coordination and bed capacity within the county. PEMHS also coordinates any inter-facility agreements that require individual release of information. Aftercare, case management, recovery-oriented services and co-occurring mental health and substance abuse disorders are coordinated with the following organizations who are an integral part of the Pinellas County mental health and substance abuse service delivery system and under contract with Central Florida Behavioral Health Network through DCF SunCoast Region SAMH Program Office:

- ✓ Directions for Living
- ✓ Boley Centers for Behavioral Healthcare
- ✓ Suncoast Center for Community Mental Health
- ✓ Gulf Coast Jewish Family & Community Services
- ✓ Operation PAR
- ✓ Turning Point (WestCare)
- ✓ Agency for Community Treatment Services (ACTS)

**E. Rotation Plan-** In the event PEMHS Public Baker Act facilities are at capacity, PEMHS, in collaboration with the other Pinellas County Private Baker Act Receiving Facilities, has developed a “Rotation System” to refer adults among the other facilities. PEMHS is responsible for, and expected to resolve, day to day operational issues, disputes, transportation delays, confusion with law enforcement, or other problems that require immediate resolution.

In the event that PEMHS and Morton Plant Hospital are at capacity to serve minors, these two facilities will coordinate to make alternative and appropriate arrangements for minors in a timely manner.

*Please see Attachment B, Pinellas County Overflow Rotation Plan*

**F. Disputes and Grievances-** At the clinical level, initial individual complaints, disputes, or formal grievances will be received by the Baker Act receiving facility that may be treating the individual to ensure confidentiality. Individual complaints will not be brought to any public planning meeting that may compromise individual confidentiality. Complaints or formal grievances may be brought to CFBHN or the SAMH Program Office. “Systems level” disputes or grievances related to coordination, transportation or inpatient psychiatric bed capacity may be brought to the attention of the Pinellas County Acute Care Committee if they are not resolved by PEMHS. The DCF SAMH Program Office, as a member in coordination with the chair of the Pinellas County Acute Care Committee, may call an immediate meeting if the problem is an emergency or refer the problem to a subcommittee to resolve inter-agency disputes or systemic issues. Otherwise, problems will be brought to the attention of the DCF SunCoast Region SAMH Program Office for discussion or resolution at the regular Pinellas County Acute Care Committee.

**G. Oversight and Monitoring-** The DCF Program Director for the SunCoast Region SAMH Program Office is responsible for the continuing oversight and monitoring of the Pinellas County Transportation Exception Plan, including compliance with the agreements, such as the “Rotation Plan”, that all parties have developed to improve the system. DCF will also be responsible for safeguarding that individual rights are protected. As previously stated, system-level complaints and grievances can be put on the agenda of the monthly Pinellas County Acute Care Committee as “problem resolution” items. Therefore, the DCF SAMH staff, in partnership with the Pinellas County Acute Care Committee, is continually evaluating the quality and adequacy of services and system coordination on a monthly basis. The main telephone number for the DCF SunCoast Region SAMH Program Office is (813) 558-5700.

## PINELLAS COUNTY BAKER ACT RECEIVING FACILITIES MEDICAL ACCEPTANCE CRITERIA

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

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

The definition of mental illness in the Baker Act excludes persons who are intoxicated or substance abuse impaired, who are retarded or have other developmental disabilities, or those whose condition is based on antisocial behavior. However, if persons have a serious diagnosable mental illness (serious thought or mood disorder) sufficiently severe to meet the legal definition that co-occurs with one or more of the above conditions, they may be eligible to be served as voluntary or involuntary patients under the Baker Act. Primary diagnoses of alcoholism or drug addiction are generally inappropriate and are more appropriately handled under Florida’s Marchman Act. Chronic organic brain syndrome is generally inappropriate for referral and a medical evaluation is required if accepted for admission.,

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

<u>MEDICAL CONDITIONS</u>	<b>EXCLUSIONARY GUIDELINES</b>		
<p><b>LABS &amp; VALUES</b> (unacceptable levels)</p> <p><b>ELECTROLYTES:</b></p> <p><b>LIVER:</b></p> <p><b>RENAL:</b></p> <p><b>IV FLUIDS:</b></p> <p><b>I &amp; O:</b></p>	<p>Lab values must be current (within past 24-48 hours) Abnormal labs may <u>not</u> be outside of values noted below <u>for all psychiatric facilities:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Sodium:</b> ≤ 136 or ≥ 145</p> <p><b>Potassium:</b> ≤ 3.2 or ≥ 5.8</p> <p><b>Calcium:</b> ≤ 6.5 or ≥ 8.5</p> <p><b>Amylase:</b> &gt; 350</p> <p><b>AST:</b> &gt;250</p> <p><b>LDH:</b> &gt;350</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>HEMATOLOGY:</b></p> <p><b>Hemoglobin</b> &lt; 10</p> <p><b>Hematocrit</b> &lt; 30</p> <p><b>WBC:</b> ≥ 15,000</p> <p><b>PLATELETS</b> &lt;100,000</p> <p><b>BNP</b> &gt; 350</p> </td> </tr> </table> <p><b>PEMHS:</b> No Dialysis pts or with symptoms of acute uremia</p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> No patients receiving IV fluids/meds. All IV ports must be removed prior to transfer Permanent access or surgically place ports must not be in use or require Heparin flushing.</p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> Patients unable to self, or take basic nutrition by mouth or who cannot void prior to transfer Nasal Gastric Tubes and PEG tubes must be removed prior to acceptance</p> <p><b>Windmoor:</b> Same as PEMHS</p>	<p><b>Sodium:</b> ≤ 136 or ≥ 145</p> <p><b>Potassium:</b> ≤ 3.2 or ≥ 5.8</p> <p><b>Calcium:</b> ≤ 6.5 or ≥ 8.5</p> <p><b>Amylase:</b> &gt; 350</p> <p><b>AST:</b> &gt;250</p> <p><b>LDH:</b> &gt;350</p>	<p><b>HEMATOLOGY:</b></p> <p><b>Hemoglobin</b> &lt; 10</p> <p><b>Hematocrit</b> &lt; 30</p> <p><b>WBC:</b> ≥ 15,000</p> <p><b>PLATELETS</b> &lt;100,000</p> <p><b>BNP</b> &gt; 350</p>
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<p><b>CARDIAC</b></p> <p><b>BLOOD PRESSURE:</b></p> <p><b>CARDIAC DISEASE/ ABNORMAL EKG’s</b></p>	<p><b>ALL FACILITIES: No patients who require telemetry monitoring</b></p> <p><b>PEMHS:</b> No individuals with significant alterations in their normal baseline BP <b>ADULT</b> ≥ 160/100, if ≤ 90 / 60 <i>will require PEMHS’ physician approval</i> <b>CHILD</b> ≥ 130/90, if ≤ 90 / 60 <i>will require PEMHS’ physician approval</i> Sustained readings may be required to determine medical stability.</p> <p><b>Windmoor:</b> Same as above with <i>Windmoor’s physician approval</i> Sustained readings may be required to determine medical stability.</p> <p><b>PEMHS:</b> No patients who require O2 or equipment needed to maintain stability. All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG’s <i>require PEMHS’ physician approval</i></p> <p><b>Windmoor:</b> All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG’s <i>require Windmoor’s physician approval</i></p>		



<p style="text-align: center;"><b>DIABETES</b></p>	<p><b>PEMHS:</b> Untreated or uncontrolled, Insulin dependant with blood levels <math>\geq 300</math>meq. If initial is over 300 must have levels below 300 and indication of stability indicated by 3 accu checks may be required</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p style="text-align: center;"><b>OVERDOSES</b></p>	<p><b>PEMHS:</b> Overdoses will be treated according to the Regional Poison Center recommendations. Persons who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs as related to the drug. (ie. Acetaminophen OD will require APAP levels &amp; liver function tests &amp; will require repeat draws to ensure decreasing levels. Individuals requiring <b>mucomyst treatment</b> IV or PO must <u>complete treatment</u> facility and have labs WNL.</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p style="text-align: center;"><b>ALCOHOL/DRUGS</b></p> <p style="text-align: right;"><b>ETOH:</b></p> <p style="text-align: right;"><b>METHADONE:</b></p>	<p><b>PEMHS:</b> Cannot be primary need for treatment. BAL must be <math>&lt;300</math>, (presents with lethargy, disorientation, altered mental status or unconsciousness). BP <math>&gt; 160/100</math> and pulse of <math>&gt;120</math> must be medically cleared first.</p> <p><b>Windmoor:</b> Can be primary need for treatment. Alood level <math>&lt;0.3</math>, medically cleared, able to ambulate without assistance.</p> <p><b>PEMHS:</b> Cannot take addicted individuals requiring Methadone without <u>prior</u> arrangement with <u>Operation PAR</u> to provide Methadone.</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p style="text-align: center;"><b>HEAD TRAUMA</b></p> <p style="text-align: right;"><b>SEIZURES:</b></p>	<p><b>PEMHS:</b> Individuals with recent head trauma (2 weeks) &amp; first onset of mental status change with no prior history. Individuals without documented neurological exam and MRI head scan that rule out medical instability, neurological and organic origins of psychiatric symptomatology. Patients with uncontrolled seizure activity for which therapy has not been anticipated to halt seizures or continued therapy cannot require telemetry monitoring.</p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> Patients with known seizure hx who have not been taking anti-convulsant medication with positive recent seizure history (ie. within past 3 days). No documentation of administering appropriate anti-convulsive medication or monitoring for a therapeutic level is evident. Non-medication compliant seizure patients will need loading dose &amp; subsequent / repeat level. Status Epilepticus” individuals will not be considered for admission until seizure free for up to 72 hours.</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p style="text-align: center;"><b>SKIN</b></p> <p style="text-align: right;"><b>WOUNDS:</b></p> <p style="text-align: right;"><b>OSTOMY:</b></p> <p style="text-align: right;"><b>BEDSORES:</b></p>	<p><b>PEMHS:</b> Cannot accept wounds that require wet dressings or dry dressings that require intensive daily treatment due to their size and/or location. <b>NO GUN SHOT WOUNDS</b></p> <p><b>Windmoor-</b> All wounds are assessed on a case-by-case basis</p> <p><b>PEMHS:</b> Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and will <u>require physician approval</u></p> <p><b>Windmoor:</b> Same as PEMHS.</p> <p><b>PEMHS:</b> No patients with Stage 2, 3 or 4 bedsores. Stage 1 will require culture prior to consideration and <u>physician approval</u></p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p style="text-align: center;"><b>INFECTIONS</b></p> <p style="text-align: right;"><b>MRSA:</b></p> <p style="text-align: right;"><b>C-DIFF:</b></p>	<p><b>ALL FACILITIES:</b> Cannot accept patients with an <b>active infectious process that requires any type of isolation</b> and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI’s, phlebitis, UTI’s, renal complications, cellulitis etc.) with elevated temperatures <math>\geq 101</math> and have not been treated by referring facility prior to transfer. <b>Clear documentation of treatment &amp; declining temperatures to a consistent acceptable range must be recorded.</b></p> <p><b>PEMHS:</b> Cannot accept: patients with MRSA infection colonized in urinary tract with indwelling catheter, MRSA colonized in Respiratory tract, nares, groin, armpits or GI tract. Cannot accept patients where VRE is colonized it the stool. Admission will <u>require physician approval for all referrals receiving treatment</u></p> <p><b>Windmoor:</b> Cannot accept: patients with MRSA infection colonized in urinary tract with indwelling catheter, MRSA Admission will <u>require physician approval for all referrals receiving treatment</u></p> <p><b>PEMHS:</b> If incontinent, can not accept. Treatment must be finished</p> <p><b>Windmoor:</b> Same as PEMHS</p>

<b>RESPIRATORY</b>	<p><b>PEMHS:</b> Individuals requiring Nebulizer treatments or have respiratory issues that require suction, individuals with a recent tracheotomy and/or those who require continuous oxygen. No patients with Pulse Ox &lt; 94%. Patients that have sleep apnea may be accepted if patient has CPAP machine with them and physician approves.</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<p><b>MED/SURGICAL</b></p> <p><b>IN GENERAL:</b></p> <p><b>BROKEN BONES:</b></p> <p><b>PREGNANCY:</b></p> <p><b>CANCER:</b></p>	<p><b>PEMHS:</b> Individuals who require urgent medical / surgical follow up, who do not have a documented treatment plan and follow up appointments in place. Patients with complex medical or surgical issues or needing procedures that potentially prevent participation in the active treatment program will be reviewed on an individual basis.</p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) Generally unable to accept cases unless casting is complete. <i>Casting for fractures must be provided by the transferring facility prior to transfer.</i></p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia) or within 4-6 weeks of due date. Pregnant individuals with no previous OB/GYN care must have a documented OB/GYN consultation.</p> <p><b>Windmoor:</b> Same as PEMHS</p> <p><b>PEMHS:</b> Cannot accept patients actively receiving chemotherapy or radiation treatment</p> <p><b>Windmoor:</b> No specific restrictions. Case-by-base based on physical status and physician consult/review. Cannot accept patients actively receiving chemotherapy or radiation treatment.</p>
<b>NUTRITION</b>	<p><b>PEMHS:</b> Patients with NG or Peg Tubes or who require nutritional supplements for metabolic stability. Must be able to chew and swallow food on PEMHS available menu</p> <p><b>Windmoor:</b> Same as PEMHS</p>
<b>AMBULATION</b>	<p><b>PEMHS:</b> Patients who cannot ambulate independently and without assistive devices (crutches, canes, walkers), require bedside rails, adjustable beds, call beds or Geri-chairs. Reviewed on case by case basis.</p> <p><b>Windmoor:</b> Cannot accept nursing home patients with contractures causing confinement to bed or unable to sit up to participate in treatment.</p>
<p><b>INCONTINENCE</b></p> <p><b>CATHETERS:</b></p>	<p><b>PEMHS:</b> Patients incontinent of feces / urine with self-care deficits. E that are not due to psychiatric conditions will be reviewed on a case to case basis.</p> <p><b>Windmoor:</b> No specific limitations unless related to infectious process noted under infections.</p> <p><b>PEMHS:</b> No patients with in-dwelling catheters, excluding self-care catheters. <b>Children - NO</b> catheters</p> <p><b>Windmoor:</b> No specific restrictions unless related to infectious process noted under infections.</p>
<b>DEFINITIONS / REFERENCES</b>	
<b>EMERGENCY MEDICAL CONDITION</b>	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 ( <i>from FS 395</i> )
<b>MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS</b>	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose of <u>ruling out other conditions</u> or whether the examination was a <u>perfunctory "cleared for psych" that failed to address potential underlying issues</u> . The Medical screening examination must be adequate not only to define the psychiatric problem, but also to reveal any physical illnesses or trauma. The treatable psychiatric symptoms/problem(s) must exceed any medical problems for the patient to be placed in an inpatient psychiatric unit. (CMS Publication 100-02, <i>Medicare Benefit Policy Manual</i> , Chapter 2, Sections 20, 20.1, 20...) ( <i>HCFA, State Operations Manual Pub. 7, 6/1998</i> )
<b>EMTALA &amp; PSYCHIATRIC CONDITIONS</b>	For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered to be stable when he/she is protected and prevented from harming themselves or others. For purposes of discharging a patient (other than for the purpose of transfer from one facility to a second facility), for psychiatric conditions, the patient is considered to be stable when he/he is no longer considered to be a threat to him/herself or to others. ( <i>HCFA, State Operations Manual Pub. 7, 6/1998</i> )

## **Pinellas County Transportation Exception Plan Overflow Rotation Plan**

The Pinellas County Transportation Exception Plan allows for the following exceptions to Baker Act statute that requires transport to the “nearest receiving facility”:

### Adults

Individuals 18-64 years of age shall be transported to:

Personal Enrichment through Mental Health Services (PEMHS)

- 11254 58<sup>th</sup> St N, Pinellas Park, FL 33782

OR

- 401 16<sup>th</sup> St N, St. Petersburg, FL 33705

\*Dependant on which is the more immediate access center

### Minors

Individuals under 18 years of age shall be transported to:

- Personal Enrichment through Mental Health Services (PEMHS)  
11254 58<sup>th</sup> St N, Pinellas Park, FL 33782

OR

- Morton Plant Hospital  
323 Jeffords St, Clearwater, FL 33756

\*Dependant on which is the more immediate access center

Any individual who requires professional medical attention and needs immediate non-mental health emergency services shall be transported to the nearest emergency department.

If a law enforcement officer transports an individual to a designated receiving facility contrary to this exception, the individual will be accepted as required by federal and state laws, and may then be transferred to the appropriate receiving facility.

### **Overflow**

In the event that PEMHS, the public receiving facility in Pinellas County, is at capacity, the following Overflow Rotation Plan will be utilized in order to ensure services continue to be provided in the most humane and timely manner.

### **Rotation**

Members of the Pinellas County Acute Care Committee have agreed to the following referral schedule:

1. St. Anthony's Hospital

2. Morton Plant Hospital
3. Largo Medical Center- Indian Rocks
4. Windmoor Healthcare of Clearwater
5. Personal Enrichment through Mental Health Services
6. St. Anthony's Hospital
7. Morton Plant Hospital
8. Largo Medical Center- Indian Rocks
9. Personal Enrichment through Mental Health Services
10. St. Anthony's Hospital
11. Morton Plant Hospital
12. Personal Enrichment through Mental Health Services
13. St. Anthony's Hospital
14. Personal Enrichment through Mental Health Services

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

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

Facility	Address	Licensed Capacity
Windmoor Healthcare of Clearwater	11300 US 19 N Clearwater, FL 34624	98
Personal Enrichment through Mental Health Services (PEMHS) (Adults)	11254 58 <sup>th</sup> St N Pinellas Park, FL 33782	60
	401 16 <sup>th</sup> St N St. Petersburg, FL 33705	14
Morton Plant Hospital (Adults)	323 Jeffords St Clearwater, FL 33756	54
St. Anthony's Hospital	1200 7 <sup>TH</sup> Ave N St Petersburg, FL 33705	50
Largo Medical Center- Indian Rocks	2025 Indian Rocks Rd Largo, FL 33770	47

**Children’s Crisis Stabilization Unit (CCSU)**

**Juvenile Addictions Receiving Facility (JARF)**

Personal Enrichment through Mental Health Services (PEMHS)

11254 58<sup>th</sup> Street N,  
Pinellas Park, FL 33782  
(727) 541-4628  
Capacity: 18

The CCSU is an inpatient treatment program which provides 24-hour medically supervised treatment in a therapeutic environment for children who are in crisis. The CCSU serves children between 5–17 years of age. Using a multi-disciplinary approach, a treatment team of Board Certified child/adolescent psychiatrists; master level clinicians; registered nurses with psychiatric expertise; certified education teachers and case managers work with each child and family to identify challenges and develop a treatment plan.

The JARF is a secure, medically supervised substance abuse receiving facility that provides inpatient assessment, detoxification, stabilization & short-term treatment and referral services for adolescents who are actively using drugs an/or alcohol. This program operates 24/7, and accepts voluntary or involuntary admissions. Involuntary clients must meet \*Marchman Act criteria and can be admitted directly by parent/guardian, law enforcement, physicians certificate or court order.

**Adult Crisis Stabilization Unit (CSU)**

Personal Enrichment through Mental Health Services (PEMHS)

11254 58 <sup>th</sup> Street N, Pinellas Park, FL 33782 Capacity: 60 (727) 541-4628	401 16 <sup>th</sup> Street North St. Petersburg, FL 33705 Capacity: 14
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Crisis Stabilization Units are public receiving facilities that provide crisis stabilization in a secure inpatient setting to individuals 18 years of age and older who are medically stable. Individuals who are in an acute mental health crisis are screened, assessed and admitted for stabilization based on meeting Baker Act criteria on either a voluntary or involuntary basis, regardless of ability to pay. Individuals are provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.

**Private Baker Act Receiving Facilities**

Inpatient psychiatric programs are designed to provide short-term treatment to persons exhibiting violent behaviors, suicidal behaviors or other severe disturbances that and, like CSUs, provide a secure setting to persons who may be a danger to themselves or others under the Baker Act. As of December 2012, these are the hospitals in Pinellas County that are designated as Private Baker Act Receiving facilities by the Department of Children and Families.

Morton Plant Hospital

323 Jeffords Street  
Clearwater, FL 33756  
(727) 462-7000

Licensed Capacity (Pediatric): 14  
Licensed Capacity (Adult): 54

St. Anthony's Hospital

1200 7<sup>th</sup> Avenue North  
St. Petersburg, FL 33705  
(727) 825-1100

Licensed Capacity (Adult): 50

Largo Medical Center- Indian Rocks

2025 Indian Rocks Road  
Largo, FL 33774  
(727) 581-9474

Licensed Capacity (Adult): 47

Windmoor Healthcare of Clearwater

11300 US Hwy 19 North  
Clearwater, FL 33764  
(727) 541-2646

Licensed Capacity (Adult): 98

\*Bay Pines VA Healthcare System

10000 Bay Pines Blvd  
Bay Pines, FL 33744  
(727) 398-6661

\*Baker Act Facility for Veterans