

# Broward County Transportation Plan

in accordance with

Florida Statutes Chapter 394, Florida Mental Health Act/Baker Act and Florida Statutes Chapter 397, Hal S. Marchman Alcohol and Other Drug Services Act

Five-Year Renewal  
2017-2022

Submitted to:  
Florida Department of Children and Families  
Southeast Region  
Substance Abuse and Mental Health  
Program Office

For approval by:  
Mike Carroll  
Secretary  
Florida Department of Children and Families

## **Broward County Transportation Plan 2017-2022**

This Transportation Plan is developed to address and support the Designated Receiving System, and aligns with Florida Statutes § 394.462 and Florida Statutes § 397.6795. In accordance with the changes promulgated by Senate Bill 12 to Florida Statutes Chapter 394, commonly referred to as the Baker Act, particularly § 394.462 and Florida Statutes Chapter 397, commonly referred to as the Marchman Act, particularly § 397.6795. The Department of Children and Families (DCF) Southeast Region Circuit 17 Broward County is requesting approval of this Transportation Plan from the Secretary of DCF. This Plan serves as a vital component of the comprehensive plan for a Designated Receiving System in Broward County to meet the behavioral health needs of persons in crisis due to mental illness and/or substance abuse conditions.

The Transportation Plan describes how the community shall support and facilitate access to the Designated Receiving System. This Plan includes the circumstances to guide selection of the most appropriate transportation method, e.g., law enforcement, medical services, contracted, or family/friends; how transportation between participating facilities is handled; respect for individual choice of service providers; and efforts to sustain a successful system of efficient and humane transportation for crisis intervention and care. Approval of this plan allows DCF and its community partners the authority to continue to provide immediate access to emergency services for persons in need of treatment for behavioral health disorders while supporting a comprehensive and successful system of acute care.

Florida Statute § 394.4573 requires counties to plan a Designated Receiving System using a process that includes the Managing Entities (ME) and the participation of individuals with behavioral health needs, their families, service providers, law enforcement agencies, and other stakeholders; and to document the Designated Receiving System through written memoranda of agreement or other binding agreements. Florida Statute § 394.4573(2) outlines three possible organizational structures that a county or counties may adopt to fulfill the functions of a no-wrong-door model that responds to individual needs and integrates services among various providers. Those models include:

- a) A Central Receiving System (CRS) that consists of a designated Central Receiving Facility (CRF) that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The CRF shall be capable of assessment, evaluation, triage, treatment or stabilization of persons with mental health or substance use disorders, or co-occurring mental health and substance use disorders.
- b) A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated Receiving Facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.
- c) A tiered receiving system that consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its

capabilities as either a designated Receiving Facility or another type of service provider, such as triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

Broward County chose the Tiered Receiving System Model that provides a comprehensive and efficient process with “no wrong doors” within the Designated Receiving System for persons in crisis. The Tiered Receiving System serves all individuals age 18 and older.

Broward County has designated hospitals that treat children and adolescents age 17 and under who will continue to be transported to the **most** appropriate Baker Act or Marchman Act designated facility.

### **Main Aspects of the Plan**

- Describe arrangements for safe and dignified transportation that support the Designated Receiving System, as required under Florida Statute § 394.461(5).
- Describe methods of transport to a facility within the Designated Receiving System for individuals who are subject to involuntary examination under Florida Statutes § 394.463 or involuntary admission under Florida Statutes § 397.6772 and related portions of the Florida Statutes, including § 397.679, § 397.6798 and § 397.6811, respectively.
- Specify how persons shall be transported to, from, or between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to § 394.462(2), F.S.
- Comply with the transportation provisions of Florida Statutes § 394.462; § 397.6772; § 397.6795; § 397.6822; and § 397.697, respectively.
- Designate a single law enforcement agency within the county, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the Designated Receiving System for examination, per § 394.462(1)(a), F.S.

This 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 made available to law enforcement and first responders, per Florida Statutes § 394.4573(2)(b)(2)(c), F.S.

### **Community Partnerships & Problem Solving: Background**

The Baker Act Task Force in Broward County was established over 20 years ago, initiated by the DCF Substance Abuse and Mental Health (SAMH) Program Office, and initially consisted of only hospital providers. As the system of care began to grow and develop, so did the Task Force. The social and financial issues impacting care and affecting persons living with mental health and substance abuse disorders necessitated a forum for other stakeholders within the community to have their voices heard. The Task Force began to attract new members, including local representatives from the criminal justice system, the court, law enforcement, community agencies,

family members, and advocacy groups that continued the dialogue and collaboration in defining an improved system of care.

The Acute Care Group, a sub-committee of the Baker Act Task Force, was later formed to deal with quality of care concerns, development of specific processes and unique undertakings germane to Broward County and the continually evolving system.

Significant milestones were achieved that were born of the Acute Care Group, specifically, the Medical Stabilization Transfer Guidelines, a comprehensive document used to provide guidance for Non-Receiving Facilities making referrals to Receiving Facilities.

The Baker Act Transportation Exception Plan (TEP) was another noteworthy achievement from this Group. The TEP underwent several revisions over the years having been first approved in 2002 with subsequent revisions in 2006, 2008, and again in 2013 respectively. Key features of the TEP included provisions to (1) provide required psychiatric services in an environment uniquely tailored to meet the needs of identified special populations such as children/youth, (2) provide dignified and humane transportation to persons in crisis among receiving facilities, and (3) provide services and transportation to select Baker Act Receiving Facilities to individuals with criminal offenses who are in-custody under the jurisdiction of the Broward County Sheriff's Office and/or the Mental Health Court.

Visionary leaders and staunch advocates within the local community forged new paths in the mid 90's with the goal of de-stigmatizing and de-criminalizing mental health. Judge Ginger Lerner-Wren, of the 17<sup>th</sup> Judicial Circuit, pioneered the first Mental Health Court in the United States that opened in Broward County in June 1997. This specialized court grew out of the findings of a County Grand Jury formed to investigate a series of incidents in 1994 involving mentally ill offenders, suicides occurring inside the jails, and the subsequent recommendations of a multi-agency task force convened by a Circuit Court Judge in response to the Grand Jury's probe. The Grand Jury findings revealed major shortages of services for this population, particularly a lack of affordable housing, all of which were determined to be significant contributory factors leading to the "revolving door" for mentally ill petty offenders who were being incarcerated.

Broward County is proud of the accomplishments of this specialized court and the work done over the past 20 years that has placed this model of therapeutic jurisprudence on the national and international stage.

### **Community Partnerships & Problem Solving: Contemporary Perspectives**

In 2016, the Florida Legislature passed Senate Bill 12, which made several significant changes to Florida Statutes Chapters 394 and 397, effective July 1, 2016. A full summary of the legislation is beyond the scope of this Transportation Plan, but listed below are several key components of the law that has guided the development of this Plan.

- Creation of a Designated Receiving System that functions as a "no wrong door" model for behavioral health acute care that encompasses screening, triage, and assessment.

- Modeling a recovery-oriented system of care that addresses the needs of persons with behavioral health disorders through consumer-driven, comprehensive, integrated services.
- Development and implementation of a Transportation Plan that supports the Designated Receiving System.
- Revision of transportation requirements.
- Requirement for law enforcement to develop policies on transportation and share their protocols with the Managing Entity (ME).
- Revises requirements for notice and transfer of records when public receiving facilities transfer patients to licensed hospitals.
- Requires data collection and reporting on Marchman Act utilization, as well as Baker Act, and transfers responsibility to collect and report this data from the Agency for Health Care Administration (AHCA) to DCF.
- Establishes new categories of persons authorized to file professional certificates for involuntary assessment and stabilization under the Marchman Act.

A countywide stakeholders meeting was held on January 26, 2017 specific to the Transportation Plan and its integration into the Central Receiving System (CRS). Representatives from a wide cross-section of the community were in attendance. At that meeting, it was decided that an Ad Hoc volunteer workgroup would craft the Transportation Plan that aligns with the intent and new requirements of Florida Statutes Chapters 394 and 397. The provision under § 394.462(4) F.S. calls for all Transportation Exception Plans to expire June 30, 2017 with no new exceptions to be granted after that date.

Longstanding Task Force members who are knowledgeable of current trends and system-related issues, have provided valuable insights into the challenges that formerly led to opportunities of process improvements. This collaborative, unified, data-driven approach led to practices within the community that have solidified and strengthened partnerships and relationships with Stakeholders (some are identified below) and has resulted in positive changes for persons experiencing behavioral health crises. Continuous data collection and analysis brought to the Baker Act Task Force the capability to increase the system-wide process improvement activities.

#### **Stakeholders Meeting Participants**

- Broward County Human Services Department
- Department of Children and Families, Southeast Region SAMH Program Office
- Broward Behavioral Health Coalition (BBHC)
- Broward County Sheriff's Office (BSO)
- Fort Lauderdale Police Department
- 17<sup>th</sup> Judicial Circuit Public Defender's Office
- 17<sup>th</sup> Judicial Circuit State Attorney's Office
- Henderson Behavioral Health
- Taskforce Fore Ending Homelessness
- National Alliance on Mental Illness, Broward County
- South Florida Wellness Network
- Silver Impact
- Memorial Regional Hospital

- Florida Medical Center
- Broward Health
- Individuals and Families
- Smith Community Mental Health
- Archways Behavioral Health
- Larkin Community Hospital
- University Pavilion Hospital
- Plantation General Hospital
- Atlantic Shores Hospital
- Fort Lauderdale Hospital
- Magellan Complete Care
- Broward Community & Family Health Center (FQHC)

This plan will be reviewed by the Substance Abuse and Mental Health (SAMH) Program Office of the Southeast Region DCF, Broward County’s Baker Act Task Force, the Broward Behavioral Health Coalition’s (managing entity) System of Care/Quality Improvement Committee, and other community stakeholders before it is to be submitted to the Broward County Board of County Commissioners. The Board has the final authority on approval of the plan for submission to the Secretary of the DCF.

Should the need arise, an Ad Hoc subcommittee of the Baker Act Task Force will be formed to provide quick responses to identified problems that cannot wait for meetings of the full Task Force. Such Ad Hoc subcommittees will meet as needed for problem resolution and will report its activities to the full Baker Act Task Force at the next regularly scheduled meeting. The disposition of any complaint will always be provided to the complainant.

Disputes that may arise over implementation of this Transportation Plan will be resolved by an immediate meeting of all affected parties to ensure the disputed issues are well understood and to ensure that similar problems can be avoided in the future.

### **The Transportation Plan 2017-2022**

This plan takes effect July 1, 2017. Objectives of the Plan are to:

1. Support the Designated Receiving System for acute care to provide screenings and triage, comprehensive assessments and immediate access to services in Broward County.
2. Support diversion from inpatient acute care through outpatient crisis intervention, referral, linkage, and recovery support.
3. Provide a dignified, humane, and efficient method of transportation to and among acute care and medical facilities, including persons from nursing homes, assisted living facilities, or other residential settings.
4. Continue to utilize the Broward Sheriff’s Office and its specialized Baker Act Team (when available) to provide transportation services to reduce the demand on other local law enforcement agencies for transportation services.
5. Divert admissions from hospital emergency rooms, and maintain updated policies on medical clearance.

6. Provide an appropriate alternative to jail and the criminal justice system for persons with behavioral health disorders.
7. Assist law enforcement with Crisis Intervention Team (CIT) Training.
8. Provide a range of acute care services to treat persons in the least restrictive setting in the community, avoiding state psychiatric civil or forensic hospital admissions.

The Broward Transportation Plan endorses the authority to transport adults in need of services who may not meet the criteria under the Baker Act or Marchman Act to the Central Receiving Center for screening, assessment, triage, and linkage to appropriate services. The Central Receiving Center is part of Henderson Behavioral Health located at 4720 North State Road 7, Building B, Lauderdale Lakes, Florida 33319.

### **Accessing the Designated Receiving System**

#### MARCHMAN ACT

Involuntary examinations may be initiated by various means under the **Marchman Act** as outlined in §397.601; and § 397.675, F.S.

- Marchman Act. Professionals who initiate a certificate for emergency admission under § 397.679, F.S., must indicate whether the person requires transportation assistance for delivery for emergency admission to an Addictions Receiving Facility (ARF) and specify the type of assistance necessary, as specified in § 397.6793(5), F.S.
- A physician, clinical psychologist, physician's assistant, certified psychiatric advanced registered nurse practitioner (ARNP), licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or for substance abuse services only, a master's level certified addictions professional (CAP), may execute a professional certificate.
- Marchman Act. Under § 397.6798, F.S., 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 (JARF).
- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into custody and transport him or her to the appropriate facility within the Designated Receiving System, executing a written report of the circumstances. When the criterion involves substance abuse, § 397.6772(1)(b), F.S., allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest. In Broward County, the community standard is that jail is the option of last resort.

Individuals brought to the Central Receiving Center (CRC) operated by Henderson Behavioral Health (HBH) who are determined to meet Baker Act criteria will be transported to one of two receiving facilities. Persons who are indigent would be transported by BSO (if available) or HBH's designated transportation company to Henderson's CSU. If the individual has insurance, he/she would be transported to Florida Medical Center (as it is the nearest receiving facility) or the facility that is in network with the individual's healthcare plan.

Persons who meet the statutory guidelines for involuntary admission pursuant to F.S. 397.675 may be transported by law enforcement to the extent resources are available and as otherwise provided by law. Such persons shall be transported to an appropriate facility within the designated receiving system pursuant to a transportation plan or an exception under subsection (4) or to the nearest facility if neither apply.

## BAKER ACT

### Criteria:

A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness, the person has refused examination after a conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine for him/herself whether examination is necessary; and without care or treatment, the person is likely to suffer from neglect or refuse to care for themselves and such neglect or refusal poses a real and present threat of substantial harm to their well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services.

Involuntary examinations may be initiated by one of the following means under the **Baker Act** as outlined in § 394.463.

- A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If no time limit is specified in the order the order shall be valid for 7 days after the date that the order was signed.
- A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have the person delivered to an appropriate, or the nearest facility within the designated receiving system pursuant to s. 394.462 for examination.
- A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and find that the person appears to meet the criteria for involuntary examination and stating the observations upon which the conclusion was made. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take the person into custody and deliver the person to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination.



## **SPECIFIC POPULATIONS AND METHODS OF TRANSPORTATION**

### **A. Persons Arrested**

For purposes of determining appropriate placement, the nature of the offense must be considered.

#### **Felony Offenses:**

Pursuant to F.S. 394.462(1) (h): When any law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person must first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate facility within the designated receiving system pursuant to a transportation plan or an exception under subsection (4), or to the nearest receiving facility if neither apply. The receiving facility shall be responsible for promptly arranging for the examination and treatment of the person. A receiving facility is not required to admit a person charged with a crime from whom the facility determines and documents that it is unable to provide adequate security, but shall provide examination and treatment to the person where he or she is held.

#### **Minor Criminal Offenses:**

When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior and who meets the statutory guidelines for involuntary examination pursuant to s. 394.463, the law enforcement officer shall transport the person to the appropriate facility within the designated receiving system pursuant to the transportation plan or an exception under subsection (4), or to the nearest receiving facility if neither apply.

### **B. In Custody Jail Inmates**

Adult jail inmates in the custody of BSO Department of Detention and those in Mental Health Court who are experiencing acute mental health symptoms and in need of mental health services under the Baker Act shall be transported to one of three (3) receiving facilities that can provide the services and level of security for persons who are still under the jurisdiction of the court, rather than to the nearest receiving facility. These include Henderson Behavioral Health's Crisis Stabilization Unit and Fort Lauderdale Hospital for those with non-medical issues. Individuals requiring medical care will be transported to Broward Health Medical Center.

### **C. Other**

A judge may order a person to another receiving facility, not otherwise specified above.

### **D. Children and Youth**

Children and youth who are experiencing acute mental health symptoms and in need of mental health services under the Baker Act may be transported to one of four (4) receiving facilities that serve this population. These include Memorial Regional Hospital, Larkin Community Hospital, University Pavilion, and Fort Lauderdale Hospital.

## **Rationale & Benefits**

This portion of the Transportation Plan is proposed to improve and enhance service coordination for the identified persons with specialized needs, such as medical issues, in an efficient and dignified manner.

### **Benefits to the Baker Acted / Court Ordered-Person**

- I. Provide a dignified, humane and streamlined method of transportation from to the Baker Act Receiving Facilities.
- II. Eliminate secondary transfers to ensure individuals receive comprehensive treatment services in a more expeditious manner.
- III. Improve patient care by reducing the time the person spends in crisis. Under the Plan, the person will be transported to the Receiving Facility that has the capability and capacity to provide services instead of being transported to an initial Receiving Facility for screening and stabilization services that may be followed by a secondary transport hours later to a second Receiving Facility for services.

## **Implementation**

The placement of inmates who are Baker Acted while in custody of the BSO Department of Detention will be coordinated through BSO Confinement Status Unit located at the Main Jail. BSO's Confinement Status Unit processes the paperwork for all inmates who are released to any program or other facility and is charged with the responsibility of monitoring the inmate's placement outside the jail.

Clinical and public safety circumstances will always be assessed and considered in the referral process. If existing medical issues are beyond the capabilities of Henderson Behavioral Health CSU and Fort Lauderdale Hospital, the inmate will be transferred to Broward Health Medical Center.

The facility to which the patient is sent for Baker Act services, i.e. Henderson Behavioral Health, Fort Lauderdale Hospital and Broward Health Medical Center is required to notify BSO's Confinement Status Unit when a patient is ready to be transferred for medical services, discharged, returned to the custody of jail, or to be committed to the State Hospital.

The BSO Department of Detention will coordinate with the identified receiving facilities to ensure the continuity of medical care for the inmate. The Confinement Status Unit will be the central point of communication for in-custody inmates who were Baker Acted for psychiatric evaluation, coordinating these efforts between the Department of Detention, the receiving facilities, and the criminal justice system. BSO Confinement Status Unit will make proper notification to the receiving facility related to an In-Custody Baker Act. Transportation will be arranged to the appropriate receiving facility and on-going monitoring of the inmate's placement will be maintained.

Written notification relating to this Plan shall be provided by the DCF Substance Abuse and Mental Health (SAMH) Program Office Circuit 17 to all law enforcement agencies, receiving facilities, Broward County Human Services Department, and Broward Behavioral Health Coalition (BBHC) in Broward County when the Transportation Plan is approved.

## **ADULTS**

### **Baker Act Receiving Facilities / Broward County**

There are ten (10) designated Baker Act Receiving Facilities in Broward County that have the capability of serving adults. These facilities are:

1. Atlantic Shores Hospital – 4545 N. Federal Highway, Fort Lauderdale, FL 33308
2. Broward Health Imperial Point – 6401 N. Federal Highway, Fort Lauderdale, FL 33308
3. Broward Health Medical Center – 1600 S. Andrews Avenue, Fort Lauderdale, FL 33316
4. Florida Medical Center, A campus of North Shore Medical Center – 5000 W. Oakland Park Blvd., Lauderhill, FL 33313
5. Fort Lauderdale Hospital – 1601 E. Las Olas Blvd., Fort Lauderdale, FL 33301  
(Designated as a Baker Act and licensed as a Marchman Act Receiving Facility)

6. Henderson Behavioral Health Crisis Stabilization Unit – 2677 NW 19<sup>th</sup> Street, Fort Lauderdale, FL 33311
7. Larkin Community Hospital Behavioral Health Services – 1201 N. 37<sup>th</sup> Avenue, Hollywood, FL 33021
8. Memorial Regional Hospital – 3501 Johnson Street, Hollywood, FL 33021
9. Plantation General Hospital – 401 NW 42<sup>nd</sup> Avenue, Plantation, FL 33317
10. University Pavilion Hospital – 7425 N. University Drive, Tamarac, FL 33321

This Transportation Plan does not affect coordination of services, such as case management; rather, it eliminates unnecessary delays by transporting persons to the most appropriate receiving facility for expedited services.

### **Authorized Law Enforcement in Broward County for Transportation**

All law enforcement agencies are authorized to transport a person in need of Baker Act or Marchman Act services.

Broward County has designated the BSO as the law enforcement agency within the county to take a person into custody upon entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional, and to transport that person to the appropriate facility within the designated receiving system pursuant to the Broward County Transportation Plan. The BSO operates a Baker Act Transportation Team that is responsible for conducting transportation to a facility within the designated receiving system for individuals subject to involuntary examination under § 394.463, F.S., or involuntary admission under § 397.6772(1)(a), F.S. When the BSO Baker Act Transportation Team is not available, the local law enforcement agency from the municipality will provide the transportation.

There are two BSO Baker Act Transportation Teams, one that operates from 7:00 a.m. to 3:00 p.m. and the other which operates from 2:00 p.m. to 10:00 p.m. Each team is comprised of two BSO Deputies whose primary responsibility is to provide safe and dignified transportation for individuals who may be in crisis. The Baker Act Transportation Team Deputies receive specialized training for this post including the 40-hour Crisis Intervention Team (CIT) Training. Outside the normal operating hours of the BSO Baker Act Transportation Teams transportation will be provided by the local law enforcement agency.

Each crisis is different, and law enforcement along with any involved clinicians must make appropriate professional judgements based on the specific circumstances of each situation to determine the appropriate method of transportation. For example, in some cases it may be medically necessary to transport individuals to the hospital by emergency medical services (EMS) due to physical health conditions beyond the safe management capacity of the Baker Act Team. While it is not possible for this plan to outline every potential factor that may affect the decision on the method of transportation, in all cases the primary consideration is safety for the person in crisis and all others who are involved, and providing dignity, respect, and humane treatment for the individuals served during a challenging and difficult time in their lives.

## **BROWARD COUNTY RESOURCES**

### **Henderson Behavioral Health Mobile Crisis Response Team**

Henderson Behavioral Health has operated its Mobile Crisis Response Team (MCRT) for over 20 years. There are two (2) teams, one of which is specifically designed to work with children, youth, and families (Youth Emergency Services known as the YES Team). The MCRT is staffed 24-7 by licensed professionals to conduct on-site assessments. The teams work closely with law enforcement, area hospitals, and other receiving facilities and, though not responsible for the actual transportation of persons, they provide clinical assessments and crisis intervention at the scene. When possible, the teams divert persons from acute care hospitalization by utilizing de-escalation techniques as a critical component of resolving issues on-site and referring persons for follow-up services.

### **Individual and Family Choice**

The publicly funded Baker Act and Marchman Act systems are targeted towards persons who need emergency care and ongoing treatment. Choices of where persons can be served are available through several providers, though may be limited by bed availability, funding, and the degree to which a person manifests behaviors that are a danger to himself/herself or others.

Within these parameters, it is the intent of this Plan to assure sensitivity to and respect for individual and family choice. If a person presents to the CRC, MCRT, or law enforcement, and a specific hospital or facility is preferred, the person may be transported directly to that facility under this Plan. Relevant factors in the decision to transport the person to another facility, either directly or as a transfer from the CRC, include but are not limited to: The person's advance directives or Wellness Recovery Action Plan (WRAP), a current or prior treatment relationship with a provider, insurance or other funding, admitting privileges or recommendation of the treating physician or initiating professional, availability of specialized services, or medical necessity (e.g. medical clearance or specialized medical treatment).

### **Crisis Intervention Team (CIT):**

Behavioral health providers in collaboration with the National Alliance on Mental Illness/Broward Chapter, consumers, and law enforcement agencies implemented the Crisis Intervention Team (CIT) Program in 2002 in Broward County. The program is based on the Memphis Crisis Intervention Team (CIT) Model, an innovative program of pre-arrest jail diversion for those experiencing a behavioral health crisis. This community-based program for law enforcement has become nationally known as the "Memphis Model" and is highly recognized throughout the United States and has grown internationally. The program provides training to law enforcement to assist individuals with behavioral health disorders. Officer involvement in CIT is voluntary and interested officers must apply to be considered for CIT training/team, as with any other law enforcement specialty.

CIT works in partnership with those in behavioral health care to provide a system of services that is friendly to individuals with behavioral health disorders, family members,

and the police officers. The CIT model includes 40 hours of training incorporating modules on the Baker Act, Marchman Act, Transportation Plan, signs and symptoms of mental illness and substance abuse impairment, how to intervene with persons in behavioral health crisis, de-escalation skills, utilization of Mobile Crisis Response Teams, working with special populations such as veterans, those with development/intellectual disabilities, older adults, and those experiencing homelessness. A critical component of the training is hearing directly from consumers of behavioral health services and family members; in addition to providing community resources.

### **Overflow Plan (See Attachment B)**

This Operating Procedure for overflow goes into effect when the ten (10) Inpatient DCF Designated Behavioral Health Receiving Facilities are approaching or at capacity for inpatient beds.

### **Scope**

The procedure applies to all hospitals and Crisis Stabilization Units (CSU) licensed under Chapter 394, F.S., as designated Baker Act Receiving Facilities for Adults and/or Minors, both Public and Private. It encompasses all designated Addiction Receiving Facilities, licensed for Substance Abuse Services, under Chapter 397, F.S. both, Public and Private.

**BAKER ACT AND MARCHMAN ACT RECEIVING FACILITIES**

One (1) hospital in Circuit 17, Broward County, is dually designated as a Baker Act as well as Marchman Act Receiving Facility, Fort Lauderdale Hospital located at 1601 E. Las Olas Blvd., Fort Lauderdale, Florida.

**Baker Act Receiving Facilities**

Ten (10) Baker Act Receiving Facilities are designated in Broward County that serve either adults only or adults and minors.

Atlantic Shores Hospital – 4545 N. Federal Highway, Fort Lauderdale	Adults only
Broward Health Imperial Point – 6401 N. Federal Highway, Fort Lauderdale	Adults only
Broward Health Medical Center – 1600 S. Andrews Avenue, Fort Lauderdale	Adults only
Florida Medical Center – 5000 W. Oakland Park Blvd., Lauderhill	Adults only
Fort Lauderdale Hospital – 1601 E. Las Olas Blvd., Fort Lauderdale	Adults & Minors
Henderson Behavioral Health – 2677 NW 19th Street, Fort Lauderdale	Adults only
Larkin Community Hospital – 1201 N. 37th Avenue, Hollywood	Adults & Minors
Memorial Regional Hospital – 3501 Johnson Street, Hollywood	Adults & Minors
Plantation General Hospital – 401 NW 42nd Avenue, Plantation	Adults only
University Pavilion Hospital – 7425 N. University Drive, Tamarac	Adults & Minors

<b>Public Receiving Facilities</b>	<b>Bed Capacity</b>	
Broward Health Medical Center	83	Adults
Fort Lauderdale Hospital	64	(48 Adult 16 Child)
Henderson Behavioral Health CSU	23	Adults
Memorial Regional Hospital	66	(54 Adult 12 Child)
<b>Total</b>	236	208 (Adult) 28 (Child)

<b>Private Receiving Facilities</b>	<b>Bed Capacity</b>	
Atlantic Shores Hospital	42	Adults
Broward Health Imperial Point	47	Adults
Florida Medical Center	74	Adults
Larkin Community Hospital	50	(40 Adult 10 Child)
Plantation General Hospital	24	Adults
University Pavilion Hospital	60	(52 Adult 8 Child)
<b>Total</b>	<b>297</b>	<b>279 (Adult) 18 (Child)</b>

### **Non-Receiving Facilities**

The General Acute Care Hospitals in Broward County that receive and refer patients are as follows:

Broward Health North  
 Broward Health Coral Springs  
 Cleveland Clinic  
 Holy Cross  
 Memorial Miramar  
 Memorial Pembroke  
 Memorial West  
 Memorial South  
 West Side Regional Medical Center  
 Northwest Medical Center

### **Process for Referral of Persons Under the Baker Act from Non-Receiving Facility Emergency Department**

Once a patient in the Emergency Department in a non-Baker Act receiving facility is medically cleared and stable for transfer, the patient must be transferred and transported within 12 hours.

Non-Receiving Facilities will contact the closest most appropriate Receiving Facility with the referral (Refer to attached Map). If the closest most appropriate Receiving Facility is at capacity, the non-receiving facility will continue to call each of the Baker Act receiving facilities until an available bed is found.

**The Medical Stabilization Transfer Guidelines will be used to guide the appropriate referral of patients (see Attachment C).**



### **Process of Referrals of Persons Under the Marchman Act for Evaluation**

Once a patient has been medically cleared from a hospital's Emergency Department or acute inpatient setting, and the patient has pending Marchman Act for Substance Abuse evaluation, the patient will be directed to Fort Lauderdale Hospital's Addictions Receiving Facility (ARF).

### **Accountability**

The ultimate accountability under the Plan lies with the State of Florida Department of Children and Families (DCF). The public official responsible for overseeing the Plan is the DCF Regional SAMH Program Director.

In Broward County, the DCF Southeast Region SAMH Program Office contracts with the Managing Entity (ME), Broward Behavioral Health Coalition (BBHC) to oversee and manage the community-based behavioral health system with most direct services contracted with non-profit behavioral health providers. BBHC has contracted with Henderson Behavioral Health to operate the Central Receiving System (CRS) in partnership with Broward's community providers. (See Attachments D and E)

The DCF Southeast Region SAMH Program Office, in collaboration with BBHC and community behavioral health providers, facilitates the bi-monthly Task Force Meetings, and participates on time-limited or ongoing subcommittees such as the Transportation Plan, Overflow, and Medical Transfer Stabilization Subcommittees. This public/private forum is used to oversee and coordinate the operational system. All members of the public are welcome to attend and bring acute care issues to the Task Force for resolution.

The DCF SAMH Office is responsible for the following, either directly or by delegation to Broward Behavioral Health Coalition:

- Ongoing system oversight
- Safeguarding the rights of individuals in service delivery
- Regularly scheduled monitoring of the quality of services through contract review
- Designating and monitoring receiving facilities, treatment facilities, and receiving systems
- Assisting to resolve issues between providers, if not resolved in Acute Care Committee
- Participating in Subcommittees of the Acute Care Committee
- Data collection and reporting on the designated receiving system, including success in diverting individuals from acute care inpatient services, jails, and forensic facilities

### **Oversight and Monitoring**

The SAMH Southeast Regional Director or their designee is the public official whose position is responsible for the continuing oversight and monitoring of the Plan's implementation in compliance with the terms of the approval proposal.

All Public and Private Baker Act Receiving Facilities are monitored by DCF/SAMH on a regular schedule. Included in this monitoring is contact with selected law enforcement agencies to confirm that receiving facilities are responding as required by law to persons presenting for involuntary

examination. Input is sought on a regular basis from providers, law enforcement, families, consumers, and governmental officials as part of the designation process.

## **Index of Attachments to the Broward Transportation Plan**

### **Attachment A:**

**Acute Care Services Available in Broward County**

### **Attachment B:**

**Broward County Overflow Plan**

### **Attachment C:**

**Southeast Region Circuit 17 Medical Stabilization Transfer Guidelines**

### **Attachment D:**

**Central Receiving System “At-A-Glance”**

### **Attachment E:**

**Central Receiving System Flow Chart**

### **Attachment F:**

**Map of Broward County Acute Care Facilities**

### **Attachment G:**

**Definitions**

**Attachment A**

**Acute Care Services Available in Broward County**

**April 2017**

**PUBLIC BAKER ACT RECEIVING FACILITIES**

**Broward Health Medical Center**

1600 S. Andrews Avenue, Ft. Lauderdale, Florida 33316  
(954) 355-4314

Broward Health Medical Center is one of four hospitals that comprises the North Broward Hospital District. It is license by the Agency for Healthcare Administration for 716 beds and is designated as a Public Baker Act Receiving Facility for adults only, with a capacity for 83 beds dedicated to inpatient psychiatric care. The Hospital is accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.browardhealth.org>

**Ft. Lauderdale Hospital**

1601 E. Las Olas Blvd., Ft. Lauderdale, Florida 33301  
(954) 564-4321

Fort Lauderdale Hospital, a 100 bed facility, is a designated Public Free Standing Baker Act Receiving Facility for Adults, Children and Adolescents that provides services for both mental health as well as substance abuse. It is also a Marchman Act Receiving Facility serving adults and children/adolescents. The Hospital has 48 adult inpatient beds, 36 adult Substance Abuse beds and 16 child / adolescent beds. It is licensed by the Agency for Healthcare Administration and Accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.fortlauderdalehospital.org>

**Henderson Behavioral Health**

2677 NW 19 Street, Ft. Lauderdale, Florida 33311  
(954) 739-8066

Henderson Behavioral Health is a Free Standing Public Crisis Stabilization Unit (CSU) Baker Act Receiving Facility and licensed by the Agency for Healthcare Administration as a Crisis Stabilization Unit that provides inpatient psychiatric services for adults. The facility has a 23 bed capacity and is accredited by the Commission on Accreditation of Rehabilitation Facilities. Additional information may be found on their website: <http://hendersonbh.org>

### **Memorial Regional Hospital**

3501 Johnson Street, Hollywood, Florida 33021  
(954) 265-6310

Memorial Regional Hospital is one of six hospitals that comprises the South Broward Hospital District. It is licensed by the Agency for Healthcare Administration with a capacity of 797 beds, 54 of which are dedicated to inpatient adult psychiatric services and 12 for children / adolescents. The hospital is a Public Baker Act Receiving Facility that is also accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.memorialregional.com>

### **PRIVATE BAKER ACT RECEIVING FACILITIES**

#### **Atlantic Shores Hospital**

4545 N. Federal Highway, Ft. Lauderdale, Florida, 33308 Telephone: (954) 771-2711

Atlantic Shores Hospital is a privately designated 42 bed Free Standing Baker Act Receiving Facility for adults only that provides acute inpatient psychiatric, detoxification and dual diagnosis services. The Hospital is licensed by the Agency for Healthcare Administration and accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://uhsinc.com>

#### **Broward Health Imperial Point**

6401 N. Federal Highway, Ft. Lauderdale, Florida, 33308 (954) 776-8500

Broward Health Imperial Point is one of four hospitals that comprises the North Broward Hospital District. It is licensed by the Agency for Healthcare Administration for 204 beds and is designated as a private Baker Act Receiving Facility for adults only with a capacity of 47 beds dedicated to inpatient psychiatric services. The Hospital is accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.browardhealth.org>

#### **Florida Medical Center**

5000 W. Oakland Park Blvd., Ft. Lauderdale, Florida 33313 (954) 873-4701

Florida Medical Center, A Campus of North Shore is a 459 bed acute care facility, licensed by the Agency for Healthcare Administration with 74 beds dedicated to adult inpatient psychiatric services. The Facility is designated as a private Baker Act Receiving Facility and is accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://fmc-campus.com>

### **Larkin Community Hospital**

1201 N. 37 Avenue, Hollywood, Florida 33021 (954) 962-1355

Larkin Community Hospital is a Free Standing Private Baker Act Receiving Facility licensed by the Agency for Healthcare Administration that provides inpatient psychiatric services for both adults and youth (age 13-17). It is also accredited by the Joint Commission on Hospital Accreditation and has 40 beds dedicated for adults and 10 beds dedicated for adolescent services. Additional information may be found on their website: <http://www.larkinbehavioral.com>

### **Plantation General Hospital**

401 NE 42<sup>nd</sup> Avenue, Plantation, Florida 33317 (954) 321-4008

Plantation General Hospital is a 264 bed acute care facility licensed by the Agency on Healthcare Administration, with a dedicated 24 bed inpatient psychiatric unit. The Hospital is a designated as a Private Baker Act Receiving Facility and is accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.plantationgeneral.com>

### **University Hospital & Medical Center University Pavilion**

7425 N. University Drive, Tamarac, Florida 33321 (954) 724-6296

University Hospital & Medical Center is a 317 bed acute care facility licensed by the Agency on Healthcare Administration. The University Pavilion is co-located on the campus with a dedicated 52 bed adult inpatient unit and 8 beds dedicated to children / adolescents. The hospital is designated as a Private Baker Act Receiving Facility and is also accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website at: <http://www.uhmhealth.com>

## **MARCHMAN ACT RECEIVING FACILITY**

### **Fort Lauderdale Hospital**

1601 E. Las Olas Blvd., Ft. Lauderdale, Florida, 33301  
Telephone: (954) 463-4321

This facility is a licensed 36 bed Adult Addiction Receiving Facility (ARF) that provides inpatient services for drug and alcohol addiction, and is also licensed by the Department of Children & Families for the Day or Night Component. The Hospital is licensed by the Agency for Healthcare Administration and accredited by the Joint Commission on Hospital Accreditation. Additional information may be found on their website: <http://www.fortlauderdalehospital.org>

## **INPATIENT DETOXIFICATION**

### **Broward Addiction Recovery Center (BARC)**

1000 SW Second Court  
Fort Lauderdale, Florida 33312  
(954) 357-4880

Broward Addiction Recovery Center (BARC) provides a 34 bed medically supervised detoxification unit for persons in need of medical detoxification, who would otherwise be at risk of life-threatening complications from withdrawal. Medical assessment and stabilization are provided, along with counseling, support, and education. The detoxification unit operates 24 hours a day, 7 days a week, including holidays. BARC is not licensed by The Department of Children and Families as a Marchman Act Addiction Receiving Facility, however, as a courtesy to the County, they serve as a facility where Marchman Act persons can receive detoxification and treatment services. The Residential Treatment program is a 92- bed facility, providing a 30-day Intensive Residential Treatment and a Perinatal Addiction Program (PAP) which extends through the delivery of a drug-free baby. BARC services are comprehensive offering a full continuum of care, which includes Non-Residential Day Treatment (NRD), Intensive Outpatient (IOP) and Outpatient services, where individuals focus on compulsive behaviors characteristic of addiction as well as improved life management skills, interpersonal relationships, and involvement with community support. Services are offered on a sliding fee scale.

### **OTHER RESOURCES:**

#### **Henderson's Mobile Crisis Response Team (MCRT):**

**Address:** 4720 North State Road-7, Bldg B- West Side, Lauderdale Lakes, FL, 33319  
**Phone:** (954)463-0911 **Fax:** (954) 463-4778

A mobile psychiatric emergency unit, that is available to all Broward County residents and travels to the physical location of an individual who are experiencing a severe emotional or mental health crisis. MCRT is staffed 24 hours a day, 7 days a week by professionals who assess to determine the immediate needs of the individual and when possible, divert persons from acute care by resolving issues on-site and referring persons for follow-up care.

#### **Henderson's Youth Emergency Services (YES):**

**Address:** 2900 W Prospect Road, Ft. Lauderdale, FL 33309  
**Phone:** (954) 677-3113 ext.3 **Fax:** (954) 463-9720

A mobile psychiatric emergency unit guided by a philosophy is to provide immediate intervention to children, youth and families in Broward County experiencing an emotional or mental health crisis. To provide timely, quality behavioral health assessments, crisis stabilization, linkage and referral to help families keep their children safe in the least restrictive environment.

Both teams work closely with law enforcement, area hospitals, and receiving facilities and, though not responsible for the actual transportation of persons, they provide onsite crisis intervention and clinical assessment. If it is determined that a transport is required Henderson contacts the designated BSO Transport team. If they are unavailable, then the team contacts the local municipality for assistance. In other cases, it may be medically necessary to transport individuals to a hospital by Emergency Medical Services (EMS) due to physical health conditions. 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.

## **Attachment B**

### **Circuit 17 Overflow Policy**

#### **1. Purpose**

This Operating Procedure establishes and defines the Department's responsibility to the individual in need of acute inpatient/crisis screening and stabilization, when Receiving Facilities are at capacity and beds are unavailable.

#### **2. Scope**

This procedure shall apply to all hospitals/receiving facilities in Circuit 17, Broward County that provides services to adults and children.

#### **3. References**

- A. Florida Statutes 394
- B. EMTALA (Federal regulations)
- C. Agreement determined by the Baker Act Task Force
- D. Facility Overflow Diversion Log

#### **4. Definitions**

##### **A. At (Full) Capacity/Overflow:**

- 1. A facility is in **overflow** status if it meets its maximum physical bed availability and treatment for individuals seeking crisis stabilization is temporarily constrained.
- 2. If a publicly funded facility has reached capacity that facility may contact the other facilities to determine bed availability. If those other facilities have reached capacity, then the facility where the patient is located will provide the services.

##### **B. Capability:**

A facility's definition of its ability to provide specific treatment to an individual, including limitations and qualifiers as defined in the Medical Transfer Stabilization Guidelines for Broward County.

##### **C. Publicly Funded Baker Act Receiving Facilities**

- 1. Henderson Behavioral Health (Adults)
- 2. Fort Lauderdale Hospital (Adults / Youth)
- 3. Memorial Regional Hospital (Adults / Youth)
- 4. Broward Health Medical Center (Adults)

#### **5. Procedure for Individuals Requiring Psychiatric Examination**

- I. If a psychiatric examination is required, those facilities in the North Broward Hospital District area (North of State Road 84) will:



- Call Henderson Behavioral Health for availability and if at capacity, will contact Fort Lauderdale Hospital and provide clinical documentation on each individual requiring admission.

If a psychiatric examination is required, those facilities in the South Broward Hospital District area (South of State Road 84) will:

- Call Fort Lauderdale Hospital and provide clinical documentation on each patient.
- II. The CSSU (HBH or Fort. Lauderdale Hospital) will review the clinical documentation, (e.g., psychiatric evaluation, clinical assessment, laboratory results and other pertinent information) and determine, per the Transfer Stabilization Guidelines, acceptance of the individual.
  - III. The most appropriate Receiving Facility next-in-line to receive an individual will be called, and a request to accept the patient will be made. It is the expectation that when a facility is called due to the initiation of the referring facility's Overflow Policy, that the individual will be accepted irrespective of funding.
  - IV. Effective July 1, 2017 Henderson Behavioral Health's Central Receiving Center will maintain the OVERFLOW /DIVERSION LOG. A running "Facility Overflow Diversion Log" will be retained.

The order of rotation will be alphabetical as follows:

- a. Atlantic Shores Hospital: 4545 N. Federal Highway, Ft. Lauderdale (Adults)
  - b. Broward Health Imperial Point: 6401 N. Federal Highway, Ft. Lauderdale (Adults)
  - c. Broward Health Medical Center: 1601 S. Andrews Avenue, Ft. Lauderdale (Adults)
  - d. Florida Medical Center: 5000 W. Oakland Park Blvd., Ft. Lauderdale (Adults)
  - e. Larkin Community Hospital: 1201 N. 37<sup>th</sup> Avenue, Hollywood (Adults/ Youth 13-17)
  - f. Memorial Regional: 3501 Johnson Street, Hollywood (Adults / Children)
  - g. Plantation General Hospital: 401 NW 42<sup>nd</sup> Avenue, Plantation (Adults)
  - h. University Pavilion Hospital 7425 N. University Drive, Tamarac (Adults / Children)
- (ii) Upon acceptance of a patient referral, the accepting facility is responsible to contact the Central Receiving Center to officially notify them. The accepting facility's name will rotate to the bottom of the list. In this way, all facilities will have an equal turn at accepting referrals as the need arises.

6. **Special Considerations:**

- A. This procedure is to be executed ***ONLY*** when Receiving Facilities are At (Full) Capacity as defined in the Definitions section of this document. The Transfer Stabilization Guidelines will be followed when individuals require admission for both psychiatric and medical conditions.
- B. Each receiving facility will designate a point of contact to be contacted in the event of overflow status. This person is expected to communicate with all facilities and verify the current census, confirm bed availability, and the facility's ability to accept or refuse an individual due to capacity constraints.
- C. Each facility will maintain an internal policy to manage the flow of individuals not covered under this policy. These policies will be reviewed during the designation/re-designation process conducted by the Department.



**Attachment C:**  
**Southeast Region Circuit 17 Medical Stabilization Transfer**  
**Guidelines**

**SOUTHEAST REGION, CIRCUIT 17 TRANSFER STABILIZATION GUIDELINES**

**Introduction to Guidelines**

These are guidelines only; they are not policies and procedures. They have been designed collaboratively between freestanding psychiatric facilities and medical facilities to expedite the appropriate referral of persons who have been examined and/or treated for medical issues prior to their transfer to another facility. Review will be done on a regular basis and input is always appreciated. In any case, exceptions can be considered with a physician-to-physician consult.

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 medically stable for transfer and not be in need of immediate follow-up care unavailable at a psychiatric facility. In addition to nurse-to-nurse consults (non-hospitals are excluded), the person's medical record, including all diagnostic and laboratory test results, must be furnished by fax in advance of transfer.

**Transfers/Transports**

All transports must have supporting documentation, which specifically states “**medically stable/clear for transport to a “receiving facility” or “non-medical facility”**”. The client's physical safety always takes precedent over psychiatric needs.

Baker Act individuals who are unable and or unwilling to sign a transfer form, and are being referred from a Non-Receiving Facility, that does not have the capability of providing psychiatric evaluation and treatment may be transferred on the signature of a physician who documents that the benefits outweighs the risk of transfer.

**Mental Illness**

The definition of mental illness in the Baker Act **excludes persons who are intoxicated or substance abuse impaired, are intellectually disabled 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. Traumatic brain injury is generally inappropriate for referral and a medical evaluation is required if accepted for admission.

### **Freestanding Baker Act Receiving Facilities**

Henderson Behavioral Health's Crisis Screening & Stabilization Unit (CSSU), Fort Lauderdale Hospital, Larkin Community Hospital, and Atlantic Shores Hospital are non-medical facilities. Their structure and staffing patterns do not permit admission of persons who require acute medical care.

### **Medical Baker Act Receiving Facilities**

Broward Health Medical Center, Broward Health Imperial Point, Florida Medical Center, University Pavilion Hospital, Memorial Regional Hospital, and Plantation General Hospital are full service medical facilities.

### **Children's Baker Act Receiving Facilities**

- Memorial Regional Hospital
- University Pavilion Hospital
- Fort Lauderdale Hospital
- Larkin Behavioral Health Services

### **Adult Baker Act Receiving Facilities**

- Memorial Regional Hospital
- Broward Health Medical Center
- Broward Health Imperial Point
- Fort Lauderdale Hospital
- Atlantic Shores Hospital
- Henderson Behavioral Health
- Florida Medical Center
- University Pavilion Hospital
- Plantation General Hospital
- Larkin Behavioral Health Services

See the following table for complications that may delay or prevent admission to a freestanding psychiatric facility.

Comments by Medical Facilities and Freestanding Facilities re: their ability to accept based on complication

<b>Complication</b>	<b>Factors/ Descriptors</b>	<b>Broward Health (BHMC &amp; BHIP)</b>	<b>Ft. Lauderdale Hospital/Atlantic Shores</b>	<b>HBH-CSSU</b>	<b>Memorial Regional Hospital</b>	<b>Florida Medical Center</b>	<b>University Pavilion</b>	<b>Plantation General</b>	<b>Larkin Community</b>
<b>Age</b>		18 years +	<b>FLH-</b> Children/Adol/Adults <b>ASH-</b> Adults/Adol (RTC only) <b>HP-</b> Adults	18 years +	Children Adolescent Adults	18 years +	Children Adolescents Adults Geriatrics	18 years +	Adolescents (13-17) Adults
<b>Assistive Devices</b>	Portable oxygen Foley catheters IV Fluids/medication	IV Fluids Exclusion.	EXCLUSION	EXCLUSION	IV Fluids Exclusion	IV Fluids Exclusion Receiving TPN Exclusion	IV Fluids Exclusion Receiving TPN Exclusion	Portable oxygen Foley catheters IV Fluids/medication	IV fluids exclusion. Receiving TPN exclusion.
<b>Blood Pressure</b>	Clients with alterations in blood pressure	Not an exclusion, evaluated on a case by case basis.	Diastolic over 100 or under 60 and systolic over 180 or less than 90 generally not accepted. Sustained readings maybe required to determine medical stability.	Diastolic over 100 or under 60 and systolic over 180 or less than 90 generally not accepted. Sustained readings maybe required to determine medical stability.	Not an exclusion, evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis	Not an exclusion, evaluated on a case by case basis	Not an exclusion, evaluated on a case by case basis.
<b>Cancer Treatment</b>	Clients requiring active treatment for cancer	Not an exclusion, evaluated on a case by case basis.	EXCLUSION	EXCLUSION	Not an exclusion, evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis	Not an exclusion, evaluated on a case by case basis	Not an exclusion, evaluated on a case by case basis.
<b>Critical Lab Values</b>	Critical lab values	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.	Must be repeated until lab value demonstrates it is no longer critical.	Must be repeated until lab value demonstrates it is no longer critical.	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours	Critical/abnormal lab values must be repeated and no longer critical, as documented within the past 24 hours.

<b>Complication</b>	<b>Factors/ Descriptors</b>	<b>Broward Health (BHMC &amp; BHIP)</b>	<b>Ft. Lauderdale Hospital/Atlantic Shores</b>	<b>HBH-CSSU</b>	<b>Memorial Regional Hospital</b>	<b>Florida Medical Center</b>	<b>University Pavilion</b>	<b>Plantation General</b>	<b>Larkin Community</b>
<b>Diabetes</b>	Diabetes which is untreated/ unstable or out of control	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.	Should be able to self-manage the condition and no longer require ongoing IVs or testing, prior to acceptance.	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl. Should be able to self-manage the condition and no longer require ongoing IVs or testing, prior to acceptance	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.	Diabetes which is untreated or out of control, insulin dependent diabetic's levels must be less than 300 mg/dl. Non-insulin dependent diabetic's levels must be less than 350 mg/dl.
<b>Head Trauma</b>	Clients with recent severe head trauma	Not an exclusion, evaluated on a case by case basis.	Will be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology.	May be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology. Will be evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis.	May be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology. Will be evaluated on a case by case basis.	May be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology. Will be evaluated on a case by case basis.	May be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology. Will be evaluated on a case by case basis.	May be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology. Will be evaluated on a case by case basis.
<b>Incontinence</b>	Inability to control bodily waste. Not considered an exclusion if no transmittable infectious diseases are present, as described under "infections" below.	As stated. Evaluated on a case by case basis.	As stated. Evaluated on a case by case basis.	Evaluated on a case by case basis.	As stated. Evaluated on a case by case basis.	Evaluated on a case by case basis.	Evaluated on a case by case basis.	Evaluated on a case by case basis.	Evaluated on a case by case basis.
<b>Infections</b>	All communicable disease. Severe Infections (such as	Persons requiring isolation are not	EXCLUSION	EXCLUSION	Persons requiring isolation are not	EXCLUSION	Persons requiring isolation are not	Persons requiring isolation are not	Persons requiring isolation are not

<b>Complication</b>	<b>Factors/ Descriptors</b>	<b>Broward Health (BHMC &amp; BHIP)</b>	<b>Ft. Lauderdale Hospital/Atlantic Shores</b>	<b>HBH-CSSU</b>	<b>Memorial Regional Hospital</b>	<b>Florida Medical Center</b>	<b>University Pavilion</b>	<b>Plantation General</b>	<b>Larkin Community</b>
	MRSA, cellulites, active tuberculosis, chickenpox, meningitis, gangrene, severe gynecological infections, or elevated temperatures of unknown etiology) - accompanied by acute symptomatology.	acceptable for admission.			acceptable for admission.		acceptable for admission.	acceptable for admission	acceptable for admission.
<b>Medical/ Surgical Follow-up</b>	Clients who require immediate urgent follow-up for medical or surgical conditions (Medical surgical evaluation within 72 hours)	Not an exclusion	Not an exclusion, evaluated on a case by case basis.	Not an exclusion. Considered on a case by case basis only with documented treatment plan and follow-up appts in place.	Not an exclusion	Not an exclusion	Not an exclusion	Not an exclusion	Not an exclusion.
<b>Methadone</b>	Patients requiring methadone maintenance.	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.	Reviewed on a case by case basis. (Exclusion for ASH)	EXCLUSION	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.	Can accept patient that has methadone for maintenance with documentation. Cannot detox from methadone.
<b>Orthopedic Conditions</b>	Broken bones or fractures requiring physical therapy or total bed rest. (e.g. Intractable pain, external fixators).	Fracture considered on a case by case basis.	Broken bones and total bed rest excluded. Fractures considered on a case by case basis.  Cannot accommodate physical therapy. Must be ambulatory & not require active medical care (e.g. casting is complete & definitive follow-up care is	Must be ambulatory, & not require active medical care. (e.g. casting is complete & definitive follow-up care is arranged <i>prior</i> to transfer. Fractures will be considered on a case-by-case basis.	Fracture considered on a case by case basis. Complete bed rest exclusion.	Fracture considered on a case by case basis.	Fracture considered on a case by case basis.	Fracture considered on a case by case basis.	Broken bones and total bed rest excluded. Fractures considered on a case by case basis. Cannot accommodate physical therapy. Must be ambulatory and not require active medical care (e.g. casting is complete and definitive follow-up is



<b>Complication</b>	<b>Factors/ Descriptors</b>	<b>Broward Health (BHMC &amp; BHIP)</b>	<b>Ft. Lauderdale Hospital/Atlantic Shores</b>	<b>HBH-CSSU</b>	<b>Memorial Regional Hospital</b>	<b>Florida Medical Center</b>	<b>University Pavilion</b>	<b>Plantation General</b>	<b>Larkin Community</b>
			arranged prior to transfer).						arranged prior to transfer).
<b>Pregnancy</b>	Individuals who are considered (*) High Risk or (**) who are 20+ weeks pregnant.  * <b>High Risk</b> = can be sent to BGMC/MRH.  ** <b>20+ weeks</b> =Must go to an OB/GYN capable facility.	<b>BHIP:</b> Pregnant patients are not accepted.  <b>BHMC:</b> not an exclusion.	Pregnant with complications or past 1 <sup>st</sup> trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval.	Pregnant with complications or past 1 <sup>st</sup> trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval.	Accepted, Not an exclusion.	Pregnant with complications or past 1 <sup>st</sup> trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval.	Pregnant with complications or past 1 <sup>st</sup> trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval	Pregnant with complications or past 1 <sup>st</sup> trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval	Pregnant with complications or past first trimester not accepted. Clients with no OB/GYN care must have a documented OB/GYN consultation. Admission will require physician approval.
<b>Renal Dysfunction</b>	Clients requiring kidney dialysis or clients manifesting signs/symptoms of acute uremia that aren't medically cleared.	Acute Uremia is excluded. Otherwise, not an exclusion.	EXCLUSION	EXCLUSION	Not an exclusion, evaluated on a case by case basis. Uremia needs medical clearance.	Not an exclusion, evaluated on a case by case basis.	Not an exclusion, evaluated on a case by case basis	Not an exclusion, evaluated on a case by case basis. Uremia needs medical clearance.	EXCLUSION
<b>Seizures</b>	Individuals with history of under controlled or status epilepticus seizure disorders and/or have positive recent episode (within past week and active seizures).	Not an exclusion.  Alcohol related seizures are evaluated on a case by case basis	Not an exclusion, case by case basis. Individuals will be appropriate when either a therapeutic level of anti-convulsant medication is documented or administration of a loading dose of anti-convulsant medication is documented.	Evaluated on a case by case basis. Individuals will be appropriate when either a therapeutic level of the appropriate anti-convulsant medication is documented or administration of a loading dose of appropriate anti-convulsive medication is documented. Admission of "status epilepticus" will not	Not an exclusion, evaluated on a case by case basis	Evaluated on a case by case basis. Individuals will be appropriate when either a therapeutic level of the appropriate anti-convulsant medication is documented or administration of a loading dose of appropriate anti-convulsive medication is documented. Admission of "status epilepticus" will not	Evaluated on a case by case basis. Individuals will be appropriate when either a therapeutic level of the appropriate anti-convulsant medication is documented or administration of a loading dose of appropriate anti-convulsive medication is documented. Admission of "status epilepticus" will not	Evaluated on a case by case basis. Individuals will be appropriate when either a therapeutic level of the appropriate anti-convulsion medication is documented or administration of a loading dose of appropriate anti-convulsive medication is documented. Admission of "status epilepticus" will not	Evaluated on a case by case basis. Individuals will be appropriate when either a therapeutic level of the appropriate anticonvulsant medication is documented or administration of a loading dose of appropriate anticonvulsive medication is documented. Admission of "status

<b>Complication</b>	<b>Factors/ Descriptors</b>	<b>Broward Health (BHMC &amp; BHIP)</b>	<b>Ft. Lauderdale Hospital/Atlantic Shores</b>	<b>HBH-CSSU</b>	<b>Memorial Regional Hospital</b>	<b>Florida Medical Center</b>	<b>University Pavilion</b>	<b>Plantation General</b>	<b>Larkin Community</b>
				be appropriate until seizure free for 3 days.		be appropriate until seizure free for 3 days.	be appropriate until seizure free for 3 days	be appropriate until seizure free for 3 days	epilepticus” will not be appropriate until seizure free for 3 days.
<b>Substance Abuse Withdrawal</b>	Patients requesting detox or history of acute or chronic substance abuse and/or have the potential of going through acute withdrawal requiring medical intervention/management.	Not an exclusion, except for BAL higher than 150 mg/dl.l.	Not an exclusion  <i>Both have adult detox units. FLH has adolescent detox unit.</i>	EXCLUSION	Not an exclusion, except for BAL needs to be less than 150mg/dl.l.	EXCLUSION	Not an exclusion if the patient presents with a primary mental diagnosis	Not an exclusion if the patient presents with a primary mental diagnosis	Not an exclusion if the patient presents with a primary mental diagnosis.
<b>Wounds</b>	An injury to the body that typically involves laceration or breaking of the skin and usually damage to underlying tissues.	Not an exclusion.	Clients with wounds that require more than a dry dressing or a sterile field cannot be admitted.	Clients with wounds; that require more than a dry dressing or a sterile field; cannot be admitted.	Not an exclusion	Not an exclusion	Not an exclusion	Not an exclusion. Will evaluate on a case by case basis.	Not an exclusion. Will evaluate on a case by case basis.

**Attachment D**  
**Centralized Receiving System**  
**“At-a-Glance”**

**FUNDER:** Florida Department of Children & Families/Broward Behavioral Health Coalition  
**START DATE:** April 2017

**PURPOSE:** To create a centralized receiving system consisting of a designated centralized receiving center (CRC) and other service providers that serve as a coordinated system of entry for adult individuals, 18 years and older, needing evaluation or stabilization under the Baker Act or Marchman Act or a person who is experiencing an acute mental, emotional or substance use crisis.

**OBJECTIVES:** To provide opportunities for jail diversion, offering a more suitable and less costly alternative to incarceration; reduce the inappropriate utilization of emergency rooms; increase the quality and quantity of services through coordination of care and recovery support services; demonstrate improved coordination of care and improvements in client outcomes; and improve access and reduce processing time for persons served and law enforcement officials transporting the target population. Henderson Behavioral Health’s CRS is aligned with The Triple Aim of improving population health and the patient experience of care, while reducing per capita cost.

**TARGETED POPULATION:** Adults, male and female, over 18 years of age, with behavioral health and/or substance use issues who are in need of an involuntary evaluation or stabilization under a Baker Act or Marchman Act as well as Crisis Support services as defined in subsections 394.67 (170)-(18), F.S. “Crisis services” means short-term evaluation, stabilization, and brief intervention services provided to a person who is experiencing an acute mental or emotional crisis to prevent further deterioration of the person’s mental health and whom may give informed consent for voluntary treatment. Other characteristics that are typical of the targeted population may include:

- High risk of over-reliance on utilizing the most costly and restrictive levels of care, including emergency rooms, crisis stabilization units, repeated &/or prolonged psychiatric hospitalizations, and intermediate or long-term institutionalization;
- Involvement in the judiciary system due to various misdemeanor and felony charges, often leading to incarceration;
- Episodic or chronic homelessness, often precipitated by lack of access to affordable, safe and decent housing of their choice.

**PROGRAM DESCRIPTION:** The Centralized Receiving System is designed to provide adults experiencing a crisis a convenient point of entry into the mental health and substance use systems for immediate assessment as well as subsequent referral and linkage to appropriate and available providers and services. Individuals will be assessed for care based on a triage model of urgency, in which concerns for safety to self and to others based on Baker Act criteria and Marchman Act criteria are addressed first. Additionally, the LOCUS (Level of Care Utilization System) and SPDAT (Service Prioritization Decision Assistance Tool), standardized assessment tools, will be utilized for further determination of needs. Individuals will be offered referral and/or linkage to

appropriate providers and services based on their desired need(s) as well as the professional determination of evaluating staff.

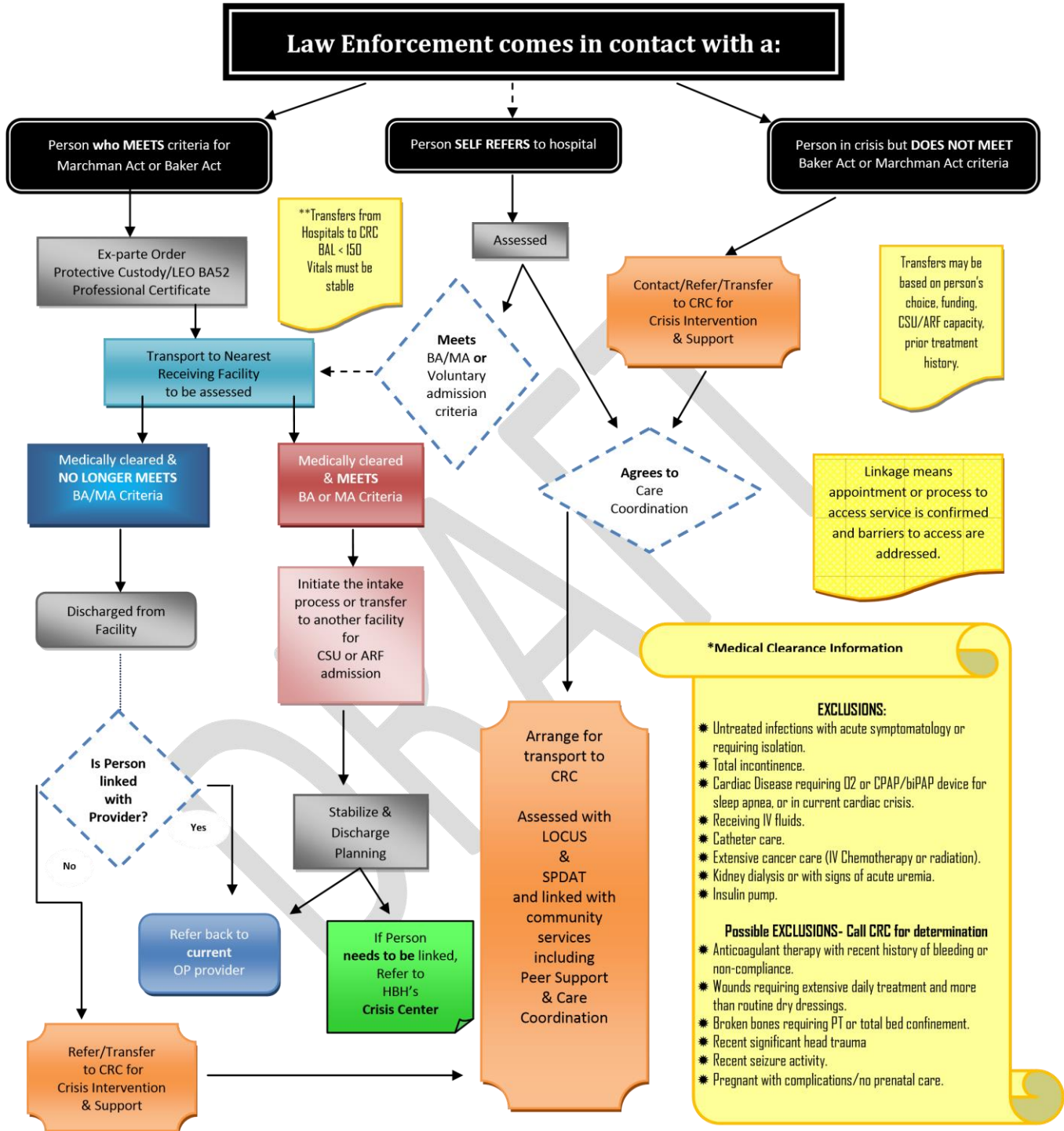
**SERVICES OFFERED:** Assessment, Crisis Support/Emergency Services, Case Management, Recovery Support, and covered services to support existing jail diversion programs. Necessity of service is based on assessment determination.

**LOCATION:** The Centralized Receiving Center (CRC) will be located at Henderson Behavioral Health, Headway Office Park Location, 4720 North State Road 7, Building B, Lauderdale Lakes, Florida 33319. The Center will be open 24/7/365 days of the year to provide immediate access to emergency services and Coordination of Care for the targeted population for Law Enforcement and Hospital Emergency Departments. The CRC will be one of four multi-entry drop-off sites currently identified for Law Enforcement to bring individuals, and is designed for those not meeting the criteria for involuntary hospitalization under the Baker Act or Marchman Act; Memorial Regional ER in Hollywood, Broward Addiction Receiving Center (BARC) and Henderson's CSU are also identified "drop-off" sites.

# Attachment E Central Receiving System Flow Chart



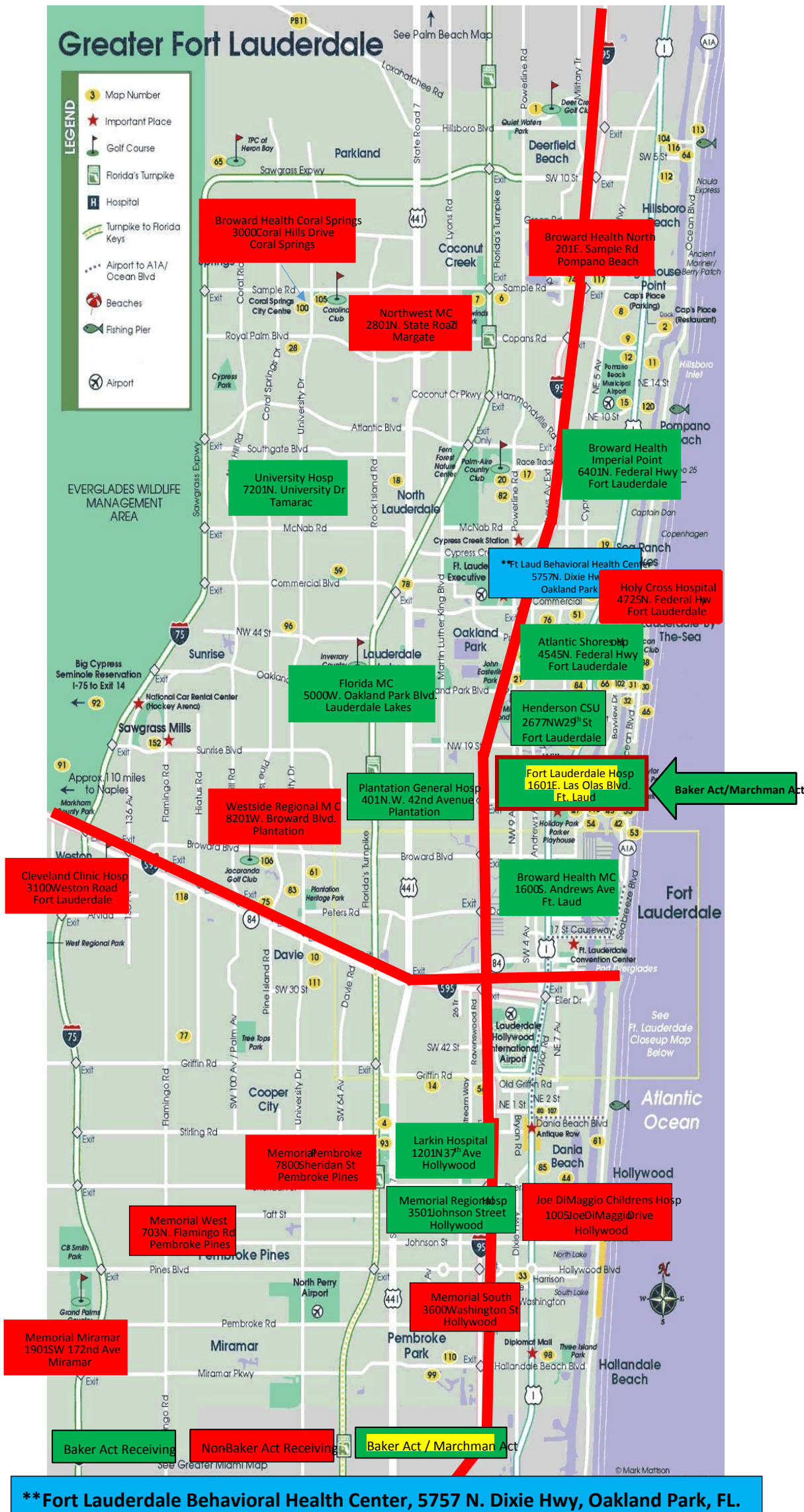
## Centralized Receiving System



**Attachment F**

**Map of Broward County Acute Care Facilities**

**BROWARD COUNTY BAKER ACT & MARCHMAN ACT RECEIVING FACILITIES**



Estimated to open December 2017 and will replace Ft. Lauderdale and Atlantic Shores Hospitals.

## Attachment G Definitions

**"Addictions Receiving Facility"** is a secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to have substance abuse impairment who qualify for services under this part.

**"Behavioral Health"** refers to either mental illness as defined in Chapter 394, or substance abuse as defined in Chapter 397, or co-occurring mental and substance use disorders.

**"Central Receiving Center"** means a facility that has medical, mental health, and substance abuse professionals to provide emergency screening and evaluation for mental health or substance abuse disorders and may provide transportation to an appropriate facility if an individual needs more intensive services.

**"Designated Receiving Facility"** means a facility approved by the Department which may be a public or private hospital, crisis stabilization unit, or addictions facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an agreement with a corresponding facility for transportation and services.

**"Detoxification Facility"** means a facility licensed to provide detoxification services under Chapter 397.

**"Facility"** means any hospital, community facility, public or private facility, or receiving or treatment facility providing for the evaluation, diagnosis, care, treatment, training, or hospitalization of persons who appear to have a mental illness or who have been diagnosed as having a mental illness or substance abuse impairment. The term "Facility" does not include any program or an entity licensed under pursuant to Chapter 400 or chapter 429.

**"Involuntary examination"** means an examination performed under s. 394.463, s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811 to determine whether a person qualifies for involuntary services.

**"Involuntary services"** means court-ordered outpatient or inpatient services for mental health treatment pursuant to s. 394.4655 or s. 394.467.

**"Patient"** means any person, with or without a co-occurring substance abuse disorder, who is held or accepted for mental health treatment.

**"Receiving Facility"** means any public or private facility or hospital designated by the Department to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider. The term does not include a county jail.