

Florida Department of Children and Families (DCF)
SUNCOAST Region
Substance Abuse and Mental Health
Program Office

**Charlotte County Behavioral Health Transportation
Plan**

In accordance with

Florida Mental Health Act
(Baker Act)
Sec. 394.462, Florida Statutes
2026-2029

**Approved by the Charlotte County Board of County
Commissioners on:**

**DEPARTMENT OF CHILDREN AND FAMILIES SUNCOAST REGION SUBSTANCE
ABUSE AND MENTAL HEALTH PROGRAM OFFICE
CHARLOTTE COUNTY BEHAVIORAL HEALTH TRANSPORTATION PLAN**

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TRANSPORTATION PLAN

INTRODUCTION

Pursuant to the requirements of and in accordance with Chapter 394, Part I, Florida Statutes, the “Florida Mental Health Act”, or the “Baker Act”, Charlotte County developed a Behavioral Health Transportation Plan to organize a centralized system for acute care services. The Transportation Plan was developed by members of the Charlotte County Behavioral Health Transportation Planning Group listed on page six and shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination or involuntary admission, governed by Florida Statutes, and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the facility.

Pursuant to Sec. 394.462(1), Florida Statutes, the Transportation Plan to transport that person to the appropriate facility within the designated receiving system pursuant to a Transportation Plan, or to the nearest receiving facility if neither apply. The term of this Plan will extend for three years, to be reviewed annually. It may be cancelled by either party at any time. The Transportation Plan may be modified or amended in writing and with the proper approvals.

HISTORY/PURPOSE

The Charlotte County Board of County Commissioners entered into an agreement with the Charlotte County-funded transportation provider, Ambitrans Medical Transport, Inc. (“Agreement”) in order to provide Baker Act/Marchman Act transportation to appropriate Baker Act/Marchman Act Receiving Facilities. This Agreement has been renewed each year since the initial contract pursuant to a request by the Charlotte County Fire/EMS Department in order to transport mental health patients to and from medical facilities located within Charlotte County to hospitals and mental health facilities located both in and out of Charlotte County. Agreement regarding Baker Acts was on January 1, 2002, and regarding Marchman Acts was in 2020.

BEHAVIORAL HEALTH TRANSPORTATION PLAN COLLABORATIONS:

The purpose of the Charlotte County Behavioral Health Transportation Plan Group is to discuss the operation of the Transportation Plan. The group meets regularly to review grievances and assurance of patient rights as related to the Plan.

The Behavioral Health Transportation Plan was created and reviewed by the following agencies:

- Charlotte Behavioral Health Care, Inc. and CBHC Crisis Services
- Charlotte County Sheriff’s Office
- Punta Gorda Police Department
- Department of Children and Families
- North Port Health
- Ambitrans Medical Transport
- Central Florida Behavioral Health Network
- Charlotte County Fire/EMS
- Cornell / Sarasota Memorial Hospital
- CPE / Mobile Crisis
- AdventHealth Port Charlotte
- Englewood / Fawcett Hospital
- Charlotte County Public Schools

GOALS AND OBJECTIVES

The following are the goals and objectives of a Transportation Plan:

- Implement a coordinated system of transportation and access to psychiatric services for children and adults under a Baker Act order.
- Substance abuse services for adults under a Marchman Act order in Charlotte County.
- Provide specialized services to children subject to the Mental Health Acts.
- Provide a dignified, humane, and streamlined method of transportation to and among acute care facilities, and for individuals in need of acute psychiatric care from nursing homes, assisted living facilities or other residential settings.
- Assist law enforcement and the County-funded transportation provider in the efficient transport of individuals in need of services to the most appropriate facility.
- Enhance the ability to fully utilize the capacity of acute care services in the county and reduce the unnecessary delay of transfers between facilities.
- Ensure continuity and coordination of care among providers.

In order to accomplish these objectives, the Charlotte County Behavioral Health Transportation Plan requires that law enforcement agencies in Charlotte County and the County-funded transportation provider transport individuals in need of mental health services under the Baker Act/Marchman Act to the designated Receiving Facility directed by this Transportation Plan which may not be the nearest Receiving Facility.

This Plan does *not* address patients who are seeking mental health or substance abuse services on a voluntary basis.

The Transportation Plan focuses on the following populations located within Charlotte County:

The Transportation Plan addresses the needs of both children and adolescents. Law enforcement agencies in Charlotte County and the County-funded transportation provider will transport individuals age 17 and younger to the designated Children's Receiving Facility:

Charlotte Behavioral Health Care, Inc: (All ages)

1700 Education Ave., Punta Gorda, FL 33950

In order to expedite the screening and assessment process, law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider shall call the Facility at **941-575-0222**, if possible prior to arrival to provide personal information that includes, (if known): name, age, birth date, social security number, apparent medical concerns, and any substance abuse concerns such as level of intoxication.

North Port Behavioral Health (ages 10 -17)

4501 Citizens Pkwy, North Port, FL 34288

Offers specialized inpatient care for adolescents ages 10–17, focusing on mental health concerns and co-occurring disorders. Located at, the facility provides comprehensive psychiatric treatment, including medication management, group therapy, and family sessions to support young patients.

Adults Who Are Age 18 and older

The Transportation Plan addresses the needs of adults that are age 18 and older. Law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider will transport individuals that are age 18 and older to:

Charlotte Behavioral Health Care, Inc. 1700
Education Ave., Punta Gorda, FL 33950 (941-575-
0222)

North Port Behavioral Health: 4501 Citizens Parkway
North Port, FL 34288 (844) 896-5014

In order to expedite the screening and assessment process, law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider can call the facility prior to arrival to provide personal information that includes, if known, name, age, date of birth, social security number, apparent medical concerns, and any substance use concerns such as level of intoxication.

Adults Who Are Currently Incarcerated

The Transportation Plan addresses the needs of adults who are currently incarcerated. Charlotte County Sheriff's Office will transport adults currently incarcerated in need of Baker Act services to:

Charlotte Behavioral Health Care, Inc.
1700 Education Ave., Punta Gorda, FL 33950.

In order to expedite the screening and admission process the Sheriff's Office can call the facility at **941-575-0222** prior to arrival to provide personal information that includes, name, age, date of birth, social security number, apparent medical concerns, and any substance use concerns such as level of intoxication. If a patient on the unit is under a jail hold and needs medical attention, CBHC will coordinate with the Charlotte County Sheriff's Office for transportation to the hospital of the Sheriff's Office choice, based on their current contract.

Customer Choice:

When possible, an individual who enters either a Baker Act Receiving Facility or an emergency care center has a choice for treatment. The factors to be considered for the individuals' care include:

1. The family
2. The individual's preferred health insurance provider.

If deemed to need inpatient services, the individual is transported to the Receiving Facility where his/her insurance benefits cover the cost of inpatient care, if requested by the individual or their family, when at all possible. Clinical and public safety circumstances are also always assessed in the process.

MEDICAL STABILIZATION

The Charlotte County Behavioral Health Transportation Plan Group maintains and revises the medical exclusionary guidelines that are used to assist in determining the most appropriate inpatient setting for psychiatric patients requiring hospitalization. These guidelines are used among all the community partners to ensure that individuals who are assessed to need medical care are treated in a hospital. Once the individual is medically stabilized, the medical facility determines the appropriate Baker Act or Marchman Act receiving Facility. Transportation from one facility to another is coordinated by the transferring facility. The Charlotte County-funded transportation provider may provide this service. Law enforcement is not responsible for transporting from one facility to another. Transportation by the County-funded provider will only be covered by Charlotte County government when the individual is transported to the Central Receiving Facility or the Charlotte County Jail. Transportation to any other facility will become the financial responsibility of the sending facility.

If a jail-hold patient is currently under a Baker Act and at the receiving facility and in need of medical attention, the facility will coordinate with the Charlotte County Sheriff's Office for transportation to the hospital of the Sheriff's Office choice.

MEDICAL TREATMENT

If there is an obvious major medical condition presented to law enforcement, individuals will be transported by Charlotte County Fire and EMS to the most appropriate medical facility.

BAKER ACT TRANSPORTATION:

Law enforcement agencies in Charlotte County and the Charlotte County-funded transportation provider are responsible for transporting those individuals in need of mental health services under the Baker Act to the closest and most appropriate Receiving Facility.

When an individual has a medical issue that needs to be addressed or an intoxication level that is medically compromising, law enforcement, Charlotte County Fire and EMS, or the Charlotte County-funded transportation provider shall transport the individual being detained under a Baker Act order to the most appropriate emergency care center for medical stabilization.

Once an individual is in a facility, there are occasions when that individual needs to be discharged from one facility and transferred to another facility. Transportation between facilities is coordinated by the transferring facility. The Charlotte County-funded transportation provider may provide these services under the following conditions:

- Ground ambulance transportation of Baker Act patients from the scene not initiated through the county 911 system (in Charlotte County, FL) to Baker Act receiving facility/ER in Charlotte County, FL;
- Ground ambulance transportation of Baker Act patients from Charlotte County acute care hospital emergency rooms (AdventHealth, Fawcett Hospital, Englewood Hospital) to Baker Act in-patient facilities in Charlotte County, FL. If no appropriate Charlotte County in-patient Baker Act facility is available for the patient, then Ambitrans will transport the patient via ground ambulance to the next closest appropriate Baker Act receiving facility located in either Sarasota or Lee Counties. Transport to Baker Act receiving facilities outside of Charlotte, Sarasota or Lee counties under the terms of the agreement between the County-funded provider and Charlotte County government, require the approval from Charlotte County's authorized representative;
- Ground ambulance transportation of Baker Act patients court-ordered to a State hospital;
- Transportation to any other county will not be covered under the arrangement between Charlotte County and the County-funded provider and will be the financial responsibility of the sending facility.

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, the individual shall first be processed in the same

manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the appropriate Receiving Facility, which shall be responsible for promptly arranging for the examination and treatment of the person.

When any law enforcement officer has custody of a person based on either non-criminal or minor criminal behavioral that meets the statutory guidelines for involuntary examination under this part, the law enforcement officer shall transport the person to the appropriate receiving facility for examination.

Law enforcement is not responsible for transporting individuals from one facility to another unless the individual has pending criminal charges. In that case, the Charlotte County Sheriff's Office shall be noticed prior to transfer and will provide the transportation.

Upon completion of treatment for individuals who are designated "on hold" as a result of being booked prior to treatment, the Receiving Facility is required to contact the Charlotte Sheriff's Office to arrange for transportation to the Charlotte County Jail.

BAKER ACT RECEIVING FACILITIES:

- **Charlotte Behavioral Health Care, Inc.:** located at 1700 Education Ave., Punta Gorda, FL 33950 is a receiving facility licensed by the Agency for Health Care Administration (AHCA)
- **North Port Behavioral Health:** 4501 Citizens Parkway, North Port, FL 34288

MARCHMAN ACT TRANSPORTATION:

The Transportation Plan also addresses and clarifies Marchman Act transportation by law enforcement and the Charlotte County-funded transportation provider to:

Central Receiving Facility at **Charlotte Behavioral Health Care, Inc.**, 1700 Education Ave., Punta Gorda, FL 33950.

If an individual has a medical issue that needs to be addressed or an intoxication level that is medically compromising, law enforcement, Emergency Medical Services, or the Charlotte County-funded transportation provider is required to transport the individual being detained under a Marchman Act order to the most appropriate medical facility for medical stabilization. When the individual has been stabilized, the hospital may call the Charlotte County funded transportation provider to transport the individual to the Central Receiving Facility, if a bed is available and if the individual still requires residential placement under the Marchman Act. The individual may remain at the hospital as well.

No Wrong Door

Charlotte County chose the Central Receiving System Model. The Central Receiving Facility (CRF) provides a comprehensive and efficient "no wrong door" to the Designated Receiving System for persons in crisis. Individuals and families, first responders, and law enforcement do not have to spend time determining the appropriate service agency or providing secondary transport if they choose the "wrong" facility. This model enables law enforcement officers to return to patrol more quickly. The CRF offers prompt access to screening and triage, and to crisis stabilization on an outpatient or inpatient basis (CSU or Detox). The CRF serves both children and adults under the Baker Act or Marchman Act. The CRF also provides Care Coordination for persons who meet criteria for high need/high utilization of acute care. For purposes of the Designated Receiving System, this is defined as three or

more acute inpatient episodes of care or having stayed sixteen or more days in a Crisis Stabilization Unit (CSU) or Addictions Receiving Facility (ARF), within a six-month period.

Care Coordination

Care Coordination implements deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. These connections include behavioral health, primary care, peer and natural supports, housing, education, vocation, and the justice systems. Examples of Care Coordination include development of referral agreements, shared protocols, and procedures for information exchange. It is a time-limited resource with a heavy concentration on educating and empowering the person served and provides a single point of contact until a person is adequately connected to the care that meets their needs.

988

211Tampa Bay Cares is the 988 primary provider for Charlotte County. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.

The Lifeline's network of over 200 crisis centers has been in operation since 2005 and has been proven to be effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

Mobile Crisis Response Teams

Mobile Crisis Response Teams (MRTs) is designed to improve behavioral health services by providing on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. MRTs are available 24/7 to provide on-site crisis intervention within 60 minutes, ensure timely access to supports and services, and resolve crises. Services include evaluation and assessment, development of safety or crisis plans, providing or facilitating stabilization services, supportive crisis counseling, education, development of coping skills, and linkage to appropriate resources. A primary goal of MRTs is to prevent unnecessary psychiatric hospitalizations. MRTs can also serve as a mechanism of jail diversion in reducing arrest of criminal offenders who have mental health disorder, are experiencing serious emotional distress, and/or threatening self-harm.

MRT intervention during a developing mental health crisis can reduce over-reliance on law enforcement responses to less-urgent, non-life-threatening emergencies. MRTs are comprised of clinicians who have the formal training

and know-how to effectively resolve mental health crises and potentially reduce use of the Baker or Marchman Act and law enforcement transport when an individual is experiencing a psychiatric crisis.

SYSTEM OVERSIGHT

To resolve complaints, grievances, and disputes that might arise during implementation of the Transportation Plan, CBHC Director of Crisis Services and or his/her designee(s) will review admission data and any outstanding issues. Complaints and grievances would be reviewed by the Behavioral Health Acute Care Stakeholder Committee in collaboration with state/county/local officials and resolved to the satisfaction of the complainant whenever possible. The Group implements necessary actions in response to its ongoing reviews and any public or Department of Children and Families reviews. This document will be reviewed on annual basis. Any updates will be approved by the County Commissioners and updated with the Department of Children and Families, Substance Abuse and Mental Health Program Office as well as Central Florida Behavioral Health Network.

The Suncoast Region Department of Children and Families, Substance Abuse and Mental Health Program Office (the Department) along with Central Florida Behavioral Health Network is responsible for providing oversight to the Baker Act/Marchman Act System in Charlotte County. The Department shall monitor this Transportation Plan on an annual basis. The Department has the authority to resolve issues concerning the Baker Act/Marchman Act. The Department also receives individual grievances or complaints directly from individuals. The Department is available to mediate interagency problems as well as coordinate other services needed for individuals beyond acute care services. The Department also has a working relationship with the Agency for Health Care Administration.

INTERORGANIZATIONAL COLLABORATION

The previously mentioned community partners have shown a commitment to improve the access of Charlotte County residents to the acute care services system. The success of this plan has been possible with the long-term commitment of all community partners. There is continuous oversight by the Department of Children and Families, Substance Abuse and Mental Health Suncoast Region office to ensure that all services outlined here by the Public Baker Act/Marchman Act Receiving Facilities meet the standards as outlined by Florida Statute. The benefit of a coordinated system of care is less fragmentation of services and a more efficient and cost-effective methods of providing care. The provisions outlined in this plan have decreased unnecessary transports of individuals by law enforcement or the Charlotte County-funded transportation provider to an incorrect facility, reduces the number of transfers between facilities and reduces the need for area hospitals to treat those individuals who need to be in a more appropriate setting.

II. Children’s Mental Health - House Bill 945 (HB945) ^[1]

The bill requires the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to identify children, adolescents, and young adults age 25 and under who are the highest users of crisis stabilization services. The bill also requires DCF to collaboratively take action to meet the behavioral health needs of such children. The bill directs these agencies to jointly submit a quarterly report to the Legislature during Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better serve these individuals.

The bill requires the behavioral health managing entities (MEs) to create plans that promote the development and implementation of a coordinated system of care for children, adolescents, and young adults to integrate behavioral health services provided through state-funded child serving systems and to facilitate access to mental health and

substance use treatment and services. The bill requires DCF to contract with the MEs for crisis response services provided through mobile response teams (MRTs) to provide immediate, onsite behavioral health services 24 hours per day, seven days per week within available resources.

When contracting for an MRT, MEs must collaborate with local sheriff's offices and public schools in the selection process. The bill also requires that the MRT establish response protocols with local law enforcement agencies, community-based care lead agencies, the child welfare system, and the Department of Juvenile Justice, and requires that the MRT provide access to psychiatrists or psychiatric nurse practitioners. The bill requires MRTs to refer children, adolescents, or young adults and their families to an array of crisis response services that address their individual needs.

The bill requires MEs to promote the use of available crisis intervention services. The bill requires contracted providers to give parents and caregivers of children who receive behavioral health services information on how to contact an MRT.

The bill amends foster parent preservice training requirements to include local MRT contact information and requires community-based care lead agencies to provide MRT contact information to all individuals that provide care for dependent children.

The bill requires principals of public and charter schools to verify de-escalation procedures have been followed and an MRT has been contacted prior to initiating a Baker Act of a student unless the principal or their designee reasonably believes a delay will increase the likelihood of harm to the student or others.

Footnote: HB945 was a bill during the 2020 Florida legislative session. A final version of that bill became law, effective July 1, 2020, and amended section 394.493, Florida Statutes. This section addresses the requirements contained in that Florida Statutes that were added by the final version of HB495.

For questions or concerns related to this plan, please contact Central Florida Behavioral Health Network at 813-740-4811.

Charlotte County contacts include:

Central Florida Behavioral Health Network – Community Manager C10, C12 & C20 813-740-4811
Charlotte Behavioral Health Care, Inc. – Chief Operating Officer 941-347-6402
Charlotte County Fire/EMS – Director of Public Safety 941-833-5600

Any changes to the Transportation Plan should be sent in writing to:

Charlotte Behavioral Health Network C/O Chief Operating Officer 1700
Education Avenue Punta Gorda, FL 33950.

EXCEPTIONS

The following are exceptions which may be granted by the Secretary of the Department for the purposes of improving service coordination or better meeting the social needs of individuals, pursuant to Sec. 394.462, Florida Statutes:

1. An arrangement centralizing and improving the provision of services within a district, which may include an exception to the requirement for transportation to the most appropriate receiving facility.

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

Charlotte Behavioral Health Care Medical Criteria as of 5/29/25

The following is a list of Exclusionary Criteria: (Please check the box to indicate this condition does not exist.)

Cardiovascular Conditions

- Blood pressure:
 - Systolic >180 or diastolic >110 (two readings, 15 minutes apart, without treatment).
 - Systolic <75 requires physician review/resolution prior to admission.
- Heart rate (HR):
 - <50 or >120 (two readings, 15 minutes apart).
- Unstable cardiac dysrhythmia or abnormal EKG results.

Respiratory Conditions

- Dependent on or requiring oxygen, or other ventilator-assisted equipment.
- Patients needing CPAP or nebulizers need nursing approval.

Mobility and Equipment Needs

- Requires bed rails, adjustable beds, or special equipment.
- Patients must be independently capable of performing ADL's. If a patient requires the use of a wheelchair, a **nurse-to-nurse** report must be completed to ensure we have capacity to meet the patients need. *For safety reasons, crutches, canes, and other mobility aids are not permitted on the unit.*

Gastrointestinal and Renal Conditions

- Patients that require 1-1 nursing care due to concerns with incontinence of bowel or bladder or colostomies
- Patients with catheters.
- Requires dialysis or exhibits signs of acute uremia.

Neurological and Cognitive Conditions

- Recent head trauma (within two weeks) without a negative CT scan.
- Seizure disorders:
 - Active seizure or seizure activity within the past 24 hours without documented therapeutic anticonvulsant levels.
 - Seizures within the past week without documented therapeutic anticonvulsant levels and medical clearance.
- Patients with dementia, significant cognitive impairment, or developmental disabilities

Musculoskeletal Conditions

- Broken bones requiring physical therapy or total bed rest.
- Soft casts are permitted if they lack straps, metal, or hard plastic, and the patient can perform ADL's independently.
- Hard casts, boots, or similar materials are not permitted on the CSU.

Wound Care

- Open wounds requiring more than simple dry dressing or intensive daily treatments.
- Ulcerations, packed, or draining wounds.
- Sutures without signs of infection, no signs of drainage or needing intensive treatment.

- Date due to be removed to be removed _____

Infectious Diseases

- Any contagious condition requiring isolation, negative pressure rooms, or intensive treatment (e.g., tuberculosis, MRSA).
 - Patients being treated for COVID-19 are permitted (please indicate the course of treatment)
 - C. diff requires a negative culture.
 - Scabies must be treated before admission.

Hematological and Bleeding Disorders

- Active bleeding, including hemophilia or abnormal bleeding from any bodily orifice.
- Patients on blood thinners require a **nurse-to-nurse** review prior to transfer.

Endocrine and Diabetic Conditions

- Blood sugar levels outside 50–300 mg/dL.
- Insulin pumps are not permitted.
- Untreated or uncontrolled diabetic symptoms.

Substance Use, Withdrawal and Overdose

- No active symptoms of Delirium Tremens (DT)
- Patient must be alert, oriented, afebrile, with normal HR and BP.
- Blood alcohol level (BAL) >0.3 can be accepted with documentation that the BAL is trending down after one hour (**Patient must be walking, talking and able to participate in the admission process**)
BAL @ 1 hour after admission to ER: _____
- Acetaminophen level @ 1 hour: _____ Acetaminophen level @ 4 hours (overdoses only)
- Salicylate level @ 1 hour: _____ Salicylate level @ 4 hours (overdoses only) _____

Pregnancy

- Ruptured membranes, vaginal bleeding, abdominal pain, or pregnancy-related complications (e.g., edema, proteinuria, headache).
- Pregnant patients within 4–6 weeks of delivery require a **nurse-to-nurse** review before transfer.

Age and Physical Independence

- Patients aged 65 or older require a **nurse-to-nurse** review for admission screening.
- Patients must be awake, alert, and capable of independent self-care (ADLs).

Laboratory Findings and Toxicology

- WBC >15,000; Hemoglobin <8; Hematocrit <24.
- Creatinine Phosphokinase (CPK) >1,000 with fever and muscular rigidity (suspected NMS).
- Abnormal electrolytes.
- Tricyclic overdose requires EKG, cardiac enzymes, and cardiology clearance.
- Tylenol overdose: Levels must be completed at 1 hour and 4 hours. Mucomyst treatments must be finished 4 hours before transfer.

Neurological Status

- Abnormal neurological signs not documented as normal by the Emergency Department.

The following documents must accompany checklist: Original Baker Act or Marchman Act, Drug screen, pregnancy test, CBC, CMP any lab work, X-Rays and tests.

DEFINITIONS

Baker Act: The Florida Mental Health Act, governed by Sec.394, Florida Statutes.

Receiving Facility: Any public or private facility designated by the Department of Children and Families to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment [s. 394.455(26) F.S.]

Marchman Act: The **Marchman Act**, officially the "**Hal S. Marchman Alcohol and Other Drug Services Act of 1993**", is a [Florida](#) law that provides a means of involuntary and voluntary assessment and stabilization and treatment of a person allegedly [abusing alcohol](#) or [drugs](#).