

Pinellas County Transportation Plan

In accordance with

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

Three-Year Renewal
2017-2020

Submitted for approval by:

Pinellas County Board of County
Commissioners

Pinellas County Transportation Plan

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Pinellas County Transportation Plan

I. Background/ Purpose:

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

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

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

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

II. Specific Provision:

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

1. Describes arrangements for safe and dignified transportation that supports the designated receiving system, as required under F.S. 394.461(5).
2. Describes methods of transportation to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811.
3. Specifies how transportation for persons shall be provided to, from, or

between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to s. 394.462(2).

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

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

III. Community Need and Support:

The Pinellas County Acute Care Committee, a community-wide planning group, analyzes the local Baker Act system on an ongoing basis and agreed that this transportation plan is in the best interests of individuals and the community.

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

- ✓ Florida Department of Children and Families (DCF) SunCoast Region Substance Abuse and Mental Health Program Office
- ✓ Central Florida Behavioral Health Network
- ✓ Pinellas County Board of County Commissioners
- ✓ Pinellas County Acute Care Advisory Committee
- ✓ State Attorney's Office
- ✓ Office of the Public Defender
- ✓ Pinellas County Emergency Medical Services
- ✓ Pinellas County Sheriff's Office
- ✓ St. Petersburg Police Department
- ✓ Largo Police Department
- ✓ Clearwater Police Department
- ✓ Bellair Police Department
- ✓ Gulfport Police Department
- ✓ Indian Shores Police Department
- ✓ Kenneth City Police Department
- ✓ Pinellas County School Police
- ✓ Pinellas Park Police Department
- ✓ Tarpon Springs Police Department
- ✓ Treasure Island Police Department
- ✓ Florida Highway Patrol
- ✓ Sunstar Paramedics

- ✓ National Alliance on Mental Illness –Pinellas (NAMI)
- ✓ Pinellas County Mental Health and Substance Abuse Coalition
- ✓ Personal Enrichment through Mental Health Services (PEMHS) *
- ✓ Baycare Behavioral Health
- ✓ Morton Plant Hospital*
- ✓ Mease Dunedin Hospital*
- ✓ St. Anthony’s Hospital*
- ✓ Largo Medical Center- Indian Rocks Campus*
- ✓ Windmoor Healthcare of Clearwater*
- ✓ Bay Pines VA Health System(for eligible veterans)

*Public and Private Baker Act Receiving Facilities currently designated as of the date of this Plan are listed above. However, the list is subject to change from time to time as new facilities are designated and others are closed or have their designations removed.

IV. The Transportation Plan 2017-2020:

A. Geographic Area

This plan will include all of Pinellas County.

B. Accessing the Designated Receiving System

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

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

- Ex parte order issued by a circuit or county court. In those cases, law enforcement shall take the person into protective custody and deliver him or her to the appropriate facility within the designated receiving system. In Pinellas County, the Pinellas County Sheriff’s Office is the designated Law Enforcement Agency to execute Ex parte orders.
- A physician, clinical psychologist, physician’s assistant, ARNP who is a psychiatric nurse practitioner, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance use disorder services only, a master’s level certified addictions professional, may execute a professional certificate.

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

- Under 397.679, a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by filing an application at a juvenile addictions receiving facility.

- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into protective custody and provide transportation for him or her to the appropriate facility within the designated receiving system, executing a written report of the circumstances. When the criteria involve substance use, s. 397.6772(1)(b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest.

C. Baker Act

For adults accessing services through s 394.4625 or 394.463, Pinellas Emergency Mental Health Services (PEMHS) is the DCF designated Public Receiving Facility and operates 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 58th Street North, Pinellas Park, FL 33782
- 401 16th Street North, St. Petersburg, FL 33705

PEMHS will conduct the initial screening, assessment and triage in order to determine if the individual needs a CSU admission or transfer to one of the five private Baker Act Receiving Facilities in Pinellas County or a Baker Act Receiving Facility in another county.

The following Private Receiving Facilities also operate within Pinellas County.

Mease Dunedin Hospital
601 Main Street
Dunedin, FL 34698

Morton Plant Hospital
323 Jeffords Street
Clearwater, FL 33756

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

Largo Medical Center- Indian Rocks
2025 Indian Rocks Road
Largo, FL 33774

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

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

**Please see Attachment A for complete list of Acute Care Services in Pinellas County*

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

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

- Personal Enrichment through Mental Health Services (PEMHS)
11254 58th Street North, Pinellas Park, FL33782
- Mease Dunedin Hospital
601 Main Street, Dunedin, FL 34698

Law enforcement will transport individuals under 18 years of age for whom an involuntary examination has been initiated to the designated receiving facility that serves minors that is closest to the location in which the child has been taken into protective custody. If a minor is transported to an adult facility in error, the adult facility is responsible for transferring the youth to an appropriate facility, in compliance with federal and state law.

D. Marchman Act

Adults accessing services through 397.675, the Marchman Act will be transported to the nearest emergency room or s. 397.6772(1)(b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest.

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

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

E. Methods of Transportation

The Pinellas County Sheriff's Office is designated by this plan as the Law Enforcement Agency within Pinellas County to take a person into protective custody upon the entry of an ex parte order and to transport that person to the appropriate facility within the designated receiving system for examination.

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

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

Law enforcement may decline to provide transportation only if the county has a contract with an emergency medical transport service or private transport company for transportation of persons to receiving facilities at the sole cost to the county; and law enforcement and the medical transportation service provider agree that the continued presence of law enforcement is not necessary for the safety of the person or others.

As part of this Transportation Plan, the Board of County Commissioners of Pinellas County has contracted with Sunstar Paramedics as the Emergency Medical Services provider for alternate, non-law enforcement transportation for persons experiencing a behavioral health crisis.

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

Law enforcement and Emergency Medical Services (EMS) have extensive experience in Baker Act and Marchman Act transportation and will continue to exercise their professional judgment to provide transportation for individuals in need of emergency behavioral health care to the appropriate designated receiving facility in the safest and most respectful manner possible.

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

F. Medical Clearance

When necessary, law enforcement will request Sunstar Paramedics to provide transportation of individuals to a hospital for physical health conditions that are beyond the safe management capability of law enforcement and the behavioral health receiving facilities.

Any individual who needs immediate non-behavioral health emergency services will be transported to the nearest emergency department regardless of its capacity to address the behavioral health problem. Emergency Medical Services will at all times follow the current Pinellas County EMS protocols.

Transportation between facilities will be arranged by the facility sending the individual to address the behavioral health crisis after the medical emergency has been resolved.

It is not possible for this Plan to outline every potential factor that may affect the decision on the method of transportation. However, in all cases the primary consideration is safety for the person in crisis and all others who are involved; and providing dignity, respect, and humane treatment for the individuals served.

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

Florida Statute 394.4685 affirms that a patient who has been admitted to a public receiving or public treatment facility and has requested, either personally or through his or her guardian or guardian advocate, and is able to pay for treatment in a private facility shall be transferred at the patient’s expense to a private facility upon acceptance of the patient by the private facility. Law enforcement is not responsible for transportation between facilities.

G. Continuing Treatment

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

- ✓ Directions for Living
- ✓ Boley Centers for Behavioral Healthcare
- ✓ Suncoast Center, Inc.
- ✓ Gulf Coast Jewish Family & Community Services
- ✓ Operation PAR
- ✓ Turning Point (WestCare)
- ✓ Agency for Community Treatment Services (ACTS)
- ✓ Bay Pines VA Health Services (for eligible Veterans)

H. Collaborative Problem Solving

The Pinellas Acute Care Committee represents the community-based behavioral health system within Pinellas County.

The Pinellas Acute Care Committee will

- Act as the forum for addressing issues as they arise in the implementation of this Transportation Plan.
- When issues or conflicts arise between or among providers, law enforcement, and/or agencies within the Acute Care behavioral health system, those issues or conflicts should be addressed directly with those involved with the conflict or issue. Should the issue or conflict continue not to be resolved after efforts have been made to address it between involved parties, the issue should be brought to the Acute Care Committee. The Acute Care Committee will facilitate the collaborative conflict resolution process between agencies by identifying a Transportation Plan Sub-Committee to work collaboratively to resolve issues related to the implementation of the plan.
- Assure that this Transportation Plan is reviewed and approved as required and make revisions of the Transportation Plan when needed.
- All agencies and providers that are involved in the acute behavioral health system of care are responsible for participating in the Pinellas County Acute Care Committee.
- The Department of Children and Families and Central Florida Behavioral Health Network will actively support and participate in this process.
- Those involved shall report the results of the conflict resolution process to the full Acute Care Committee including making recommendations regarding amending this Transportation Plan.

Attachment A = Acute Care Providers

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

Attachment C = Overflow Plan

Attachment A:
Acute Care Providers

Facility	Address	Licensed Capacity
Windmoor Healthcare of Clearwater	11300 US 19N Clearwater, FL 34624	Total Adult: 144 Psychiatric Capacity: 122 Substance Use Disorder Capacity: 22
Largo Medical Center-Indian Rocks Campus	2025 Indian Rocks Rd Largo, FL 33774	Adult: 71
Personal Enrichment through Mental Health Services (PEMHS)	11254 58 th St N Pinellas Park, FL 33782	Adult: 59 Children: 15
	401 16 th St N St Petersburg, FL	Adult: 14
Morton Plant Hospital	300 Pinellas St Clearwater, FL 33756	Adult: 24
St Anthony's Hospital	1200 7 th Ave N St Petersburg, FL 33705	Adult: 50
Mease Dunedin Hospital	601 Main St Dunedin, FL 34698	Adult: 22 Children: 10

Attachment B

**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.

MEDICAL CONDITIONS	EXCLUSIONARY GUIDELINES
<p>LABS & VALUES (unacceptable levels)</p> <p>ELECTROLYTES:</p> <p>LIVER:</p> <p>RENAL:</p> <p>IV FLUIDS:</p> <p>I & O:</p>	<p>Lab values must be current (within past 24-48 hours) Abnormal labs may <u>not</u> be outside of values noted below for all psychiatric facilities:</p> <p>Sodium: ≤ 136 or ≥ 145 HEMATOLOGY: Hemoglobin < 10 Potassium: ≤ 3.2 or ≥ 5.8 Hematocrit < 30 Calcium: ≤ 6.5 or ≥ 8.5 WBC: ≥ 15,000</p> <p>Amylase: > 350 CARDIAC: Platelets <100,000 AST: >250 BNP > 350 LDH: >350</p> <p>PEMHS: No Dialysis pts or with symptoms of acute uremia Windmoor: Same as PEMHS</p> <p>PEMHS: 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. Windmoor: Same as PEMHS</p> <p>PEMHS: Patients unable to self, or take basic nutrition by mouth or who cannot void prior to transfer Nasal Gastric Tubes and PEG tubes must be removed prior to acceptance Windmoor: Same as PEMHS</p>
<p>CARDIAC</p> <p>BLOOD PRESSURE:</p> <p>CARDIAC DISEASE/ ABNORMAL EKG's</p>	<p>ALL FACILITIES: No patients who require telemetry monitoring</p> <p>PEMHS: No individuals with significant alterations in their normal baseline BP ADULT ≥ 160/100, if ≤ 90 / 60 <u>will require PEMHS' physician approval</u> CHILD ≥ 130/90 , if ≤ 90 / 60 <u>will require PEMHS' physician approval</u> Sustained readings may be required to determine medical stability. Windmoor: Same as above with <i>Windmoor's physician approval</i> Sustained readings may be required to determine medical stability.</p> <p>PEMHS: No patients who require O2 or equipment needed to maintain stability. All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG's <u>require PEMHS' physician approval</u> Windmoor: All related diagnostic tests for cardiac disease must reflect stability: EKG, Enzymes, Lytes. Abnormal EKG's <u>require Windmoor's physician approval</u></p>
<p>DIABETES</p>	<p>PEMHS: Untreated or uncontrolled, Insulin dependant with blood levels ≥ 300meq. If initial is over 300 must have levels below 300 and indication of stability indicated by 3 accu checks may be required Windmoor: Same as PEMHS</p>

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OVERDOSES	<p><u>PEMHS:</u> Overdoses will be treated according to the Regional Poison Center recommendations. Persons who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs as related to the drug. (I.e. Acetaminophen OD will require APAP levels & liver function tests & will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment IV or PO must complete treatment facility and have labs WNL.</p> <p><u>Windmoor:</u> Same as PEMHS</p>
ALCOHOL/DRUGS	<p><u>PEMHS:</u> Cannot be primary need for treatment. BAL must be <300, (presents with lethargy, disorientation, altered mental status or unconsciousness). BP > 160/100 and pulse of >120 must be medically cleared first.</p> <p><u>Windmoor:</u> Can be primary need for treatment. Alood level <0.3, medically cleared, able to ambulate without assistance.</p> <p><u>PEMHS:</u> Cannot take addicted individuals requiring Methadone without <u>prior</u> arrangement with <u>Operation PAR</u> to provide Methadone.</p> <p><u>Windmoor:</u> Same as PEMHS</p>
HEAD TRAUMA	<p><u>PEMHS:</u> Individuals with recent head trauma (2 weeks) & 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><u>Windmoor:</u> Same as PEMHS</p> <p><u>PEMHS:</u> 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 & subsequent / repeat level. Status Epilepticus" individuals will not be considered for admission until seizure free for up to 72 hours.</p> <p><u>Windmoor:</u> Same as PEMHS</p>
SKIN	<p><u>PEMHS:</u> Cannot accept wounds that require wet dressings or dry dressings that require intensive daily treatment due to their size and/or location. NO GUN SHOT WOUNDS</p> <p><u>Windmoor:</u> All wounds are assessed on a case-by-case basis</p> <p><u>PEMHS:</u> Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and will <u>require physician approval</u></p> <p><u>Windmoor:</u> Same as PEMHS.</p> <p><u>PEMHS:</u> No patients with Stage 2, 3 or 4 bedsores. Stage 1 will require culture prior to consideration and <u>physician approval</u></p> <p><u>Windmoor:</u> Same as PEMHS</p>
INFECTIONS	<p><u>ALL FACILITIES:</u> Cannot accept patients with an <u>active infectious process that requires any type of isolation</u> and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI's, phlebitis, UTT's, renal complications, cellulitis etc.) with elevated temperatures ≥ 101 and have not been treated by referring facility prior to transfer. <u>Clear documentation of treatment & declining temperatures to a consistent acceptable range must be recorded.</u></p> <p><u>PEMHS:</u> Cannot accept: patients with MRSA in fection 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><u>Windmoor:</u> Cannot accept: patients with MRSA in fection colonized in urinary tract with indwelling catheter, MRSA Admission will <u>require physician approval for all referrals receiving treatment</u></p> <p><u>PEMHS:</u> If incontinent, can not accept. Treatment must be finished</p> <p><u>Windmoor:</u> Same as PEMHS</p>
RESPIRATORY	<p><u>PEMHS:</u> Individuals requiring Nebulizer treatments or have respiratory issues that require suction, individuals with a recent tracheotomy and/or those who require continuous oxygen. No patients with Pulse Ox < 94%. Patients that have sleep apnea may be accepted if patient has CPAP machine with them and physician approves.</p> <p><u>Windmoor:</u> Same as PEMHS</p>

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MED/SURGICAL	IN GENERAL:	PEMHS: 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. Windmoor: Same as PEMHS
	BROKEN BONES:	PEMHS: 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> Windmoor: Same as PEMHS
	PREGNANCY:	PEMHS: 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. Windmoor: Same as PEMHS
	CANCER:	PEMHS: Cannot accept patients actively receiving chemotherapy or radiation treatment Windmoor: No specific restrictions. Case-by-base based on physical status and physician consult/review. Cannot accept patients actively receiving chemotherapy or radiation treatment.
	NUTRITION	PEMHS: 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 Windmoor: Same as PEMHS
AMBULATION	PEMHS: 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. Windmoor: Cannot accept nursing home patients with contractures causing confinement to bed or unable to sit up to participate in treatment.	
INCONTINENCE	PEMHS: 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. Windmoor: No specific limitations unless related to infectious process noted under infections.	
CATHETERS:	PEMHS: No patients with in-dwelling catheters, excluding self-care catheters. <u>Children</u> - NO catheters Windmoor: No specific restrictions unless related to infectious process noted under infections.	
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 <i>(from FS 393)</i>	
MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose of <u>ruling out other conditions</u> or whether the examination was a <u>perfunctory "cleared for psych"</u> that failed to <u>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, Medicare Benefit Policy Manual, Chapter 2, Sections 20.1, 20.1.20...) <i>(HCFA, State Operations Manual Pub. 7, 6/1998)</i>	
EMTALA & PSYCHIATRIC CONDITIONS	For purposes of transferring a patient from one facility to a second facility for psychiatric conditions, the patient is considered to be stable when he/she is protected and prevented from harming themselves or others. For 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/she is no longer considered to be a threat to him/herself or to others. <i>(HCFA, State Operations Manual Pub. 7, 6/1998)</i>	

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Attachment C
Pinellas Transportation Plan
Overflow Plan

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

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

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

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