Inpatient Residential Division Central Receiving Facility Subcommittee

July 2025



FBHA Strategic Direction

WORKFORCE	INNOVATION
• *Maintain updated data to inform advocacy efforts for workforce issues.* • *Identify policies and initiatives to optimize operations and elevate BH providers in their communities.* • *Strengthen the workforce pipeline.*	• *Streamline regulatory/licensing standards and contractual requirements to ensure accountability and enhance operational effectiveness and efficiency.* • *Support and advocate for policy, funding, and administrative changes that advance quality of care.*

Florida Center for Behavioral Health Workforce

(University of South Florida)

- Established in SB 330/Chapter Law 2024-012 (section 6)
- **Retention Survey – FBHA will distribute week of July 7**
- NEXTGEN Mentoring Program – Fall 2025
- **Publications**
  - 2024-2025 Annual Report
  - March 2025 Interim Report

Facility Arrangement/Configuration

Aspire Health Partners

- CRF Co-located at Hospital
- CRF Co-Located at CSU
- CRF Co-Located at Detox

SMA Healthcare

- CRF located at CSU
- CRF located at Detox

Stand-alone CRF or ARF

CRF front door to CSU

CRF and ARF

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Henderson
Behavioral Health

Mayra Reimer, Director, Community Support

Centralized Receiving Center

- 24/7/365
- Convenient point of entry
- Referrals and linkage to services

Henderson Behavioral Health

Staffing Pattern

- Psychiatrist/APRN
- Nurses
- Clinicians
- Case mangers
- Benefits Acquisition Specialists
- Certified Peer Specialists
- Driver
- Navigator
- Support Staff

Centralized Receiving Center

Services Offered:

- Assessments
- Crisis Support/Emergency Services
- Psychiatric Services
- Case Management
- Care Coordination
- Referral and Linkage
- Peer Recovery Support
- Benefits Acquisition Services

Eligibility

Adults, over 18 years of age, with behavioral health and/or substance use issues who are in need of Crisis Support services, do not meet the criteria for a Baker Act or Marchman Act, and are willing to voluntarily consent to treatment.*

Goals of the CRC

- Reduce the inappropriate use of emergency rooms
- Provide an alternative to incarceration
- Increase the quality and quantity of services through coordination of care and recovery support services
- Demonstrate improved coordination of care and client outcomes
- Improve access and reduce processing time.
  Current drop-off time is less than 3 minutes.

Collaboration with Law Enforcement

- Drop off point for individuals who engage in non-violent crimes
- Diversion from incarceration

Other services offered

- **23 hour respite**
- **Laundry services**
- **Hygienic services**
- **Meal**

Centralized Receiving System Quick Guide

Is the adult person…

- Actively suicidal, homicidal, floridly psychotic, severely intoxicated, acting out/violent, at risk of overdose = **HOSPITAL**
- Severely intoxicated = BARC, Ft. Lauderdale Hospital or any medical hospital
- Experiencing psychiatric crisis, mildly intoxicated, in need of acute mental health/substance use services & ***willing*** to participate = Centralized Receiving Center (CRC) 954.606.0911
- Need a clinician to come to your location for an emergency mental health assessment? Call 954.463.0911 for the Mobile Crisis Response Team

Volunteer to Present Patient Care Pathway for Your Agency

August 19

September 15

Thank you!

Next meeting August 19

ASPIRE HEALTH PARTNERS

STAFFING PATTERNS

Hospital 90-bed capacity (2 units with 46 operational beds) and a 10-bed IIU (Intensive Inpatient Unit)

- 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus. Utilize universal caseloads for our medical staff.
- Intensive Inpatient = 8 lic. C w/2 single room options (1 unit) 1 Charge Nurse, 1 BHT/PCT/CAN

Crisis Stabilization Unit (2 units with 47 operational beds

- 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus.

Short-term Residential Treatment (1 unit with 29 operational beds)

- Staffing pattern and number of staff, including clinical staff, CNA, LPN, medical staff, RN, and tech.
- 1 RN Nurse Manager per Campus. 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus.

Detox Unit 40-bed capacity

- Staffing pattern and number of staff, including clinical staff, CNA, LPN, medical staff, RN, and tech.
- 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 2 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus.

Central Receiving Center

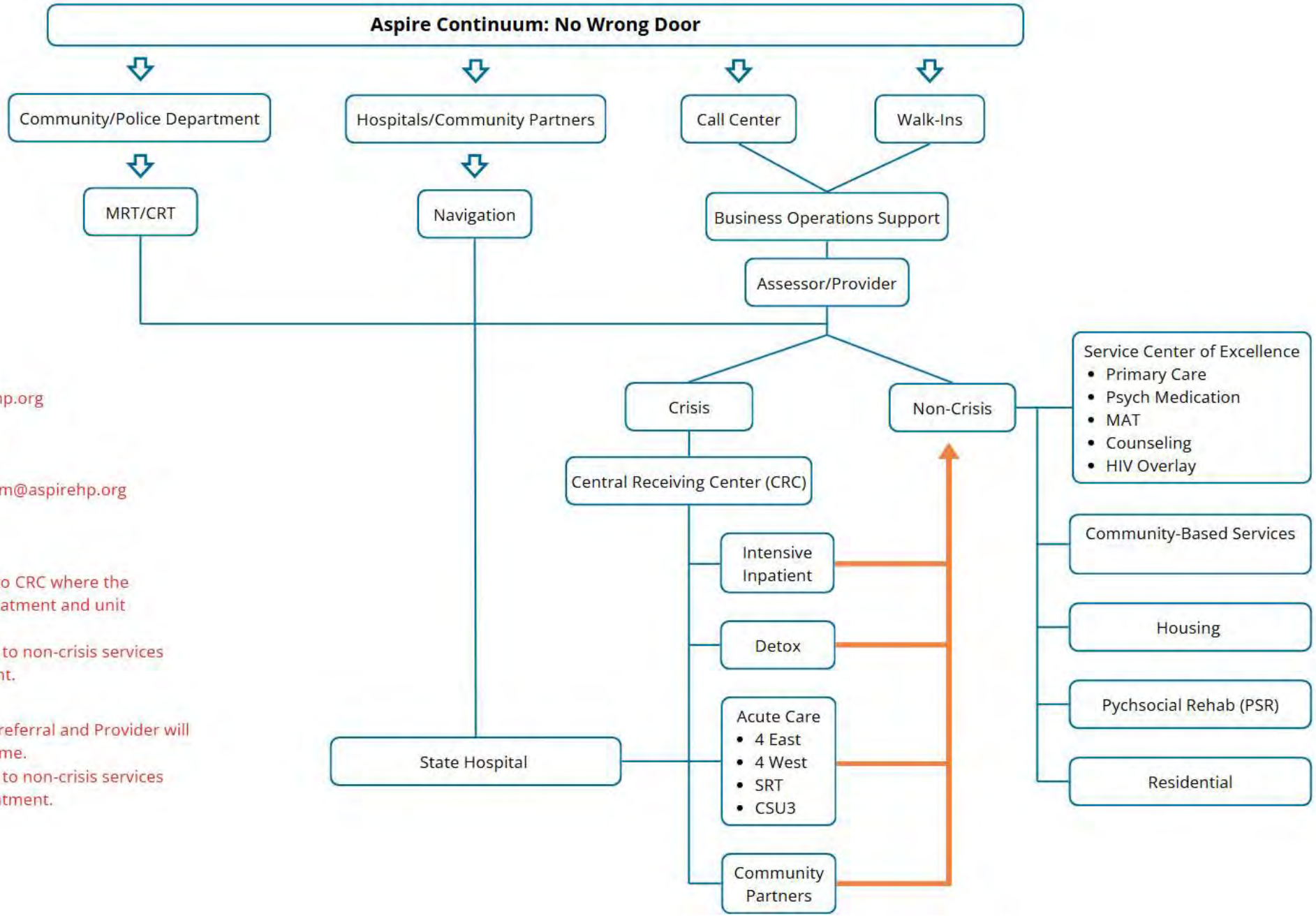
- Assessor Ratio are 3:1 at each facility.
  - Sanford CRC has 1 assessor scheduled throughout the week--three shifts per day.
  - Princeton CRC has 3 assessors per shift, and each shift overlaps by two hours, depending on staffing needs.
  - Kennedy—IP Access has 1 assessor per shift
    - They perform in-depths at Detox and CRC when short-staffed or on high-volume days
    - Also do the assessments on clients sent from hospitals
      - CRC to Kennedy beds (they are our backup).

Utilize universal caseloads for medical staff

Staffing Patterns

- **Crisis Stabilization Unit (Licensed for 30 Beds)** – 2 Registered Nurses, 4 Behavioral Health Techs, 2 Master Level Counselors, 2 Discharge planners
- **Detox (Licensed for 8 beds)** – 2 Registered Nurses, 1 BHT, 1 Master Level Counselor, 1 Discharge Planner
- **Child Crisis Stabilization Unit (Licensed for 12 beds)** -1 Registered Nurse, 1 Behavioral Health Tech, 1 Master Level Counselor, 1 Discharge Planner
- **Emergency Services/Intake** – 2 Behavioral Health Techs, 1 Registered Nurse, 1 Bachelors Level Screening Counselor.
- **1 Psychiatrist Oversees the 4 Psychiatric Nurse Practitioners cover seeing clients to ensure coverage is completed on the weekends.**
- **New addition of 4 Psychiatric Residents as of July 1st**
- **1 Court Liaison to address all court matters for the building.**

ASPIRE HEALTH PARTNERS



Contacts:

- **Centralized Navigation**
  - **Phone:** 407-875-3700 ext. 3269
  - **Email:** Navigation.team@aspirehp.org
- **Centralized Registration**
  - **Phone:** 407-875-3700 ext. 5008
- **Acute Care Leadership**
  - **Email:** AcuteCare.Leadershipteam@aspirehp.org

Notations

- MRT/CRT
  - In-Crisis: Team will escort client to CRC where the Assessor/Provider will decide treatment and unit placement.
  - Non-Crisis: Team will refer client to non-crisis services and assist setting an appointment.
- Navigation
  - In-Crisis: Team will create a unit referral and Provider will assess client within legal timeframe.
  - Non-Crisis: Team will refer client to non-crisis services and assist with setting an appointment.

ASPIRE HEALTH PARTNERS

ACCESS | Central Receiving Center

Contacts:

- **Phone:** 407-875-3700 ext. 5038
- **Email:** Admissions@aspirehp.org
- **Leadership**: Kris Turkeltaub
  - **Email:** kris.turkeltaub@aspirehp.org

Notation:

All clients admitted to CRC must have legal status.

Documentation Completed:

- Nursing Assessment
- Consent for Treatment
- Medicare Rights
- Notice of Person's Admissions for examination
- Verification of Orientation
- Release of information for PCP
- Biopsychosocial
- Preliminary Diagnosis
- Baker Act Service Eligibilty
- DLA-20

Client arrives on a Baker Act Involuntary/Voluntary Marchman Act/Substance Use Voluntary

- CRC Walk-Up
- Law Enforcement
- Corrections
- Outpatient Access
- Residential Programs
- Case Management
- Mobile Response Team

Medical:

Nursing

- Determine if client is medically stable
- UDS/BAL

BHTs:

- Wand and search
- Inventory Property
- Register on Observesmart

Clinical:

- Email Face sheet and legal status:
- Business office approves guarantor
- Navigation determines disposition.
- Initiates Inpatient Holding program
- Determine if client meets Baker/Marchman Criteria
- Contact collateral or guardian

Medical and clinical collaborate to determine appropriate level of care.

Level 1 or Low level 2 Acute Care

- MH Insured: Princeton
- MH Uninsured: Kassab
- Marchman Acts: Detox

High Level 2 or 3 Intensive Inpatient

- Exclusionary: Aggressive, command hallucinations

Level 4 Overturn

- Provider evaluates and enters discharge order
- Collateral Call
- Safety Contract
- Aftercare appointment
- MRT Follow up

Medical Send Out

- Medical Clearance or Exclusionary
- Sent to Advent Health South
- Documentation sent to Navigation and approved by provider

ASPIRE HEALTH PARTNERS

REFERRAL PROCESS | Central Receiving Center

CONTACTS:

- **Phone:** 407-875-3700 ext. 5038
- **Email:** Admissions@aspirehp.org
- **Leadership**: Kris Turkeltaub
  - **Email:** kris.turkeltaub@aspirehp.org
- **Unit Nurse Leadership:**
  - **Email:** NursingSupervisors@aspirehp.org
- **External/Internal Referrals:**
  - **Centralized Navigation**
    - **Email:** Navigation.Team@aspirehp.org
    - **Phone:** 407-875-3700 ext. 3269
  - **Centralized Registration**
    - **Phone:** 407-875-3700 ext. 5008
- **Internal Referrals:**
  - **Email:** Access.BOS@aspirehp.org

NOTATION:

- All clients admitted to CRC must have legal status.
- Ensure Demographic form is scanned and sent to Nurse Leadership, Navigation, and Centralized Registration for insurance verification & Bed/Unit Assignment.

ENSURE COMPLETION OF:

- Consent for Treatment
- Nursing Physical Assessment
- Treatment Plan
- Safety Plan
- All missing signatures are collected

Client arrives on a Baker Act Involuntary/Voluntary, Marchman Act/Substance Use/Voluntary, Ex-parte Mental Health or Substance Abuse

- CRC Walk-Up
- Law Enforcement - BA52 form completed by an officer is applicable
- Corrections
- Outpatient Access
- Residential Programs
- Case Management
- Mobile Response Team

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Initial Registration

- Assessor completes Registration.
  - Demographic Form is completed
  - Client Search and pat down
- Vitals signs are taken
- Belongings are collected and documented
- Client changes into scrubs
- Client Orientation
  - UDS
  - HCG
  - BAL

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Bed Assigned

- Bed is assigned by:
  - UM Department or Nurse Navigation (after hours)

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Digital Registration

- Client Registered on ObservSmart system
- Beacon place on client for monitoring (Q-15

→

Welligent Registration

- Client is registered in Welligent (EHR)
- Client paper file handed to Nurse to begin admission process

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Nursing Admission Process

- Health Screening
- Inpatient Lethality Assessment
- TB Assessment
- Once Nurse is done with admission process, the file goes back to the assessor for In-Dept Process

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Nurse-to-Nurse (N2N) Handoff

- Once a bed and unit is assigned to the client, the nurse calls the assigned unit for N2N handoff.

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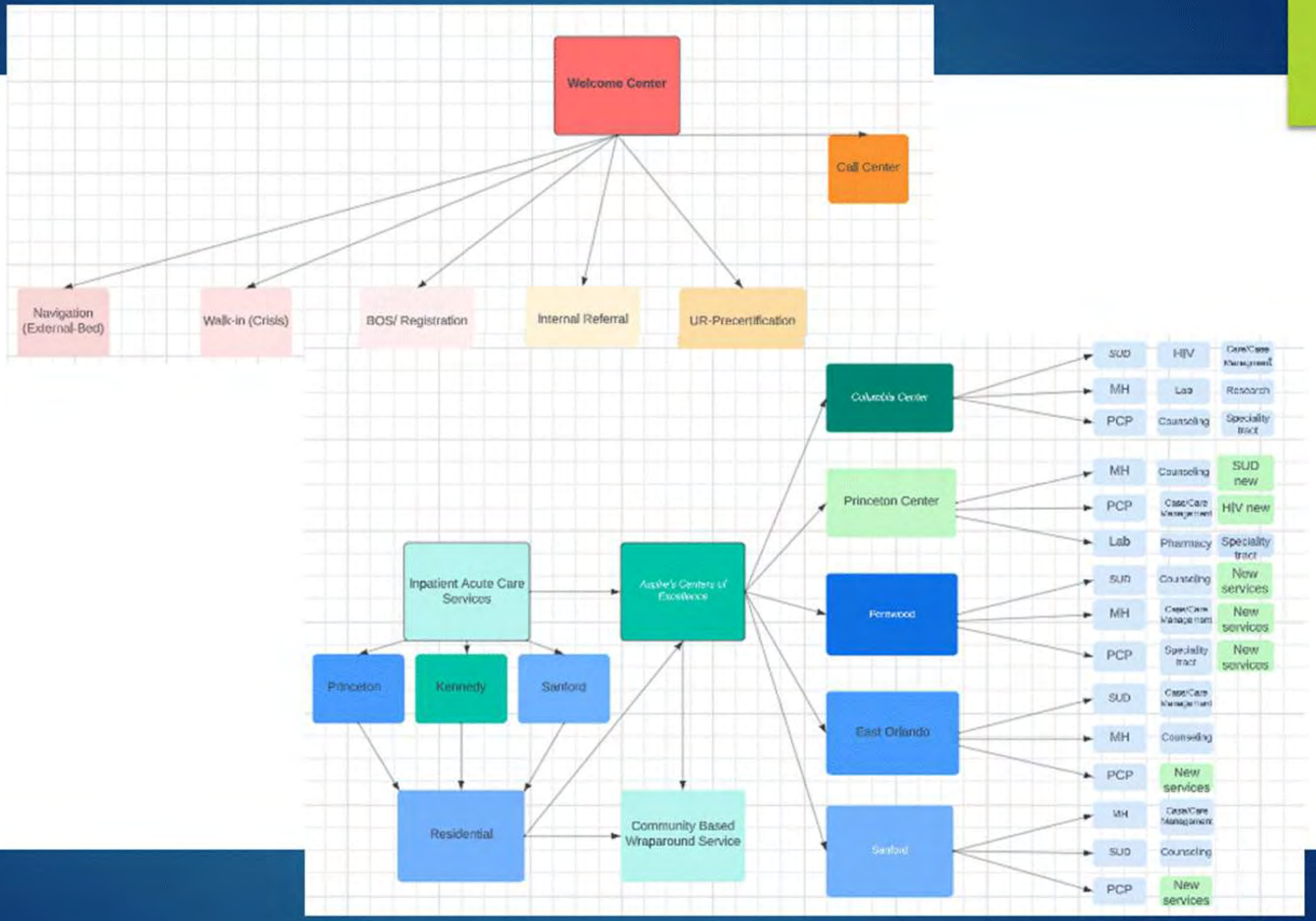
Transfer to Assigned Unit

- Client file is sent to CRC Outgoing and client is transferred to assigned unit (CSU 3, Detox, 4 East, 4 West, IIU, and occasionally Sanford CSU)

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Unit Orientation

- Unit Schedule
- Hygiene Time
- Client Phone Time
- Mealtimes
- Visitation Hours
- Unit Rules


Welcome Center
Call Center
Navigation (External-Bed)
Walk-in (Crisis)
BOS/ Registration
Internal Referral
UR-Precertification
Inpatient Acute Care Services
Princeton
Kennedy
Sanford
Residential
Community Based Wraparound Service
Princeton Center
Fernwood
East Orlando
SUD
MH
PCP
HIV
Lab
Counseling
Research
Pharmacy
SUD new
HIV new
New services

ASPIRE HEALTH PARTNERS

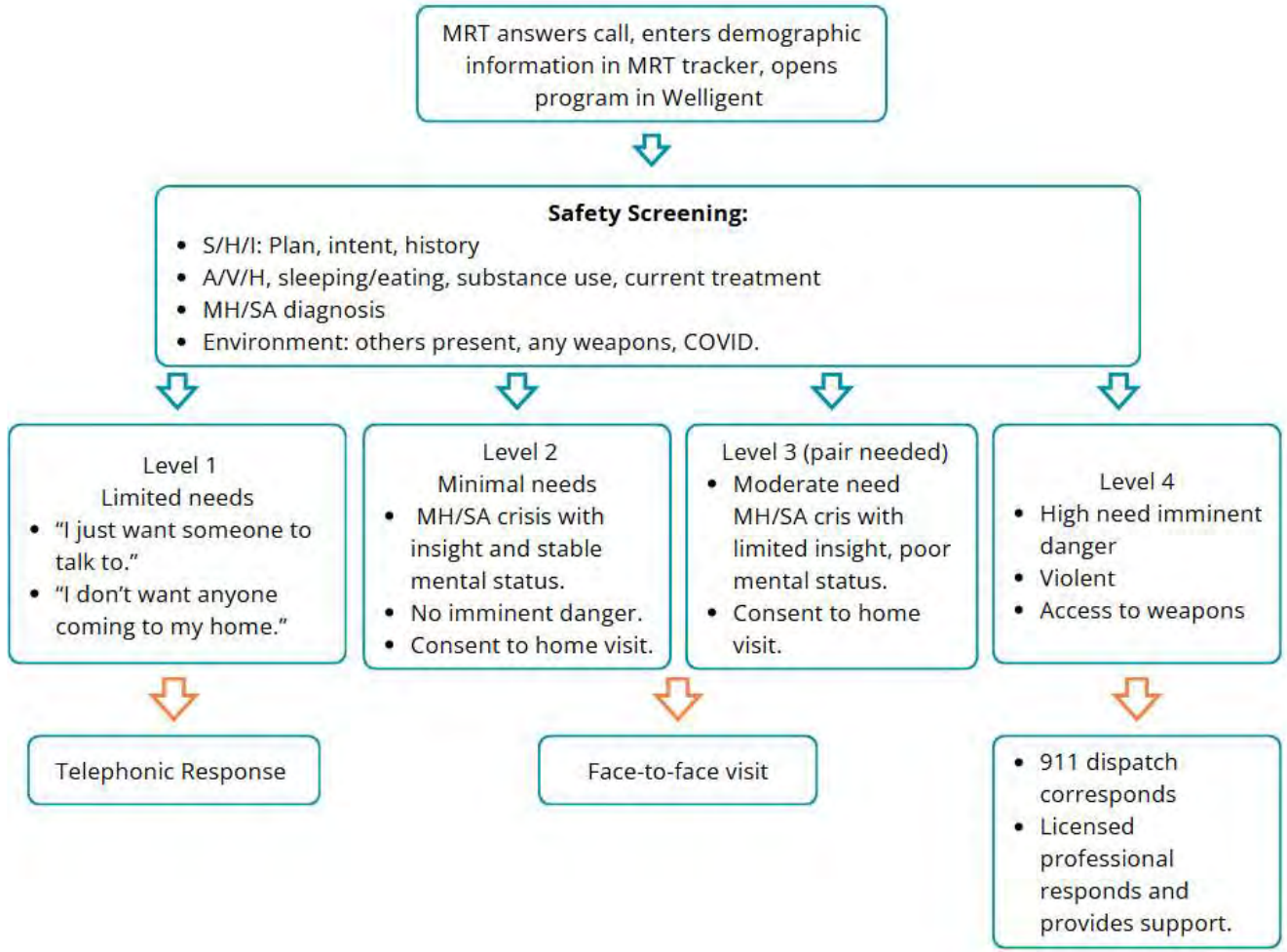
ACCESS | Mobile Response Team

CONTACTS:

- The community may call 407-667-1600, 24/7 to reach a staff member on the Mobile Response Team.
- 988 calls routed to 211 are then dispatched to MRT if crisis warrants an in-person response.

INFORMING COMMUNITY:

- MRT Participates in community events/speaking engagements.
- CIT Coordinator provides a segment on MRT services.
- MRT flyers are provided to clients at point of Access and upon discharge from Acute Care units, Case Management, and Residential programs.



ASPIRE HEALTH PARTNERS

CONTACTS:

- **Phone:** 407-875-3700 ext. 3269
- **Fax:** 407-822-5030
- **Email:** Navigation.Team@aspirehp.org
- **Leadership**: Mary Grayson-Stamps
  - **Email:** mary.grayson-stamps@aspirehp.org

ACCESS | Centralized Navigation

Referral Source:
Accepting Insured and Uninsured Clients and Referrals 24/7

- Hospitals
- Community (including law enforcement)

Review Referral and Placements

- Directly accepts for appropriate criteria and obtains insurance precertification if indicated.
  - 40708753700 ext. 3269
  - Fax 407-822-5030
  - Navigation.Team@aspirehp.org

Utilization Management Specialist
Data analytics

- Sends out census reports throughout the day of all acute care units.
- Verifies benefits and completes admission and financial eligibility forms into Welligent.

Transfer into Services
Based on assessment/triage and all data analytics, placement is made to selected campus and unit:

- Medical stabilization/Detox
- Psychiatric stabilization/Detox
- Service Center of Excellence/Medication Assisted Treatment

Notifications into Services

- Receiving unit is notified.
- Referral documents are forwarded via email.
- Transportation is arranged.

Areas of Focus

- Staffing/Ratios/Shifts
- Onboarding/Training/Compliance
- Provider Caseloads – DOC/APRN/PA
  - Skill/ Scope
- Cross-Functional Roles
- Law Enforcement Officer/Transportation Plans/Legal Status & No Legal Status

Facility Type (Capacity)	BHT Wages
RTF MH Three sites (212)	$16.50 starting and shift differential
SA Detox; RTF Level II and IV SA (four 24/7 buildings on campus) (20; 90; 23)	$15-$18 ($15 for HS degree; $16 for certification; and $18 for BA - no shift differential)
RTFl Level I SA and Detox	$15-$17
RTFl Levels 1-4 SA (75)	$16.48
Residential Women and Children SA (64)	$15-$16 (for overnight)
RTF Co-occurring (210)	$15-$17

Facility Type	Ratio	Staffing
CRF/ARF and CSU housed in CRF	• 1 BHT/Safety Tech:6 adult patients • 1 BHT/Safety Tech: child patient (?)	• 1 APRN/ 1 Psychiatrist (Mon- Friday) and 1 psychiatrist on the weekends • Two types of technicians (patient safety technicians and behavioral health technicians) • Staff 8 technicians during day shift and 7 technicians during night shift • 1 RN and 1 LPN for both shifts and 1 bridge RN 10am - 8am everyday • Approximately 4 clinicians and 1-2 discharge planners everyday • 3-4 peer support specialist • 1 UM clerk daily, 1 Medical records clerk • 1 Nurse manager (Monday - Friday) and 1 Assistant Nurse manager (Sat/Sun). • 2 directors (1 operations/1 clinical) • 1 Judicial coordinator
CRF is front door to inpatient services, feeds CSU (Similar to an ER/Inpatient Hospital Model. Had a Central Intake for years, but increased services to a CRF several years ago.)	• 1 BHT:6-7 patients, based on acuity • 1:15 for RNs	• Team Lead (shift supervisor) • 1 Full time APRN • 5 BHT's per 12 hour shift • 1 RN per 12 hour shift • 4 Case Managers per 8 hour shift • 2 AA's per 8 hour shift • Emergency screeners complete assessments to determine least restrictive treatment options • Full time APRN and MDs round daily, completing assessments, and determine least restrictive placement • MRT and CCT teams embedded within CRF for continuity of care • Approximately 4 Screeners
Separate from the inpatient CSU and Addictions Receiving Facility		• 1 Director of CRF Licensed Clinical Professional • 1 RN Manager • 4.2 RNs • 12 Emergency Screeners Masters level Licensed and Unlicensed • 8.4 Emergency Screening Coordinators (HS/Bachelor's Level) • 11 Mental Health Technicians/Drivers (HS), 2 Care Coordinators Bachelor Level, 1 Program Assistant (HS) • .25 APRN/Psychiatrist (MD)
CRF	• 1:10 BHTs • 1:15 nursing	• 1 Psychiatrist (M-F) • 4 APRNs on call at night and work 4 10-hour shifts to cover weekends • Midshifts for RNs and Techs to address acuity and ratios • 4 clinicians that cover the children, adult CSU and detox • 4 discharge planners assist the clinicians

Facility Type	Scheduling
CRF/ARF and CSU housed in CRF	• 12 hours for BHTs and nurses • 8-10 hours for clinicans, peers, psychiatric providers, and discharge planners • On-call clinican for risk assessments and voluntary admissions
CRF is front door to inpatient services, feeds CSU	• 12 hours BHTs and nurses • 8 hours for screeners • 8 hours for team lead who is the shift supervisor
Separate from the inpatient CSU and Addictions Receiving Facility	• All 12 hours
CRF	• APRNs 10-hour shifts to ensure that weekends are covered

Successful Approaches

Found that assigning a set schedule of 3 consecutive 12-hour shifts works best to ensure coverage. Drawback has been difficulty retaining staff that want to work weekends. To adjust, staggered assigned shifts so some staff only work one weekend day.

Financial incentives for extra shifts. New engagement policy with 30-day and 90-day check ins with new hires. Expanded recruitment pool.

Workforce Issues

- Unaffordable housing and cost of living – staff relocate
- Onboarding psychiatrists
- BHTs – staffing patterns, training issues, retention
- APRN skill set

Another Challenge: Role of Law Enforcement

MEDICAL STABILIZATION GUIDELINES
For Miami-Dade County
Freestanding Psychiatric Facility.
Banyan Health Systems Crisis Stabilization Unit.

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 non-medical facilities. **In any case, exceptions can be considered with a physician-to-physician consult**.

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

Mental Illness

The definition of mental illness in the Baker Act excludes persons who are intoxicated, or substance abuse impaired, who have retardation or 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 on voluntary or involuntary status under the Baker Act. Primary diagnoses of alcoholism or drug addiction are generally inappropriate and are more appropriately handled under Florida's Marchman Act. Chronic organic brain syndrome, head injuries, and various forms of dementia not appropriate for referral to a CSU and will not be accepted for admission.

Freestanding Facilities

Banyan Health System (BHS) Crisis Stabilization Unit (CSU) is a non-medical, non-hospital facility. Its structure and staffing patterns do not permit admission of persons who require medical care beyond the capability of a CSU. BHS CSU is a non-medical hospital that accepts persons who have acute mental illness or substance abuse disorders who have been medically stabilized.

Transfers/Transports

All transports must have supported documentation, which specifically states "medically stable for transport to non-medical facility". The person's physical safety always takes precedent over psychiatric needs.

* No exclusions apply for general hospitals with psychiatric units.

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

Complication	
Blood Pressure	Persons with alterations from their normal baseline blood pressure, which the admitting physician believes may not be appropriate for management (diastolic over 100 or under 60 and systolic over 180 or under 90 generally not accepted). Sustained readings may be required to determine medical stability.
Diabetes	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. Serial glucose determinations may be required.
Critical Lab Values	Critical Lab values are ones needing immediate/urgent attention and treatment. These are values for conditions that can't be managed as an outpatient. They are above a level which a patient would have normally been discharged.
Wounds	Persons with wounds that require more than a dry dressing or wounds which require intensive daily treatment due to their size or location, or a sterile field cannot be admitted.
Infections	Severe infections such as cellulitis, active tuberculosis, severe urinary tract infection, severe gynecological infections, chickenpox, meningitis, gangrene, or elevated temperatures of unknown etiology (over 101 degrees) – **accompanied by acute symptomatology**. Individuals with an active infectious process which requires any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other persons in the facility. Individuals who are unable to maintain integrity of bodily eliminations as related to diseases/infections transmitted via blood and body fluids.
Incontinence	Not considered an exclusion if no transmittable infectious diseases are present, as described under "infections" above. **Incontinent of feces/urine will be reviewed on a case-by-case basis. **

* No exclusions apply for general hospitals with psychiatric units.

Medical complications that may delay or prevent admission to BHS, a freestanding psychiatric facility, cont.

Complication	
Broken Bones	Broken bones requiring physical therapy or requiring total bed rest (non-ambulatory) are excluded. Generally unable to accept cases unless casting is complete or definitive follow-up orthopedic care arranged prior to transfer. Fractures are considered for admission on a case-by-case basis.
Cardiac	BHS CSU is unable to manage persons who need oxygen therapy or assist type of equipment. Cardiac medication should be well documented and appropriate levels (if applicable) drawn. If pacemaker present, documentation of when pacemaker was last checked. ** No oxygen therapy cases accepted. Other types of assist equipment are evaluated on a case-by-case basis**
Catheters	Persons who have catheters will not be accepted; this includes self care catheters.
IV Fluids	Persons receiving IV fluids/medications not accepted.
Seizure Disorders	Persons with seizure disorders who have not been taking anti-convulsant medication and have positive recent seizure history (within past week and active seizures). Individuals will be appropriate for admission 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 be appropriate until seizure free for 3 days.
Cancer Treatment	Persons requiring intensive treatment for cancer cannot be admitted.
Renal Dysfunction	Persons requiring kidney dialysis or persons manifesting signs/symptoms of acute uremia.
Head Trauma	Persons with recent significant head trauma (within 2 weeks) may not be considered appropriate for admission. Persons with head trauma will be accepted with documented neurological exam and appropriate head scans which rule out neurological/organic origins of psychiatric symptomatology.

* No exclusions apply for general hospitals with psychiatric units.

Medical complications that may delay or prevent admission to BHS freestanding psychiatric facility, cont.

Complication	
Substance Abuse Withdrawal	Persons in withdrawal are appropriate, Not those exhibiting severe DT's or withdrawal induced seizures.
Pregnancy	The safety of the mother and/or fetus will always take precedent over psychiatric needs. Admission of a person with complications or in third trimester will require physician-to-physician consult. Admission will require physician approval.
Ambulation	Persons whose condition requires bed side rails, adjustable beds, call bells cannot be admitted. Individuals who are unable to ambulate without assistance or who require crutches, walker, or canes will be provided a wheelchair while on the unit.
Overdoses	Overdoses will be treated according to Regional Poison Center Recommendations and are eligible for CSU admission after medical stabilization. In cases of more than trivial overdose, the transferring facility will provide documentation of contact with and the recommendations of the Poison Center which may include necessity and time of repeat lab work and may include minimum time of observation before medical clearance can be considered.
Nebulizer/Aerosol Machine	Any person requiring a nebulizer/aerosol machine for the delivery of bronchodilators must have the treatment completed prior to admission unless other forms of medication delivery are in place. Facility is able to provide treatment on site when not ion acute distress.
Medical/Surgical Follow-up	Persons who require urgent follow-up for medical or surgical conditions will be considered only with documented treatment plan and follow-up appointments in place.
Intake/Output	Must be taking fluids and basic nutrition by mouth and voiding before approval for admission

* No exclusions apply for general hospitals with psychiatric units.

Aspire Health Partners
Admission Medical Exclusionary Criteria

The Medical Exclusionary Criteria defines the limits in which we can adequately and safely care for the patient.

Critical Values: (For the following conditions, we will refer out for medical clearance, once stable, reassess for admission.)

1. Overdose/Over-sedated, unable to communicate appropriate/necessary information. Unknown amount of substance ingested.
2. If BAL remains > 0.300, LOC is decreased, or the client is not walking and talking.
    a. Patients with BAL >0.3 will be monitored and reassessed after 30 minutes.
3. Tachycardia ≥ 120 if patient is not in withdrawal.
4. Temp ≥ 101. Suspected communicable systemic infection.
5. Unstable Diabetes: Glucose ≥400 or ≤ 60.
6. Status Delirium – (DT's)
7. Diagnosed Obstructive Sleep Apnea – Requiring a CPAP.
8. Pre-eclampsia, HELLP Syndrome or other prenatal complication that require complete bed rest and ongoing fetal monitoring.
9. Chronic Progress Disease that requires:
    a. Long Term Pain Management, and/or
    b. Intensive off-site medical management/treatments at regular schedule intervals such as dialysis and chemotherapy.

Acute Medical Condition:

1. Open wounds and burns requiring extensive wound care that exceeds resources of facility.
1. Indwelling tubing: (example: Foley, feeding tube, J-tube etc.) (Excludes Patient admitted under OUD-IV program)
2. Vascular Ports: beyond our safe scope of management.
3. Rule out MI without cardiac clearance
4. Unstable Hypo/Hypertension requiring ongoing IV therapy.
5. Post–stoke requiring total care, speech therapy (must be able to cognitively participate in groups and therapy.
6. Pulmonary Emboli – untreated

7. Anemia requiring transfusion
8. Active Systemic Lupus Erythematosus

Infectious Disease & Infestations: (For the following conditions, the patient will not be admitted until cleared for a community unit based setting.)

1. Untreated/suspected MRSA **without treatment**.
2. Active and/or suspected pulmonary TB: Will be sent out for evaluation. Need to have 3 negative sputum's before accepting.
    a. If they are inactive from an incomplete treatment, they are able to return to the program and continue medications, after confirmation.
3. Pneumonia
4. Respiratory isolation (airborne precautions requiring negative pressure protocol)

Chronic Medical Conditions and/or Conditions Requiring a Higher Level of Detox Care: (For the following conditions, we will refer out to an appropriate facility and/or hospital as needed.)

1. COPD/Pulmonary: No respiratory requirement of cannula or maintenance/ continuous oxygen or supportive equipment. (O2 concentrator, CPAP, BI-PAPS) regardless of stability of client.
2. Untreated incomplete treatment of Endocarditis and cardiac changes.
3. CHF: No respiratory insufficiency – Unstable
4. Conditions requiring continuous monitoring
5. Conditions requiring bed rest
6. Traction
7. Complex wound and dressing care
8. Unstable/Unmanaged epilepsy/status epilepticus.
9. Unstable Angina/Heart Failure/Cardiac Condition: Unstable.
10. Hyperalimentation feeding
11. Chronic Cardiac Condition/HTN: **Client with a DX cardiac condition will not be admitted to DETOX without all of Medication required for maintaining adequate cardiac function. (If client arrives and fits criteria but doesn't have required medication, admission may be delayed in order to maintain safety and stability of patient's chronic condition)
12. Renal/Hepatic Insufficiency Patients will require a Higher Level of care due to the need of monitoring required for stability and/or Dialysis.
13. Medically fragile: Clients must be able to maintain ADL's – client currently requiring assistance with ADL will be referred to appropriate level of care. Due to serious/multiple medical/physical assistance will be beyond our safe level of management. (e.g. use the toilet themselves, bath, dress and transfer themselves).
14. Must be able ambulatory without the need of assistive devises.

Psychiatric: For the following conditions, we will refer out to an appropriate facility.

1. Severe Autism.
2. Severe Asperberger's Syndrome.
3. Dementia of the Alzheimer's Type with Delirium and/or delusions and psychotic secondary conditions.
4. Pervasive Developmental Disability
5. Per Contract, Sociopathic Personality (Individual under the DOC with Felony charges may not be eligible for admission per Florida State Statute 394.462(g).
6. No DSM-5 diagnosis
7. Homeless seeking shelter
8. Absence of risk of not being able to care for self-due to psychiatric illness.
9. TBI that inhibit ability to participate in services.

Inpatient Detox Only:

1. Unstable Psychiatric Disorder NOS –see below criteria
2. Bipolar Type I Disorder, Severe with psychotic features. (Hyper manic behavior)
3. Untreated/Unstable Schizophrenia, Paranoid Type (un-medicated) with delusions or hallucinations (Mental health disorder with active auditory/visual hallucination or paranoid behavior).

   **If client is managed/stable on medication and negative for auditory/visual hallucination they may be admitted as long as they meet other DETOX criteria. (Client may not be admitted without meds present on admission due to the importance of mental stability during treatment). Failure to bring appropriate medication may cause a delay in admission

Trespassing: Incidents of trespassing on property will not be tolerated and may result in termination of service

1. Any acts of violence, whether directed towards staff or other patients
2. Damage to property, whether intentional or accidental, will be assessed and may affect service eligibility.

Residential:

1. Homeless seeking shelter
2. Individual Must:
   a. Bring a 30-day supply of all medications in the original bottle; medication must be approved by Medical Provider
   b. Bring proof of TB Vaccination if applicable
   c. Be Able to self-administer medication including:
   d. Take all medication as prescribed
   e. Bring all supplies for diabetes management; able to monitor blood sugar and self-administer insulin
   f. Follow all Medication Observation Processes
   g. Be able to ambulate without staff assistance using approved assistive devices

Note: Chronic Medical/Psychiatric Condition

*** All clients that have been on regular scheduled medications that are not on our formulary must have them @ admission in order to be admitted in a timely manner. Due to the importance of maintaining Chronic Medical/Psychiatric condition and in order to safely stabilize the patient, it is essential to have chronic conditions stable and without lapse in therapeutic medication. ** (If client has been prescribed a medication but has not been taking it, may be admit as long as they meet inpatient detox criteria and medication is provided by the referring party.

***This will be different for MA/Protective Custody as these clients will not have had time to prepare. (This is something we can give the family a time frame in which to deliver medication.)

Attachment C

Emergency and Acute Care Services
Medical Stabilization Guidelines for Hillsborough County

All patients referred to the Central Receiving Facility (CRF), or any facility licensed under Florida Statute 394 and 397 for admission, shall be screened for medical illnesses/complications prior to accepting the patient. Patients must be awake, alert, and self-ambulating. Individuals must be medically stable for transport to the CRF. The patient's physical safety always takes precedence over psychiatric needs. In specific cases, the receiving and transferring providers may require request a nurse to nurse contact relative to any issues beyond the parameters of the following guidelines.

When a medically necessary transfer, defined in Florida Statute 395.002 as a transfer necessary because the patient is in immediate need of treatment for an emergency medical condition for which the facility lacks capacity, is required, the CRF or facility licensed under Florida Statute 394 or 397 shall contact EMS if an emergency to transfer the person to the most appropriate medical facility. For non-emergent medical conditions that are still beyond the safe management capability, or that require medical clearance, transportation is arranged with the contracted alternative service provider (currently TransCare).

The following medical illness/complications may delay or prevent admission to the CRF and/or an inpatient CSU, AARF, or a facility licensed under Florida Statute 394 or 397. A patient that is medically cleared is not necessarily medically appropriate for a free standing facility. The patient must be medically stable and the receiving facility must have the capacity to treat the patient. <u>All parameters will be reviewed and determined on a case by case basis</u> <u>by contacting the CRF.</u>

1. Anticoagulant Therapy: Individuals requiring anticoagulant therapy must be stabilized as evidenced by accompanying laboratory results within therapeutic ranges.

2. Blood pressure: Individuals with alterations from their normal baseline blood pressure or individuals with a new diagnosis of hypertension not previously managed and currently unstable, which the CRF believes may not be appropriate for management in a facility licensed under 394 or 397. (Adult Range 90/60 to 150/90). Patient specific circumstances to be considered.

    a. The Emergency Departments agree to provide at least one dose of antihypertensive medication and medically reevaluate individuals in the adult range of 90/60 to 150/90 prior to transfer when appropriate to the CRF, or to a facility licensed under 394 or 397. Recommendations for treatment by the Emergency Department physician will be communicated to the receiving facility.

3. Diabetes – an established baseline is required. Diabetics, must exhibit medical stability. Insulin dependent diabetic's levels must be less than 300 mg/dl with treatment initiated (as indicated by a Glucometer or blood work).

4. Typically, cannot manage wounds that require more than a dry dressing or wounds which require intensive daily treatment due to their size or location, or a sterile field.

5. Infections requiring treatment including but not limited to Pneumonia, Pulmonary Infiltrates, Phlebitis, Active Tuberculosis, Hepatitis B, HIV, Severe Urinary Tract Infection, Gynecological Infections, Gangrene or Elevated Temperatures of unknown etiology (> 101 degrees) –

accompanied by acute symptomatology.

a. Individuals with an active infectious process which requires any type of isolation and whose treatment and/or management is unable to prevent the cross contamination of other CSU, or any Florida Statute 394, 397 licensed facility patients. For example flu, MRSA, COVID.
b. All behavioral health patients must have a covid screening and be covid negative for acceptance to the CSU or AARF.
c. Individuals who are unable to maintain integrity of bodily eliminations or incontinent of urine/feces as related to diseases/infections transmitted via blood and body fluids.

6. Broken bones requiring physical therapy that requires total bed rest (non-ambulatory). Major fractures are considered for admission on a case-by-case basis.

7. Cardiac disease where oxygen or assist type of equipment is needed (C- PAP/ Bi-PAP machines are not appropriate).

8. Receiving any IV fluids or requiring catheters (excluding self-care urinary catheter). This includes but is not limited to a suprapubic catheter, PEG tube, or insulin pump.

9. Seizure patients who have not been taking anti-convulsant medication and have positive recent seizure history (active seizure history). Individuals will be appropriate for admission when therapeutic levels of the appropriate anti-convulsant medication are documented and accompany the patient. Admission of "status epilepticus" will not be appropriate until seizure-free for one week. New onset of a seizure disorder of unknown etiology would likely be inappropriate for CRF. Documented Pseudo seizures (via a Neuro consult) are likely eligible.

10. Patients requiring intensive treatment for cancer.

11. Patients requiring kidney dialysis or patients who manifest signs/symptoms of acute uremia.

12. Patient with recent significant head trauma (within 2 weeks). Patients with head trauma will be accepted with documented neurological exam that rules out neurological/organic origins of psychiatric symptomatology.

13. Primary diagnosis of chronic organic brain syndrome is generally inappropriate and a medical / neurological evaluation is required if accepted for admission. Generally, organic brain syndrome such as Dementia or Traumatic Brain Injury would not be appropriate for a Baker Act or a CSU admission.

14. Patients with Dementia or a developmental delay, such as Autism Spectrum as their primary disability would likely not be appropriate for a Baker Act or CSU admission.

15. Pregnant with complications, or with no prior prenatal care and within 4-6 weeks of delivery (at minimum) will require a documented OB/GYN consultation prior to transport to the CRF. Admission of a pregnant patient in the third trimester to a facility licensed under Florida Statute 394 or 397 for pregnant patients is handled by a case-by-case basis and requires administrative approval. The physical safety of the mother and/or fetus will always take precedence over behavioral health care needs. Viability of the pregnancy should be confirmed prior to referral to CRF.

16. Patients whose condition requires bedside rails, adjustable hospital beds or who are unable to ambulate. Patients with paralysis who require tub baths.

    a. Individuals who are unable to ambulate without assistance or who require crutches, walker, or canes will be evaluated on an individual case-by-case basis by administration on-site/on-call. In the event that there is question regarding this, nurse to nurse contact may be necessary.

17. Any patient receiving breathing treatment(s) will have these treatments completed or discontinued at the hospital/provider before being considered for transfer to a CSU, or any Florida Statute 394 or 397 licensed facility. Any patient with a tracheostomy that is new or needs suction would not be eligible for a CSU or any Florida Statute 394 or 397 licensed facility.

18. Patients in acute intoxication or withdrawal from substances, who require prescribed methadone maintenance, or who have opiate addictions will be referred to a facility licensed under Florida Statute 397. They will not be accepted at a facility licensed under Florida Statute 394.

19. Patients who have overdosed:

    a. Must be screened and medically stabilized with supporting lab work performed by appropriate resources.

    b. In situations where more than minimal overdoses were ingested, repeat lab work must be performed. CRF may override this requirement if, in their opinion, it is not necessary to repeat lab work. All providers must ensure that levels of toxicity are being completed and reported when referrals are made and any necessary follow-up is communicated to CRF staff.

    c. The patient must be awake and alert, and able to ambulate unassisted except in the case of physically handicapped individuals. Patients who are unable to complete a mental status exam due to over-sedation must be managed by the Emergency Departments until the patient is alert and oriented.

    d. Gross neurological signs must be within normal limits and documented by the referring agency.

Overdoses will be treated according to Regional Poison Center recommendations and are eligible for admission after medical stabilization. This eligibility is subject to accepting facility requirements and doctor's recommendations. For example, the CCSU may have more stringent requirements than an Adult CSU.

Policy Title: Inpatient Crisis Medical Exclusionary List
Policy Number: QA-528
Area: Inpatient Crisis
Regulatory Standard: CARF (3.H.15)
Effective Date: 1/21/2020
Date Last Revised: 2/14/2020; 4/27/2020; 6/5/2020; 10/1/2022; 12/29/2023; 12/13/2024; 2/13/2025

Policy: Individuals will receive a medical screening prior to admission or transferred from a hospital to ensure they are medically appropriate for Inpatient Crisis. Individuals will receive medical monitoring while admitted ensuring they are medically appropriate for Inpatient Crisis. Inpatient Crisis Programs include Crisis Stabilization Unit (CSU), Children's Crisis Stabilization Unit (CCSU), Detoxification (Detox), and Addictions Receiving Facility (ARF).

Individuals are considered out of scope if they meet the following criteria:

1. If an individual has a medical condition, illness, or injury that prevents the individual from being independent with the activities of daily living (ADL)
2. Unable to provide their own durable medical equipment (DME) and self-care
3. Has a non-removeable item that can cause harm or be a potential weapon
4. Pregnancy, applicable to CSU Only
5. Requires IV medication

Procedure

1. Upon admission an individual will receive a nursing assessment, or if an individual is transferring from a hospital a Nurse to Nurse report will be completed to ensure they are medically appropriate.

2. **No obvious or stated medical conditions** the individual will be admitted or accepted from the hospital.

3. **Stable medical conditions** the individual may be admitted. Within 24 hours of admission the Nurse will consult with the Physician/APRN onsite to determine if the individual needs to be seen via telehealth with SMA's Primary Care or sent to the hospital for further medical treatment. Stable medical conditions include:
    a. Chronic diabetes
    b. Hypertension
    c. Cardiac history
    d. Controlled seizure disorder
    e. Treated infections
    f. COPD
    g. Patient use of own DME
    h. Noncomplicated pregnancy Detox Only

i. Prior to admission, an individual must have an OB/GYN fetal viability.

4. **Unstable/symptomatic** prior to admission the Nurse will consult with the Physician/APRN. Unstable/symptomatic medical conditions include:
   a. Elevated blood pressure (diastolic>110)
   b. Accu-Chek reading <60 or >400 call the physician or nurse practitioner
   c. Elevated temperature of unknown etiology (>101)
   d. Dehydration due to vomiting and diarrhea
   e. Current or witnessed seizure activity
   f. Difficulty in breathing
   g. Confusion not due to a psychiatric disorder
   h. Acute untreated head trauma
   i. Lacerations or other severe / untreated wounds / fractures or dislocations
   j. Complications of pregnancy, e.g., hemorrhage
   k. Non-ambulatory conditions
   l. IV medications
   m. Untreated infectious diseases
   n. Any other medical condition which the staff deems not safe for the admission to a non-medical unit

5. Life threatening medical condition, illness, or injury: Call 911 for any life-threatening emergency, follow BLS protocol if indicated. Life threatening medical condition, illness, or injury include:
   a. Acute MI on EKG
   b. Acute stroke
   c. Threat of loss of life or limb

6. There may be certain instances in which the exercise of professional judgment and/or discretion by a Physician/APRN warrants taking other actions.

7. Anyone with medical problems requiring transfer to the emergency department for care will not be accepted until such time the condition has been treated and medically verified in writing as having been stabilized and final approval by Physician/APRN.

Inpatient Residential Division:
Central Receiving Facility Subcommittee

Chairs:

Shannon Robinson, Aspire Health Partners

Terence Thomas, SMA Healthcare

October 27th, 2025

Central Receiving Facility Subcommittee

Month	Topic	Key Points

June	The subcommittee reviewed types of CRF.
	
	Aspire and SMA Healthcare presented care pathways and staffing ratios.
		• **Types of CRF Facility Arrangement**
		  • Stand-alone CRF or ARF (Detox)
		  • CRF Front Door to CSU
		  • CRF and ARF (Detox)
		• **Co-Chairs introduced and reviewed company Care Pathways with members.**
		  • Aspire Welcome Center/Continuum
		  • Mobile Response Team
		  • Centralized Navigation
		  • Central Receiving Center – Access and Referral Process
		• **Shannon Robinson introduced and reviewed Aspire Staffing Ratios with members.**
		  • Hospital/Intensive Inpatient Unit
		  • Crisis Stabilization Unit
		  • Short-term Residential
		  • Detox Unit
		  • Central Receiving Center

Central Receiving Facility Subcommittee

Month	Topic	Key Points

July	The subcommittee reviewed types of CRF, SMAs Staffing Patterns, and continued reviewing organization presentations of the care pathways.
	
	Mayra Reimer presented Henderson Behavioral Health's client pathway.
		• **CRF Facility Arrangement**
		  • Aspire Health: CRF Co-located at Hospital, CSU, and Detox.
		  • SMA Healthcare: CRF located at CSU and Detox.
		• **Terence reviewed SMA Staffing Patterns with members.**
		  • CSU, Detox, Child Crisis Stab. Unit, Emergency Services/Intake, number of MD, Pych Nurse Practitioners, Pych Residents, and Court Liaison
		• **USF Center for Behavioral Health Workforce Overview**
		  • The Center is directed to address workforce issues that align with priority discussion items (and the strategic plan)
		  • Ensure awareness as we are thinking about input and recommendations that could inform the center's work.
		• **Henderson Behavioral Health Patient Care Pathway Presentation, Mayra Reimer, Director of Community Support**
		  • Started identifying focus areas for further development.
		  • Identify another company model for

Central Receiving Facility Subcommittee

Month	Topic	Key Points
August	The subcommittee chairs, Shannon Robinson and Terence Thomas, presented exclusionary criteria.	• **Medical exclusionary list shared with community hospitals and referring partners – continued sharing and discussion.** • Shannon Robinson, Chief Integration Officer presented Aspire Health Partners Medical Exclusionary document.

September	Continued focus on Exclusionary Criteria.
	Members commented on similarities, differences, and particular challenges at their respective organizations.
		• **Medical exclusionary list shared with community hospitals and referring partners – continued sharing and discussion.**
		  • Emphasis on working with community partners, such as hospitals and law enforcement.
		  • Secure transportation
		  • Exclusionary medical concerns that warrant further review, such as low BMI, pregnancy, and HIV/AIDs.
		  • Approaches to medicating

Central Receiving Facility Subcommittee

Month	Topic	Key Points

October	Discussed Provider Roles & Responsibilities, onboarding, and Provider sharing and announcements.	• **Roles and Responsibilities by Profession**
		  • Discussed MDs, APRNs (PMHPs and FNPs), and PAs.
		  • Reviewed Aspire Health Partners and SMAs Provider Roles & Responsibilities documents.
		• **Topics the members would like to discuss to influence change.**
		  • Workforce concerns
		  • Onboarding psychiatrists
		  • APRN skill set
		  • Role of law enforcement
		• **Provider sharing and announcements**
		  • Added this as a standing item on RTF and Children's subcommittees.
		  • Would give individuals a chance to discuss new

Name: _____ ID#: _____

Position:	**Registered Nurse**	**JD#:**
FLSA Status:	Non-Exempt	
Supervises:	None	

Job Scope: The Registered Nurse (RN) is responsible for managing patient care by promoting and restoring patients' health through the nursing process, collaborating with physicians and multidisciplinary team members, and providing physical and psychological support to patients, friends, and families. The RN provides care to patients, within scope of experience and training in inpatient, outpatient, and/or other facility settings. RNs record patients' medical histories and symptoms, help perform diagnostic tests and analyze results, administer treatment and medications, and help with case follow-up and rehabilitation. The RN utilizes the nursing process, critical thinking, and problem solving skills to provide holistic care across the life span.

Essential Job Functions:

- Provides quality nursing care to clients in accordance with established agency and program guidelines.
- Performs initial and ongoing health assessments, assesses patient integrated healthcare needs, and identifies any barriers to accessing care.
- Assesses situations and uses sound judgment in applying medical or emergency intervention techniques.
- Properly administers medication; documents results; takes vital signs on clients.
- Monitors patients for changes in health status after medication change, change in key health indicators, hospitalization or any assessed decline in function or presentation.
- Monitor lifestyle factors affecting health and assist the client with goal setting to achieve behavioral change.
- Provides client education specific to client age and condition.
- Utilizes effective infection control techniques and methods.
- Obtains and reviews prior medical records and medical history to evaluate for scope of care.
- Communicates effectively with clients, peers, professionals, and community agencies regarding client needs.
- Participates in staff meetings as required by program guidelines.
- Arranges medical appointments, makes referrals, and coordinates with community medical providers.
- Arranges and coordinates lab work and advises of unusual laboratory results.
- Handles verbal and /or physically abusive, aggressive clients, utilizing de-escalation techniques to ensure safety.
- Performs timely and accurate documentation of client care in SMA's EMR, and in accordance with program policy and procedure.
- Confirms client payer source and obtains authorizations when required by program guidelines.
- Performs related work as required/assigned.

Qualification Requirements: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Minimum Education and/or Experience: Registered Nurse in the State of Florida. Experience with healthcare delivery in primary care, mental health and/or substance abuse preferred. Current BLS Certification or CPR Certification as required by program. Additional education and/or experience may be required as per specific program guidelines.

Knowledge/Skills/and Abilities:

- Must be knowledgeable and demonstrate competency in current principles and practices of healthcare delivery in diverse populations to include mental health and substance abuse.
- Must be knowledgeable and demonstrate competency in computer skills including Emergency Medical Records.
- Demonstrates ability to quickly assess situations and use sound judgment in applying medical or emergency intervention techniques.
- Ability to develop a collaborative therapeutic alliance with individuals and/or family members served and other members of the integrated healthcare team.
- Ability to communicate effectively both verbally and in writing.

Necessary Special Requirements: Possession of a valid Florida driver's license, acceptable driving record, and proof of personal automobile insurance if required to drive an SMA vehicle and/or use a personal vehicle for SMA business. Complete State of Florida mandatory background screening prior to start of employment. Complete SMA required training during the first six (6) months of employment and updated if required. Current BLS Certification or CPR Certification as required by program.

Physical: Mobility and ability to bend and reach during an 8-12 hour day. Able to lift minimum 10 pounds. Visual and auditory acuity sufficient to evaluate, intervene, treat, and record client health care needs. Fine motor skills for legible and accurate charting, daily correspondence and presentation, either manually or orally. Work endurance ability to work 8-12 hour shifts with a meal break, as possible. Routine 8-12 hour shifts. Hours and days off may vary. Extra hours may be required. Work assignment locations may vary.

Application: This position description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications which may be required of the employee assigned to the position. It should not be used to limit the nature and extent of assignments such individuals may be given.

I acknowledge that I have read and received a copy of this Job Description.

Employee's Signature:_____Date:_____

Supervisor's Name;_____

Supervisor's Signature_____Date:_____

Created: 06/2020 Revisions:

Name_____ **ID#:**_____

Position:	**Psychiatrist**	**JD#:**
FLSA Status:	Exempt	
Supervises:	Yes	

Job Scope: This is a professional medical position in which the Psychiatrist serves as a member of a multidisciplinary team which assumes responsibility for directly providing needed treatment, rehabilitation, and support services to identified adults with severe and persistent mental illnesses. The incumbent in conjunction with the team leader, has overall clinical responsibility for monitoring client treatment and staff delivery of clinical services. The Psychiatrist provides psychiatric and medical assessment and treatment; clinical supervision, education, and training of the team; and development, maintenance, and supervision of medication and psychiatric and medical treatment policies and procedures. The Psychiatrist must have the ability to make complex clinical treatment and rehabilitation decisions and provide recommendations regarding client treatment keeping supervisor apprised of critical issues.

Essential Job Functions:

- Conducts psychiatric assessments including psychiatric history, course of illness, response to treatment, mental status examination, and 5 Axis DSM IV diagnoses, and presents assessment results at team meetings and treatment planning meetings.
- Supervises the treatment team in the comprehensive assessment of psychiatric history (e.g., onset, course and effect of illness, past treatment and responses, and risk behaviors), mental status, and diagnosis; physical and dental health; use of drugs or alcohol; education and employment; social development and functioning; activities of daily living (e.g., self-care, living situation, nutrition, money management); and family structure and relationships.
- Collaborates with APRNs and registered nurses in assessment of client physical health, making appropriate referrals to community physicians for further assessment and treatment, and coordinating medical treatments with psychiatric treatments.
- Prescribes psychotropic medications and conducts regular assessments of therapeutic responses and side effects and educates clients regarding psychotropic medications.
- Performs individual, group, and family supportive therapy and illness education in the process of carrying out the tasks above.
- With other team members, provides support, education and counseling to family members of clients to help them become knowledgeable about mental illness, collaborate in the treatment process, and assist in their family member's progress.
- Provides on-site crisis assessment and management of clients during regular work hours, both on-site and over the phone, during other hours, and as on-call backup to the first-line on-call staff.
- Is actively involved in both acute and long-term psychiatric inpatient treatment of clients including initiation and facilitation of admission to the hospital; regular communication and consultation with the attending psychiatrist; frequent visits to clients in the hospital; and along with other team members, collaboration with the inpatient staff in the planning and implementation of treatment and discharge to the community.
- Submits written reports and oral testimony and presentation of opinion in commitment and other legal proceedings, and in a wide range of treatment,

rehabilitative, and support services matters (e.g., Social Security applications, prior authorization of medication, etc.).
- Regularly attends scheduled staff meetings to assess patient status and progress, to coordinate treatment activities, and develop treatment solutions to problems other staff are having.
- Participates in and supervises the development of the comprehensive treatment plan for each patient at treatment planning meetings.
- Assists the team leader in the administration of the clinical program and the clinical supervision of individual team members, providing information and opinion regarding the performance of individual staff in order to assist in employee performance reviews.
- Trains staff in the knowledge of skills basic to the treatment of person with severe and persistent mental illnesses
- Performs miscellaneous job-related duties as assigned.

Qualification Requirements: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Minimum Education and/or Experience: Board certified or board eligible in psychiatry and licensed to practice medicine in the State of Florida with strong clinical skills and experience providing treatment to persons with severe and persistent mental illnesses required.

Knowledge/Skills/and Abilities:
- Thorough knowledge of the characteristics and problems of adults with severe mental illnesses and be knowledgeable about the PACT model.
- Considerable knowledge of all psychiatric procedures, medications, side effects, and mental illnesses relating to the severely and persistently mentally ill adult population.
- Knowledge of all clinical tests and their applications.
- Knowledge of all state and federal laws and regulations relating to their profession.
- Knowledge of pharmacology, psychotherapy, physical assessments, neurological psychiatric evaluations.
- Knowledge of growth and development issues for adults.
- Demonstrated knowledge of appropriate/therapeutic communication, boundaries, and activities with adults.
- Demonstrated knowledge of treatment interventions/techniques and common clinical conditions for adults.
- Demonstrated knowledge of common side effects of medications used to treat conditions demonstrated by adults as well as side effects to be aware of.
- Demonstrated knowledge of basic nutritional needs of adults.
- Skills to monitor client's condition and assess their behavior specific to the age and disability of the person served in a professional and courteous manner; skills to effectively assess and monitor the side effects of medications specific to the age and disability of the persons served.
- Ability to follow procedure and chart medical documentation in client's permanent record.
- Ability to maintain composure in an emergency/stressful situation.
- Ability to communicate effectively and develop professional relationships with the persons served, staff and other allied health professionals.

Necessary Special Requirements: Possession of a valid Florida driver's license, acceptable driving record, and proof of personal automobile insurance if required to drive an SMA vehicle and/or use a personal vehicle for SMA business. Complete State of Florida mandatory background screening prior to start of employment. Complete SMA required training during the first six (6) months of employment and updated if required.

Physical: Mobility and ability to bend and reach during an 8-12 hour day. Able to lift minimum 10 pounds. Visual and auditory acuity sufficient to evaluate, intervene, treat, and record client health care needs. Fine motor skills for legible and accurate charting, daily correspondence and presentation, either manually or orally. Work endurance ability to work 8-12 hour shifts with a meal break, as possible. Routine 8-12 hour shifts. Hours and days off may vary. Extra hours may be required. Work assignment locations may vary.

Application: This position description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications which may be required of the employee assigned to the position. It should not be used to limit the nature and extent of assignments such individuals may be given.

I acknowledge that I have read and received a copy of this Job Description.

Employee's Signature:_____ Date:_____

Print Supervisor's Name:_____

Supervisor's Signature:_____ Date:_____

Created: 02/2009 **Revisions:** 02/13; 03/22

Name: _____ ID# _____

Position:	**Counselor II**	**JD#:**	10790
FLSA Status:	Exempt		
Supervises:	None		

Job Scope: This is a highly responsible professional position serving as a clinical member of a multidisciplinary SMA Healthcare treatment team. The Counselor II will provide professional mental health, substance abuse, and co-occurring therapeutic treatment services to SMA clients. The counselor has responsibility to carry out treatment related functions such as assessment, group, individual, consultative and supportive services to clients and families.

Essential Job Functions:

- Conducts individual, group, and/or family psychotherapy as indicated by diagnosis and individualized treatment plan.
- Conducts comprehensive assessment of psychiatric history (e.g., onset, course and effect of illness, past treatment and responses, and risk behaviors), mental status, and diagnosis; physical health and dental health; use of drugs or alcohol; education and employment; social development and functioning; activities of daily living (e.g., self-care, living situation, nutrition, money management); and family structure and relationships.
- Develops an individual treatment plan and ensures immediate changes are made in the treatment plan as clients' needs change.
- Provides ongoing assessment of clients' co-occurring symptoms and clients' response to treatment. Makes appropriate changes in treatment plans to ensure immediate and appropriate interventions are provided in response to changes in mental status or behavior which put clients at risk (e.g., suicidality).
- Educates and supports clients and their families, and advocates for clients' rights and preferences.
- Documents client progress in SMA's EMR to maintain a permanent record of client activity according to established methods and procedures.
- Participates in staff organization meetings and treatment planning review meetings.
- As a member of the multidisciplinary team, works in close conjunction with all team members, and other collaborating agencies to ensure the best possible client outcomes.
- Coordinates with outside services as appropriate to ensure that clients' needs are addressed.
- Provides practical help and support, advocacy, coordination, side-by-side individualized support, problem solving, direct assistance, training, and supervision to help clients obtain the necessities of daily living.
- Performs miscellaneous job-related duties as assigned.

Qualification Requirements: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Minimum Education and/or Experience: Masters' Degree from an accredited school in Psychology, Social Work, Counseling or other relevant Human Services discipline is required. Certification as an Addictions Professional or Licensed to practice as a Clinical Social Worker, Mental Health Counselor, or Marriage and Family Therapist preferred. Experience with the target population preferred. Additional education and/or experience may be required dependent on specific program guidelines.

Knowledge/Skills/and Abilities:

- Thorough knowledge of the most recent DSM version and the ability to formulate a diagnosis.
- Strong clinical knowledge and skill in both substance abuse and mental health therapy.
- Thorough knowledge of clinical assessment process, treatment planning, individual, group, and family therapy.
- Ability to quickly assess and diagnose persons for treatment and formulate realistic, measurable goals and objectives.
- Ability to establish and maintain effective working relationships with other employees, medical and clinical professionals, and the general public.
- Ability to prepare clear and concise written reports.
- Ability to handle verbally and /or physically abusive and aggressive persons and utilize aggression control techniques to ensure the safety and wellbeing of the person, other persons, and employees on the team.
- Ability to incorporate cultural and age appropriate care into all aspects of communication and service delivery.
- Ability to communicate effectively both orally and in writing.
- Knowledge of insurance and Medicaid billing and services.
- Knowledge of managed care and different payer sources.

Necessary Special Requirements: Possession of a valid Florida driver's license, acceptable driving record, and proof of personal automobile insurance if required to drive an SMA vehicle and/or use a personal vehicle for SMA business. Complete State of Florida mandatory background screening prior to start of employment. Complete SMA required training during the first six (6) months of employment and updated if required.

Physical: Mobility and ability to bend and reach during an 8-12 hour day. Able to lift minimum 10 pounds. Visual and auditory acuity sufficient to evaluate, intervene, treat, and record client health care needs. Fine motor skills for legible and accurate charting, daily correspondence and presentation, either manually or orally. Work endurance ability to work 8-12 hour shifts with a meal break, as possible. Routine 8-12 hour shifts. Hours and days off may vary. Extra hours may be required. Work assignment locations may vary.

Application: This position description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications which may be required of the employee assigned to the position. It should not be used to limit the nature and extent of assignments such individuals may be given.

I acknowledge that I have read and received a copy of this Job Description.

Employee's Signature:_____Date:_____

Print Supervisor's Name: _____

Supervisor's Signature: _____Date:_____

Created: 05/2020 Revisions:

Name: _____ ID#:_____

Position:	**Behavioral Health Technician**	**JD#:**
FLSA Status:	Non-Exempt	
Supervises:	None	

Job Scope: The Behavioral Health Technician (BHT) performs a variety of client support and unit operational duties. The BHT's duties may include client monitoring, searches of clients, inventory of client belongings, assistance with client triage and discharge, client transfer between units and programs, transport of clients, implementation of the program daily schedule, and the collection of vital signs and UAs when necessary. The BHT demonstrates compassion, an understanding of the nature of behavioral health illnesses, and the ability to engage clients with mental health illnesses, substance use disorders, and co-occurring illnesses. The BHT helps to provide a safe and therapeutic environment by interacting in a warm, compassionate manner and de-escalating clients when necessary, while always promoting client achievement of treatment plan goals and objectives.

Essential Job Functions:

- Responsible for monitoring the behavior and activities of each client; reports any concerns regarding the health, safety, or well-being of a client to the appropriate authority.
- Serves as a positive role model; utilizes approved behavior modification techniques; provides positive reinforcement and support to clients.
- Conducts and participates in basic life skills activities.
- Processes admissions and discharges for voluntary and/or involuntary clients; orients the client to the facility; explains rules, policies and procedures.
- Completes required program documentation and reports as required - daily, weekly, monthly, etc.
- Documents clients' activities, behavior patterns, changes in behavior patterns, and occurrences.
- Ensures clients adhere to established schedule and routine.
- Obtains required program information; inventories client valuables.
- Collects urine specimens and completes paperwork and/or laboratory paperwork, if required.
- Conducts security/safety checks; monitors visitors/clients for contraband; conducts searches; removes dangerous items; performs and/or assists with restraints.
- Performs general office and public contact duties, such as: answering telephones, using program radios, greeting visitors, communicating with the public, police, DCF, hospitals etc.
- Participates in meetings as required; converses with staff on client's progress or lack of progress.
- Performs general cleaning responsibilities when needed.
- Attends training /in-services as required.
- Utilizes approved de-escalation techniques when necessary.

- Transports clients to other agencies, hospitals, homes, community activities, AA meetings etc.
- Ensures compliance with CARF, AHCA, DCF, DJJ and/or DOC standards and security safeguards.
- Performs miscellaneous job-related duties as assigned.

Qualification Requirements: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Minimum Education and/or Experience: Possession of a high school diploma or equivalent. Six months of related human services experience preferred. Preference will be given to those who are certified as Behavioral Health Technicians. Additional education and/or experience may be required as per specific program guidelines.

Knowledge/Skills/and Abilities:

- Some knowledge of the human services field and the application of basic client care skills.
- Ability to utilize behavior management techniques and serve as a role model.
- Ability to handle verbally and/or physically abusive and aggressive clients and utilize aggression control techniques to ensure the safety and well being of the client, other clients, and employees in the unit.
- Ability to communicate effectively with suicidal, mentally, emotionally, and/or psychologically disturbed clients in person and over the telephone.
- Ability to defuse potentially dangerous situations, and remain calm in an emergency.
- Ability to understand and implement The Mandt System in order to assist clients who are in crisis. This may include the physical ability to restrain a client, or assist with the restraint of a client.
- Ability to prepare and maintain written documentation.

Necessary Special Requirements: Possession of a valid Florida driver's license, acceptable driving record, and proof of personal automobile insurance if required to drive an SMA vehicle and/or use a personal vehicle for SMA business. Complete State of Florida mandatory background screening prior to start of employment. Complete SMA required training during the first six (6) months of employment and updated if required.

Physical: Mobility and ability to bend and reach during an 8-12 hour day. Able to lift minimum 10 pounds. Visual and auditory acuity sufficient to evaluate, intervene, treat, and record client health care needs. Fine motor skills for legible and accurate charting, daily correspondence and presentation, either manually or orally. Work endurance ability to work 8-12 hour shifts with a meal break, as possible. Routine 8-12 hour shifts. Hours and days off may vary. Extra hours may be required. Work assignment locations may vary.

Application: This class specification is intended to identify the class and illustrate the kinds of duties that may be assigned to its incumbents. It should not be interpreted as describing all of the duties whose performance may ever be required of such an employee or be used to limit the nature and extent of assignments such individuals may be given.

I acknowledge that I have read and received a copy of this Job Description.

Employee's Signature: _____ Date:_____

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Created: 07/2020 Revised:

Monday 11/17/2025

Program		# of Beds Purchased by or Allotted to FS	Actual Census	Assigned but has not arrived	Total Census once all assigned have arrived	Open Male Beds	Open Female Beds	% of Beds Filled
CSU III (30 Beds)								
MH	SAMH/ME (2000)	4	10	0	10			
MH	CRS/ME (2016)	5	2	0	2			
MH	OC CRC (2015)	12	4	0	4			
MH	OC DOC (6)	7	5	0	5			
MH	Various Ins/MMA/Med	2	5	0	5			
	Total	30	26	0	26	2	3	87%
4 WEST (26 Beds)								
MH	SAMH/ME (2000)	8	8	0	8			
MH	CRS/ME (2016)	0	1	0	1			
MH	OC CRC (2015)	0	0	0	0			
MH	Various Ins/MMA/Med	18	13	1	14			
	Total	26	22	1	23	0	1	85%
4 EAST (30 Beds)								
MH	SAMH/ME (2000)	2	2	0	2			
MH	CRS/ME (2016)	0	0	0	0			
MH	OC CRC (2015)	0	0	0	0			
MH	Various Ins/MMA/Med	28	17	0	17			
	Total	30	19	0	19	4	4	63%
SCSU (30 Beds)								
MH	SAMH/ME (2000)	6	4	0	4			
MH	SAMH/CRS SEMINOLE (NEW)	10	1	0	1			
MH	CRS/ME (2016)	0	2	0	2			
MH	Sem Co (3000)	2	0	0	0			
MH	Various Ins/MMA/Med	12	6	0	6			
	Total	30	13	0	13	0	0	43%
TOTAL ALL MH CSU/HOSPITAL BEDS								
MH	SAMH/ME (2000)	20	24	0	24			120%
MH	SAMH/CRS SEMINOLE (NEW)	10	1	0	1			10%
MH	CRS/ME (2016)	5	5	0	5			100%
MH	OC CRC (2015)	12	4	0	4			33%
MH	OC DOC (6)	7	5	0	5			71%
MH	Sem Co (3000)	2	0	0	0			0%
MH	Various Ins/MMA/Med	60	41	1	42			68%
	Total	116	80	1	81	6	8	69%
SRT (29 Beds)								
MH	SAMH GR (2000)	25	12	3	15			
	Total	25	12	3	15	7	7	48%
Intensive Inpatient								
MH	SAMH GR (2000)	1	1	0	1			
MH	Various Ins/MMA/Med	7	0	0	0			
			0	0	0			
	Total	8	1	0	1	3	4	13%
ARF (40 Beds)								
SA	SAMH/ME (2000)	2	10	0	10			
SA	OPI SETTLEMENT TREATMENT RECOVERY (in place of SAMH 2000)	13	3	0	3			
SA	SAMH CRS/ME (2016)	6	0	0	0			
SA	OC CRC (2015)	2	0	0	0			
SA	Various Ins/MMA/Med	17	10	0	10			
	Total	40	23	0	23	6	9	58%

Residental Bed Allocations FY 2023-24

Program	Payor Source	# of Beds
OASIS (36 Beds)		
SA	SAMH/ME (2000)	19
SA	CBC's Various	3
SA	DJJ/ (10)	0
SA	Various Ins/MMA/Med	14
	Total	36
MRO (45) Level 2		
SA	SAMH/GR (2000)	26
SA	SAMH/LBR	0
SA	SAMH FITT (2050)	2
SA	OC CRC (2015)	8
SA	OC CRP (2010)	5
SA	DC Flair (2019)	1
SA	Various Ins/MMA/Med	1
	Total	43
WRO (35)		
SA	SAMH GR (2000)	20
SA	SAMH FITT (2050)	2
SA	SAMH PPW - RX (2005)	3
MH	TANF (411)	1
SA	TANF (411)	3
SA	OC CRP (2010)	3
SA	OC CDBG (411)	2
SA	Various Ins/MMA/Med	1
	Total	35
SCCD (36)		
MH	SAMH GR (2000)	6
MH	SAMH/CRS SEMINOLE (NEW)	3
MH	MH Court	1
MH	SC ReInvestment Gr (2998)	1
MH	TANF (411)	1
SA	SAMH GR (2000)	15
SA	SAMH/CRS SEMINOLE (NEW)	6
SA	TANF (411)	1
SA	SC Drug Court (2360)	2
SA/MH	Various Ins/MMA/Med	0
	Total	27
WRS (15)		
MH	TANF (411)	1

SA	SAMH GR (2000)	12
SA	SAMH FITT (2050)	0
SA	SAMH PPW - RX (2005)	1
SA	TANF (411)	0
SA	Various Ins/MMA/Med	1
	Total	15
WRB (22)		
MH	TANF (411)	2
SA	SAMH GR (2000)	7
SA	SAMH FITT (2050)	2
SA	SAMH PPW - RX (2005)	10
SA	TANF (411)	0
SA	Various Ins/MMA/Med	1
	Total	22
BAY House I R & B with Supv (15)		
MH	SAMH GR (2000)	10
MH	MH Court Grant (2366)	2
MH	Sanford CDBG (2375)	1
MH	SC ReInvestment Gr (2998)	2
	Total	15
BAY House I R & B with Supv (12)		
MH	Forensic MH (2001)	8
College Place R & B with Supv (60)		
MH	SAMH GR (2000)	42
MH	CRS/ME (2016)	5
MH	OC CRC (2015)	13
	Total	60
College Place Level 4 (4)		
MH	OC PTR (4)	4
	Total	4
Anchor R&B with Supv(30)		
MH	OC CRC (2015)	2
SA	OC CRC (2015)	28
	Total	30
HT Program (10)		
	OC HT (2012)	10
	Total	10
HOME Housing (44)		
SA	SAMH/LBR (2006)	0
SA	SAMH PPW - RX (2005)	22
MH	SAMH GR (2000)	2
SA	Osceola County	6
SA	City of Kissimmee	

Other		
	Total	30
MRO Housing (3)		
SA	City of Orlando CDBG (2022)	3
	Other	
	Total	3
HOPWA Housing (40)		
SA	OC (2072)	40
	Total	40
Operation Center Focus VA Housing (54)		
MRO	VA Per Diem (2080)	48
WRB	VA Per Diem (2080)	6
	Total	54
College Place Housing(6)		
SA	Drug Court	2
MH/SA	Other	0
	Total	2

Medical Director of Psychiatry _____

Chief Nursing Officer_____

Acute Care Provider Roles & Responsibilities

7 days a week **Including on-call** **All providers are expected to participate in Treatment Team every day.** **Admissions:** **Psych: 45 minutes** **Medical: 30 minutes** **Follow-up: 15 minutes** **Discharges: 20 minutes** **1st/2nd Opinions and Competency Assessment: 15 minutes** **PMHNPs (in rotation) will create a Daily Caseload.** **Caseload will be sent via Teams to all Providers, Nursing/Medical/Clinical Leadership, and Charge Nurse** **Discharge orders, notes, and summary should be prioritized and completed as to allow for discharges to leave by 12pm** **Discharge medications should be ordered at least 24 hours prior to discharge.** **Discharges should occur consistently throughout the week including weekends.**	**Psychiatrist/PGY-4** • Medicare Certs/Recerts • Admissions/Discharges equitably o Including Discharge Summary • 1st and 2nd opinions o Court Appearances & Testimonies • Competencies and RORs • H&P • Psych follow-ups (F/Us) as assigned (*see Suggested Criteria Below*) • ETO orders ***Psychiatrist F/U Suggested Criteria*** • All patients on a 1:1 • Day 3 med review and adjustment • Unstable/complicated (examples may include ≥ 1 ETO, S&R prior day/night, nonresponsive to max dose or multi same class meds) • Pregnant patients-admission & med adjustment **PMHNP** • Admissions/Discharges equitably o Including Discharge Summary, Note, and Order with Med Reconciliation • 2nd opinions (*if applicable*) o Court Appearances & Testimonies (*if applicable*) • Competencies and ROR (*if applicable*) • H&P Psychiatric and Physical Assessments o Initiate Medical Standing Orders (HTN, DM, and Seizure) • Psych F/Us **FNP/PGY-2/3** • H&P - Physical Assessments • Medical Consults • F/U (medical & stable psych) as assigned **Psychologist** • Competencies • Psych/Neuro-Cognitive evaluations • 2nd opinions
Schedule and On-Call **On-Call expectations** **Phone Calls - Mon-Fri 6p-6a** **On-site coverage - Sat-Sun** **Tele requires prior written Exec Leadership Approval**	**Schedule changes must be approved by Medical/Nursing exec leadership.** • PTO requests must be emailed to medpro.pto@aspirehp.org o Additionally, PTO requests must be submitted in Datis • Requests should be made >3 weeks before date request • PTO requests may be granted in the order received, while considering the amount of previous PTO utilized by staff **On Call Responsibilities** • On-site rounding • All responsibilities as outlined above including discharges

Revised - 6/6/2024

_____ _____ _____

Name Signature Date

Provider Assignment – Step-by-Step Guide

STEP 1 — Check Census for Each Unit

1. Open the census or standard report for each unit (4 East, 4 West, CSU 3, Sanford, etc.).
2. Review:
    - **Total number of patients** on each unit.
    - **Admission dates** for each patient.
3. Identify the **new admissions for the day** by checking their admission date.
4. Record:
    - Total patients per unit
    - Number of new admissions per unit
    - Number of follow-up patients (Total Patients − New Admissions)

STEP 2 — Identify the Providers Assigned to Each Unit

1. Note which psychiatrist is assigned to which units:
    - Psychiatrist A → 4 East + 4 West + Intensive Unit + 1st Opinions
    - Psychiatrist B → CSU 3 + Sanford + SRT + 1st Opinions
2. Note the number of **Family Nurse Practitioners (FNPs)** usually **2 FNPs**.
3. Note the psych providers for each unit (main psych provider of the unit) Usually 4-5.
4. 2nd Opinions can only be completed by PMHNPs with more than 2 years of experience

---

STEP 3 — Allocate New Admissions

1. **Psychiatrists** handle **all new admissions** on their assigned units.
    - They can take **a maximum of 10 new admissions per day**.
2. **FNPs must also see each new patient** (as medical consults).
    - Divide new patients among the two FNPs.
    - Example: 20 new patients → each FNP gets 10.
3. Assign new admissions as follows:
    - New patients from **4 East + 4 West** → **Psychiatrist A + FNP #1**
    - New patients from **CSU 3 + Sanford** → **Psychiatrist B + FNP #2**
4. Any other new patient goes to the PMHNP of each unit

STEP 4 — Calculate Follow-Up Patients

For **each unit**, subtract new admissions from total patients:

- **Follow-ups = (Total Patients) − (New Patients)**

Example:

- 4 East: 20 total − 4 new = **16 follow-ups**
- 4 West: 15 total − 3 new = **12 follow-ups**
- CSU 3: 24 total − 3 new = **21 follow-ups**
- Sanford: 11 total − 3 new = **8 follow-ups**

STEP 5 — Allocate Follow-Up Patients

1. Follow-ups are divided among:
    - Psych providers on each unit
    - Family Nurse Practitioners (FNPs)
2. **Psych providers** typically get **2 fewer patients** than FNPs because they handle:

- Discharges
- Medication changes
- Sending prescriptions to the pharmacy
- Peer review
- Writing discharge summaries

3. **FNPs get slightly more patients** because they only do medical follow-ups (simpler documentation).

STEP 6 — Divide the Follow-Ups Fairly

1. Add all follow-up patients across units.
2. Example:
   - Total patients = 90
   - New patients = 10
   - Follow-up patients = 80
3. Divide the 80 follow-ups among:
   - Psych providers (main provider for each unit)
   - Both FNPs
4. Adjust so:
   - FNPs get 2–3 more follow-ups per person than psych providers.
   - Psych providers have fewer follow-ups due to discharge responsibilities.

STEP 7 — Final Assignment Check

Before finalizing:

1. Ensure each psychiatrist has no more than **10 new admissions**.
2. Confirm each FNP has:

    - Their assigned new patients
    - A fair share of follow-ups
3. Confirm each psych provider receives:
    - Their unit's follow-ups
    - Slightly fewer than the FNPs
4. Make sure all 90 patients are assigned:
    - 10 new → Psychiatrists + FNPs
    - 80 follow-ups → Divided among psych providers + FNPs

Inpatient Residential Division:
Central Receiving Facility Subcommittee

Chairs:

Shannon Robinson, Aspire Health Partners

Terence Thomas, SMA Healthcare

January 20th, 2026

Law Enforcement Relationships & Collaboration

Strong Law Enforcement Collaboration

- Established, highly positive collaboration with law enforcement for CRC drop-offs
  - Know your municipalities
- Consistently strong LEO satisfaction scores (mid-90th percentile) based on CRC survey data.
  - Schedule regular meetings (Monthly, Quarterly)
  - Discussing the good, bad and the ugly.
- Law enforcement values the efficiency of CRC drop-offs
  - Call ahead for combative clients
  - Hold LE accountable by ensuring paperwork is appropriate

Operational Efficiency & Timeliness

- **Average LEO time on-site at CRCs:** 10–12 minutes
  - SMA – 4.9 minutes
- **Significantly faster than hospital drop-offs, which can delay officers for hours**
  - **One less issue for hospitals to complain about**
- **Rapid turnaround supports officers returning to duty quickly**

Crisis Intervention Team (CIT) Training Partnerships

- Strong partnerships with Orlando/Orange County and multiple smaller municipalities
- Deliver 25+ CIT classes annually, each 40 hours per week
- Training covers:
  - Mental health diagnoses
  - Substance use disorders
  - De-escalation techniques
  - Pathways to appropriate care

CIT Training Impact & Outcomes

- Approximately 60% of LEOs bringing individuals to CRCs are CIT trained
- LEO survey data shows:
  - 6–9% of individuals diverted to CRCs rather than jail or hospital due to CIT training
- Training supports informed diversion and reduces unnecessary incarceration or hospitalization
- SMA Marion – Completes Baker Act Trainings for all LEO in Marion County.
  - New and old officers
  - Provide a cheat sheet for Marchman Acts and Baker Acts

Future Meeting Topics & Subcommittee Priorities

Please complete this survey!

Scan this QR code or type this link into your web browser:

https://forms.office.com/r/z7h3GXbL1k



Input on Psych Nurses for USF's Florida Center for Behavioral Health Workforce

Thank you!

Next Subcommittee Meeting
Tuesday, February 17 at 9:30 AM

Inpatient Residential Division:
Central Receiving Facility Subcommittee

Chairs:

Shannon Robinson, Aspire Health Partners

Terence Thomas, SMA Healthcare

February 17th, 2026

Law Enforcement Relationships & Collaboration – Follow Up

Standing Orders

A) Standing orders and rapid responses for aggressive patients

B) General medical standing orders

ASPIRE HEALTH PARTNERS

STANDING ADMISSION ORDERS

Client Name_____

Client Number_____

Drug Allergies: _____

Dosing Times
QD = 0900
QHS = 2100
BID = 0900, 2100
TID = 0800, 1600, 2359
QID = 0600, 1200, 1800, 2359

1. **Admit Aspire Health Inpatient**

2. **Shampoo (Nix or Lindane) if not allergic.**

3. **Admission Weight**

4. **(Inpatient Detox) Vital signs, CIWA and COWS per Protocol Orders. If on GMO only, V/S on admission, 2 hrs. after admission, then q shift.**

   a. **Notify on-call medical provider for any of the following:**
   ***Systolic BP>160/*Diastolic BP>110 - Utilize hypertension and/or ETOH protocol**
   ***Pulse>110 or <50 – ETOH – CIWA consider break through dosing**
   ***Temperature>102 F**
   ***Change in neurologic status**
   ***Respirations>25 or <10 (administer Narcan)**
   ***Seizures**

5. **UDS and BAL on admission**

6. **Do TB Symptom Limited Check List on admission. If positive, call medical provider for orders. Hold admission until medical provider is contacted.**

7. **Emergency Orders:**
   - **Seizures – Seizure Protocol – Evaluate -Activate 911 and call on-call provider.**
   - **Cardiac chest pains – Nitroglycerin 1/150gr 1 SL every 5 min x 3 prn. Notify on-call provider.**
   - **Call 911 for unrelieved chest pain.**
   - **Oxygen – 1 liters/min for unrelieved chest pain or post seizure activity. Continue to administer until EMS arrives.**
   - **EpiPen – Use as directed for severe allergic reactions, call 911 and on-call provider.**
   - **Narcan (naloxone) 0.4mg/cc – 1cc IM injection/or Nasal Narcan for opiate overdose with loss of consciousness and/or respiratory arrest – call 911.**
   - **Glucose Gel – Give one inch of paste for symptomatic low blood glucose in a person who is responsive. Call on-call medical provider. Call 911 if person does not improve.**
   - **Glucagon Kit – Give as directed for symptomatic hypoglycemia.**

8. **Nutrition Orders:**
   ☐ **Regular** ☐ **Diabetic** ☐ **Low Sodium** ☐ **Other**_____

9. **Standing Vitamins and Supplements *administered on admission with food*.**
   ***Multivitamin 1 tab po QD *Thiamine 100 mg po QD**
   ***Magnesium Oxide 250 mg po QD x 3 days, then DC**
   ***Folic Acid 1mg po QD**

10. **Nicotine Patch per patient request, unless contraindicated.**
    For 1 PPD smokers- 21 mg Nicotine Patch QD
    For continued nicotine craving in patients with >1 PPD <2PPD use, may add 14 mg patch.
    For > 2PPD smokers, may add 2nd 21 mg Nicotine Patch, if first is not effective.
    For < 1 PPD smokers- 14 mg Nicotine Patch QD

11. **PRN Medications:**
    - **Trazodone 100mg po – qhs prn – sleep difficulty**
    - **Hydroxyzine (Vistaril) 50mg po q 6 hrs. prn anxiety**
    - **Diphenhydramine (Benadryl) 25 mg po q 4 hrs. prn rash or itching due to allergy**
    - **Quetiapine (Seroquel) 100mg po one time only for severe agitation – call medical provider ineffective**
    - **Acetaminophen 500mg 2 tabs po q 6 hrs. PRN, for moderate pain not to exceed 24 hrs., if not contraindicated due to allergy or liver disease**
    - **Ibuprofen 400mg po q 6 hrs. prn for pain, call medical provider if ineffective**
    - **Antacid 30cc po q 6 hrs. prn – heartburn – not to exceed 4 doses per 24 hrs.**
    - **MOM 30cc po QD prn – constipation**
    - **Kaopectate 30cc po prn (after diarrhea) – not to exceed 4 doses per 24 hours**
    - **Loperamide (Imodium AD) 2 mg po prn for severe diarrhea, give one tab after loose stool, not to exceed 4 tabs in 24 hrs.**
    - **Ondansetron (Zofran) 4mg SL BID prn nausea**
    - **Hydrocortisone cream 1%, as directed prn– itching**
    - **Antibiotic ointment, as directed prn– skin irritation**
    - **Orajel ,as directed prn – toothache**
    - **Lactulose 30-60 cc po qd prn – constipation – if MOM ineffective. Hold if diarrhea occurs**
    - **Throat lozenges, as directed prn – throat irritation**
    - **Cough syrup (nonalcoholic) 2tsp po q 4 hrs. prn)– cough**
    - **Guaifenesin 200mg, 2 tabs po q 4 hrs. prn – cough with congestion**
    - **Pseudoephedrine 30mg, 2 tabs po q 6 hrs. prn – nasal congestion – not to exceed 3 sequential days of use – Do not use with patient experiencing psychosis**
    - **Nebulizer tx- Albuterol 2.5mg/3cc's prn q 6hrs for wheezing x 3 days**

12. **All discharges require a Medical Provider order, preferably (Detox) 24 hours after last protocol dose, if patient stable and not sedated. No more than 3 days' worth of adjunct withdrawal meds will be prescribed for patients at time of discharge.**

Medical Director of Addiction & Integrated Care: Allison Hanley MD
Medical Director of Psychiatry: Carl Zamor MD

ASPIRE HEALTH PARTNERS
STANDING PREGANCY ORDERS

1. Upon a positive pregnancy test complete labs and send to WPH for fetal viability.

2. On admission and weekly, do UA (Leukocytes, Nitrites, Protein and Glucose), blood pressure, weight, and fetal heart tones. Document results in progress notes.

3. After 20 weeks gestation, inquire about fetal movement daily. If fetal movement is decreased or absent, send immediately to WPH Triage for assessment and clearance (MSO). Notify medical provider.

4. Patient with verified bloody discharge, or complaining of leaking fluid from vagina, will be sent immediately to WPH Triage for assessment (MSO). Notify medical provider.

5. Patient with blood pressure 140/90 or higher, will have BP repeated in 2 hours. If BP remains elevated 140/90 or higher, send patient to WPH Triage for Pre-eclampsia rule out (MSO). Notify medical provider.

6. If Patient complains of headache, changes in vision or epi-gastric pain, assess blood pressure and UA. If blood pressure is 140/90 or higher, and/or protein is present in the urine, send to WPH Triage for Pre-eclampsia rule out (MSO). Notify medical provider.

Medical Director of Addiction & Integrated Care: Allison Hanley MD
Medical Director of Psychiatry: Carl Zamor MD

PATIENT NAME:_____ DATE:_____

Reviewed/Revised 2/2021

ASPIRE HEALTH PARTNERS
STANDING PREGANCY ORDERS

ROUTINE "OVER THE COUNTER" & RX MEDICATIONS:

- BENADRYL TOPICAL. APPLY TO AFFECTED AREA AS NEEDED FOR ITCHING. REPORT TO MEDICAL.
- CHLORASEPTIC LOZENGES. AS DIRECTED FOR SORE THROAT. REPORT TO MEDICAL.
- HYDROCORTISONE CREAM 0.5%. APPLY TO AFFECTED AREA EVERY 6 HRS AS NEEDED FOR ITCHING.
- ICE PACK. APPLY TO INJURED AREA 20 MINUTES EVERY HOUR FOR THE FIRST 24 HRS. CALL PROVIDER IF NO RELIEF OR IF SWELLING AND/OR PAIN INCREASES. ALSO USE FOR DENTAL PAIN.
- MYLANTA II. LIQUID ANTI ACID AS DIRECTED ON LABEL PRN INDIGESTION.
- NEOSPORIN OR "TRIPLE ANTIBIOTIC OINTMENT". APPLY TO MINOR CUTS, SCRATCHES AND INSECT BITES AS NEEDED.
- TYLENOL 325 MG. 2 TABLETS EVERY 6 HRS. MAX DOSE 8 TABLETS IN 24 HRS FOR HEADACHE. TEMP>101. F. IF ELEVATED TEMPERATURE REPORT TO MEDICAL.
- GUAIFENESIN 200 MG. 1 TABS PO Q 4 HRS PRN COUGH.
- PRENATAL VITAMINS 1 PO QD.
- ZOFRAN (ondansetron) 4 MG SL/PO BID PRN FOR NAUSEA.
- VISTARIL (HYDROXZINE PAMOATE) 25 MG Q 6 HRS PRN FOR ANXIETY OR INSOMNIA.

URGENT CARE MEDICATIONS:

- NEBULIZER TX-ALBUTEROL 2.5 MG/3 CC'S. PRN Q 6 HRS FOR WHEEZING X 3 DAYS
- ALBUTEROL INHALER. 2 PUFFS AS NEEDED FOR SEVERE SHORTNESS OF BREATH
- EPIPEN. USE AS DIRECTED FOR SEVERE ALLERGIC REACTIONS.

***URGENT ADMINISTRATION OF MEDICATION REQUIRES PROVIDER NOTIFICATION.

Medical Director of Addiction & Integrated Care: Allison Hanley MD
Medical Director of Psychiatry: Carl Zamor MD

PATIENT NAME:_____ DATE:_____

ASPIRE HEALTH PARTNERS

HYDRATION/THIAMINE PROTOCOL

Name: _____ DOB: ____/____/____ Date: ____/____/____

Allergies: _____ ARF Medication Administration Record (MAR)

Medication	Dose	Route	Hour Due	DATE	DATE	DATE	DATE	DATE
GATORADE (20 oz)	*20 oz Bottle*	*3x/day for 48hrs*	0900					
			1300					
			1800					
*Breakthrough Gatorade if pulse>110**	*20 oz Bottle*	*x 2 prn q 24 hrs*	*prn*					
			prn					

**Breakthrough Gatorade-if pulse remains >110, despite hydration dosing, call medical provider*

Medication	Dose	Route	Hour Due	DATE	DATE	DATE	DATE	DATE
ENSURE	*1Can*	*BID X48 HRS*	0900					
			1800					

Medication	Dose	Route	DATE	DATE	DATE	DATE	DATE
THIAMINE (If alcohol dependent)	*100mg*	*IM x1 on admission*					

Thiamine Dose Response:

Nurse Signature/Initials		

PHYSICIAN ORDERS – HYPERTESION PROTOCOL

Date	Time	Allergies:
		Note: Physician's order required to initiate Hypertension Protocol
		• Vital Signs: Notify physician with elevated blood pressure of 160/100 or greater.
		• Upon identification of elevated blood pressure increase vital signs to q 30 minutes x one hour.
		MEDICATION: (Box must be checked when ordered by physician)
		❑ Clonadine 0.1mg. PO STAT
		❑ Repeat in thirty minutes if blood pressure remains ↑ 160/100
		SPECIAL CARE LEVELS:
		❑ Verify Special Diet Order
		❑ Continue verified home medications to include: (add lines)
		❑ Take blood pressure 4 times a day
		Med Consult:
		• Notify Physician immediately upon identification of signs and symptoms of uncontrolled hypertension and need for transfer for Medical care.
		Physician's Signature **Date** **Time**

ASPIRE HEALTH PARTNERS, INC.
PHYSICIAN ORDERS
HYPERTENSION PROTOCOL

Last	First	MI

CLIENT #	DOB	SEX	ANNIVERSARY DATE

450SINPT.FM9 - Creation/Revision Date 05/15/17

Future Meeting Topics & Subcommittee Priorities

Please complete this survey!

Scan this QR code or type this link into your web browser:

https://forms.office.com/r/z7h3GXbL1k



Thank you!

Next Subcommittee Meeting
Tuesday, March 17 at 9:30 AM

Inpatient Residential Division:
Central Receiving Facility Subcommittee

Chairs:

Shannon Robinson, Aspire Health Partners

Terence Thomas, SMA Healthcare

March 17, 2026

Standing Orders – Follow up

Lakeview Centers' Deescalation Special Team

Carolyn Shearman, Director of Acute Care Services

Acute Care Services:

Central Receiving Facility, Crisis Stabilization Unit and the Addiction Receiving Facility

March 2026

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Helping people throughout life's journey

CARE Team Model

Crisis Response & Early Intervention-
Acute Care Services

CRF	CSU	ARF
Days	Days	
4 Care Team Members A and B Shift	4 Care Team Members A and B Shift	Supported by CRF and CSU Teams
Nights	Nights	Nights
4 Care Team Members C and D Shift	4 Care Team Members C and D Shift	Supported by CRF and CSU Teams

Staff work 12-hour shifts

This structure ensures rapid support availability throughout the facility.

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CARE Team Mission

The **CARE Team** supports staff and persons served by providing **Skilled early intervention and crisis response** during challenging situations within the facility.

The Team Focuses on:

- Prevention of escalation through **early engagement and de-escalation**

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CARE Team Mission

- Supporting staff during behavioral emergencies and code situations
- Promoting safe, therapeutic environment for both clients and staff
- Reinforcing trauma-informed and respectful interventions

The CARE Team functions as a **specialized support resource** across the CRF, CSU and ARF units.

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CARE Team Principles

CARE represents the core values guiding the team:

Reduce Trauma

C-Calm Response

Maintain composure and model calm behavior during high-stress situations.

A-Advanced Intervention

Use advanced de-escalation and CPI techniques to prevent or manage crisis situations.

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CARE Team Principles

R-Rapid Support

Respond quickly to staff request for assistance and code situations.

E-Empathy & Respect

Ensure interventions remain trauma-informed, respectful, and focused on safety.

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Who Serves on the CARE Team

CARE Team members are experienced Behavioral Health Technicians selected based on demonstrated performance.

Qualifications include:

- Minimum of 2 years of direct mental health care experience
- Demonstrated strength in verbal de-escalation and crisis management
- Proven proficiency in Crisis Prevention Intervention (CPI)

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CARE Team Principles

- Consistent demonstration of professionalism and leadership during challenging situations.

CARE Team members represent **trusted staff who model best practices during crises**.

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Specialized Training

Advanced Training and Skill Development

Training includes:

- CPI
- Advanced CPI Certification
- Regular skill practice and scenario training to include elopements
- Sensitivity and trauma-informed care training

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Specialized Training

- Participation in monthly supervision and review meetings

The goal is to continuously strengthen de-escalation skills, teamwork, and safety practices

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CARE Team Responsibilities

Role during challenging situations

CARE Team members are responsible for:

- Responding to code situations and behavioral emergencies
- Providing early intervention when escalation risk is identified
- Supporting staff with de-escalation strategies
- Assisting with safe crisis management procedures

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CARE Team Responsibilities

During a code event:

- CARE Team members are notified and respond with one another and other units with communication devices (2-way radios, intercom system, panic buttons and phone)
- CARE Team members follow the direction of the RN leading the code response.

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Continuous Improvement

Learning and development

CARE Team members participate in post incident debriefings, ongoing skills practice and scenario training

These processes allow the team to:

- Identify opportunities for improvement
- Share learning across staff
- Strengthen crisis response practices

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Commitment to Safety and Support

Why the CARE Team Matters

The CARE Team helps ensure:

- Safer environments for clients and staff
- Earlier intervention to prevent crises
- Strong teamwork during emergencies
- Continued commitment to respectful, trauma-informed care

Together, we can create an environment **where staff feel supported and clients receive compassionate, skilled care.**

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Resources

- Carolyn Shearman, Director of Acute Care Services:
  850-495-2812 Carolyn.Shearman@Lakeview-center.org
- Dr. Ellie Peskosky, Clinical Director of ACS:
  850-375-0386 Ellie.Peskosky@Lakeview-center.org
- Trey Rumley, Director of Nursing
  504-421-7625 Trey.Rumley@Lakeview-center.org
- Melissa Hynson, Senior Office Manager
  850-305-6472 Melissa.Hynson@Lakeview-center.org

Lakeview CENTER | An Affiliate of LifeView Group

Meridian Healthcare
Central Receiving Center

Jennifer Barber, Administrator/Director

Future Meeting Topics & Subcommittee Priorities

Thank you!

Inpatient Residential Divison Meeting
Tuesday, March 31 at 1PM

MERIDIAN
HEALTHCARE

CENTRAL RECEIVING 2025





MERIDIAN

CENTRAL RECEIVING FACILITY (CRF)

The Central Receiving Facility opened its doors in January 2025, providing a single access point for law enforcement, voluntary referrals, and individuals referred through Baker Acts.

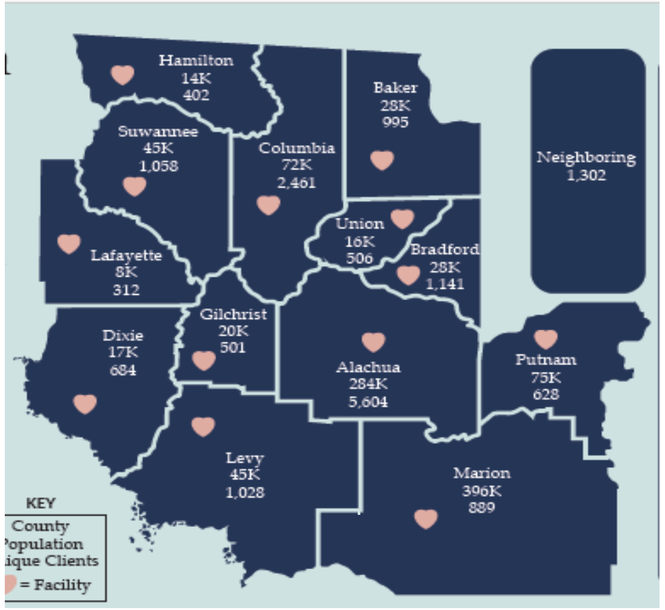
The facility features:

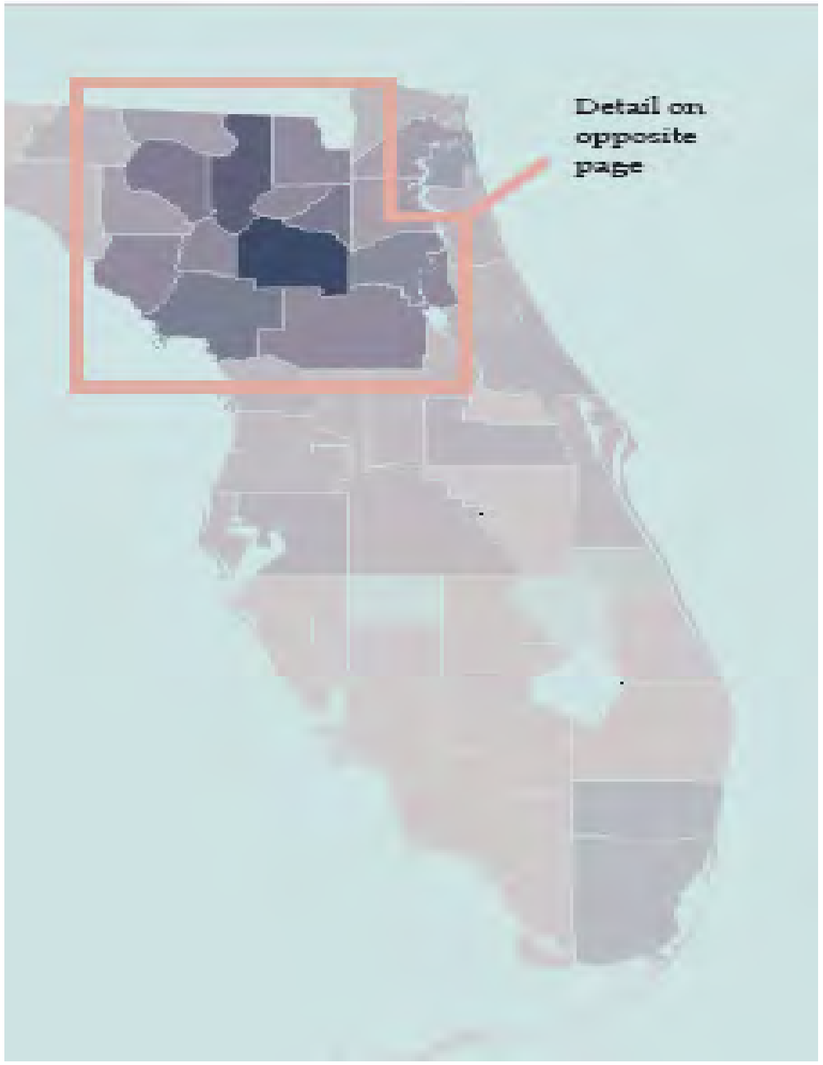
- 24/7 access and admissions
- Dedicated law enforcement and emergency transport entrance
- Person centered assessments and connection to the appropriate level of care and services based on needs



MERIDIAN

Service Area





MERIDIAN

CRF Operations

The CRF operates independently from other units on our campus.

- Previously, the Emergency Screening Department functioned as part of the Crisis Stabilization Unit (CSU).
- With the introduction of CRF, the screening department’s role has expanded. Screeners now screen individual for overall client needs
- Transportation plan initiated in the Alachua County that directs all Law Enforcement (LEO) Escorted Involuntary and Voluntary clients be dropped off at the CRF
- LEO escorted clients are rotated with partner hospitals UF Health and Florida North Florida Hospital.



MERIDIAN

Staffing Pattern

The CRF was initially developed with the following staffing pattern:

1 Administrator/Director- Licensed
1 Clinical Manager- Licensed
1 RN manager
4.2 RNs
1 Licensed Professional of the Healing Arts Screener
8 Masters Level Screeners
3 Bachelors Level Screeners
8.8 Emergency Screening Coordinators
8 Mental Health Technicians/Drivers
2 Care Coordinators
.25 APRN/Psychiatrist



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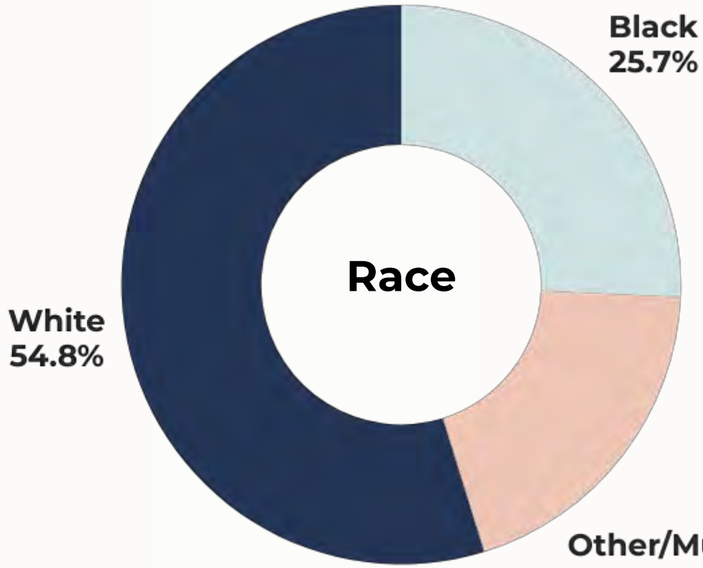
From January 2025 through December 2025, Central Receiving provided services to over **2100 unique** individuals.

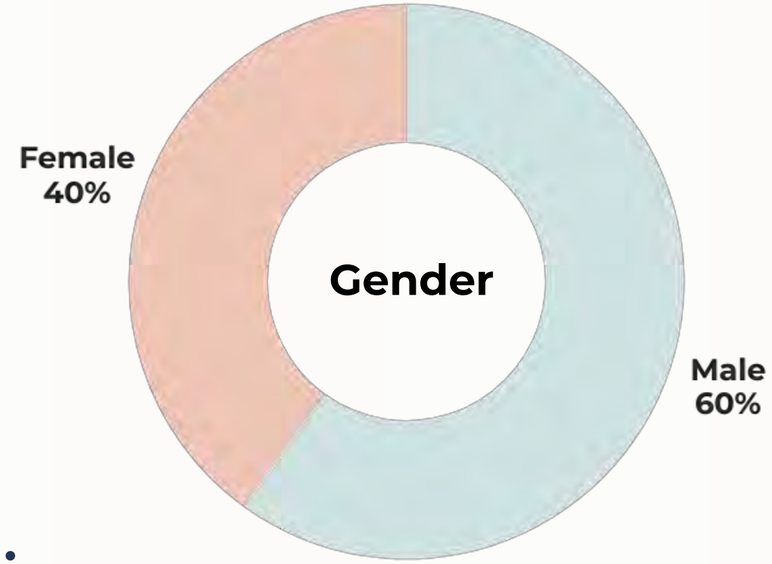


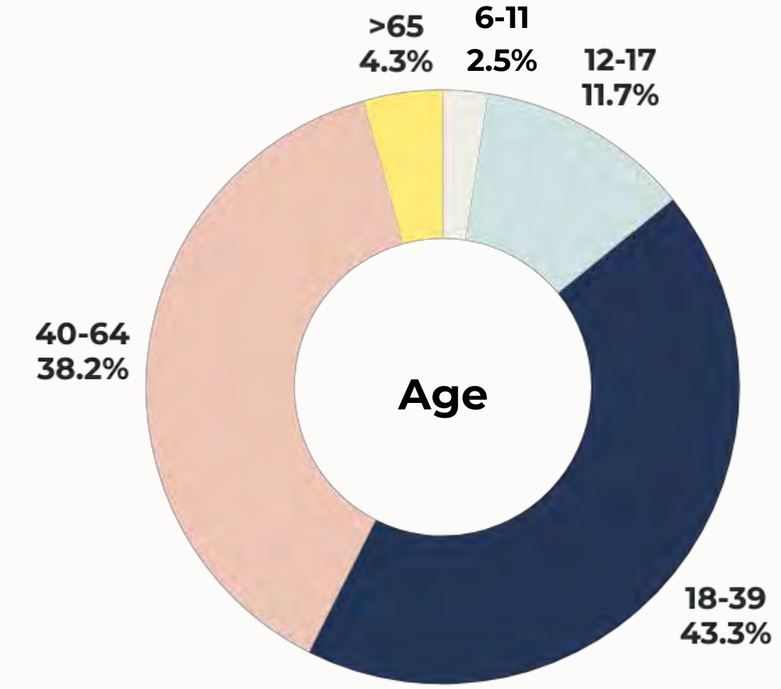
MERIDIAN

DEMOGRAPHICS OF INDIVIDUALS SERVED

JAN 2025 - DEC 2025



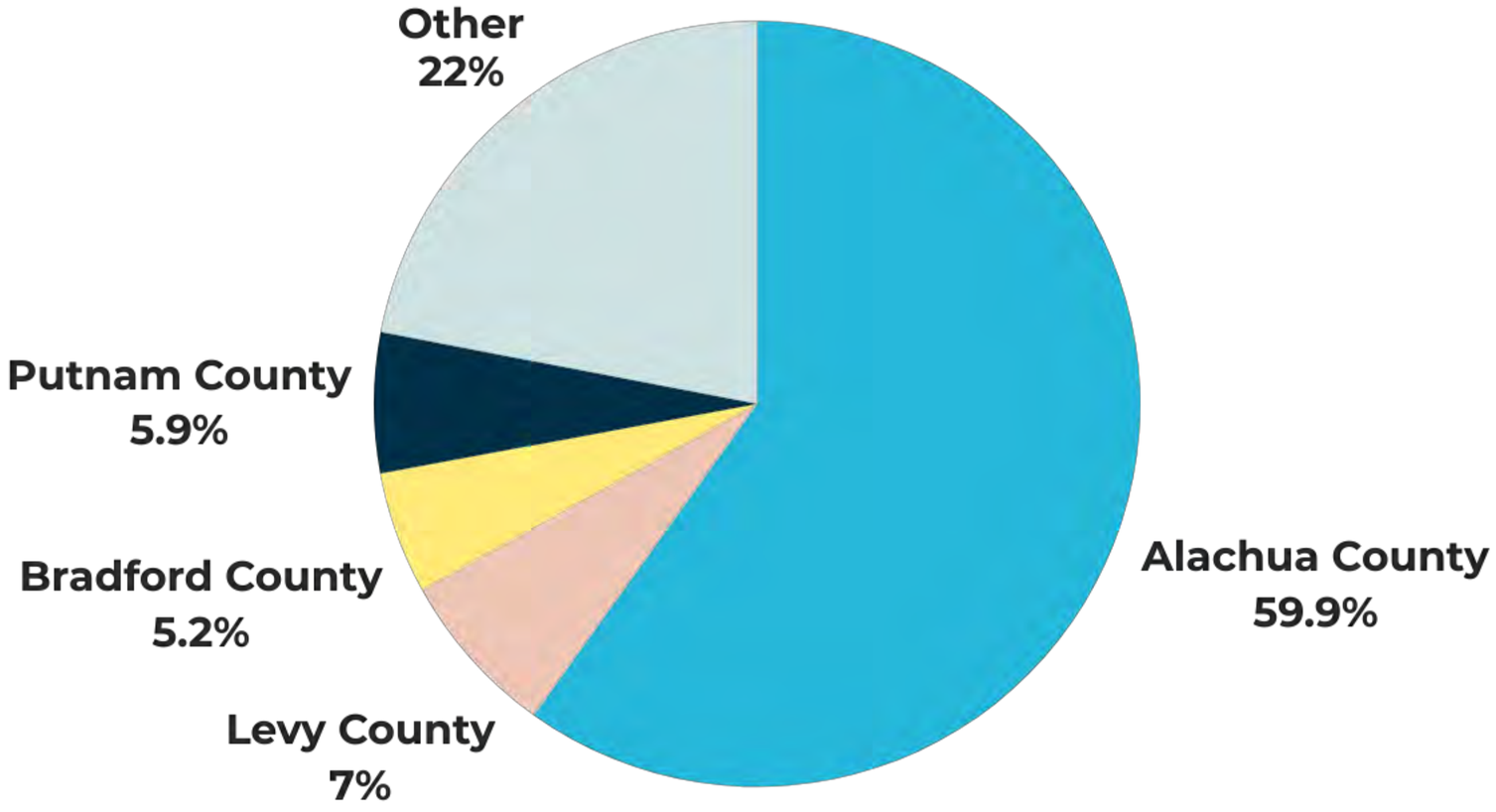




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COUNTY OF RESIDENCE

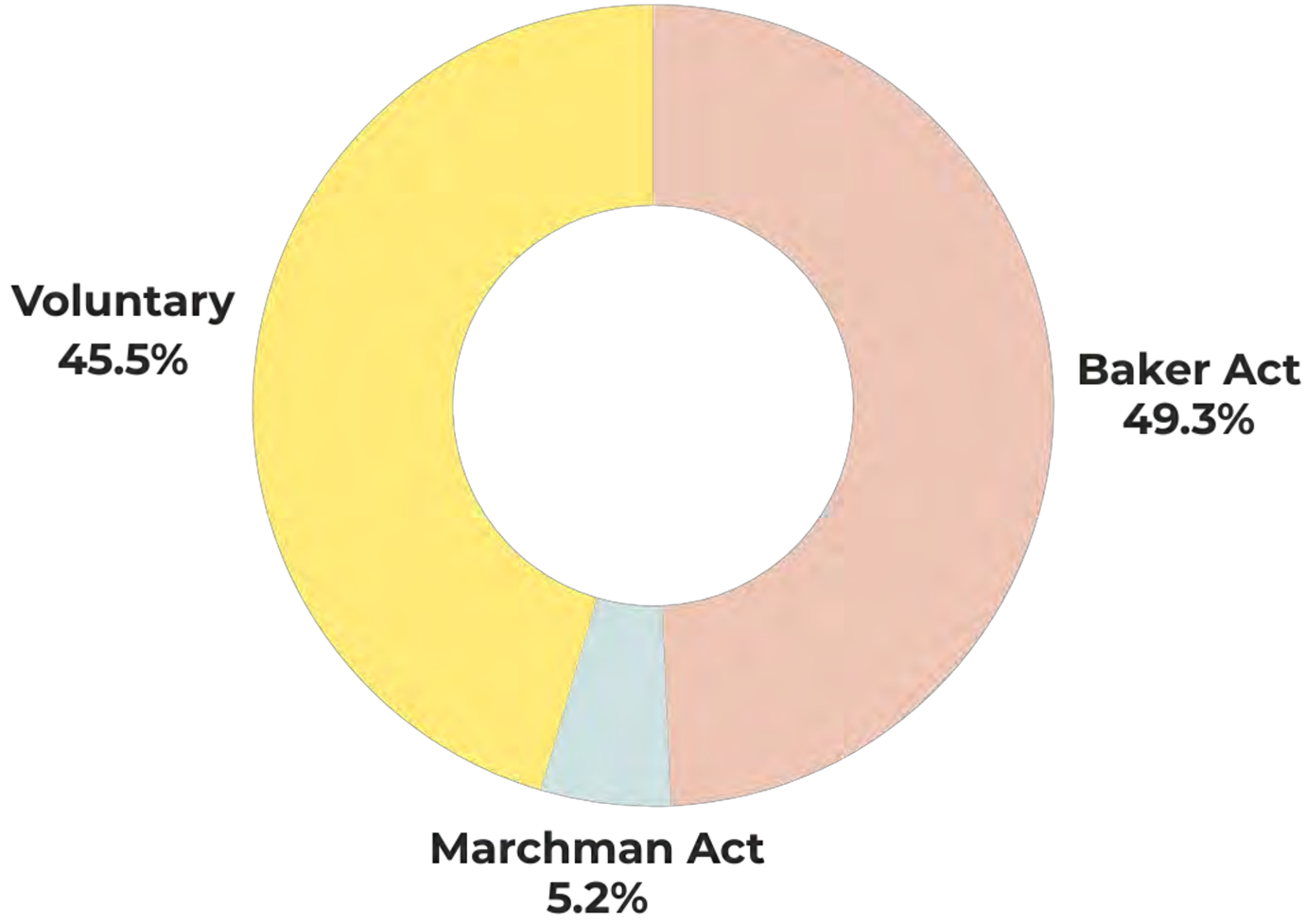
JAN 2025 - DEC 2025



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LEGAL STATUS

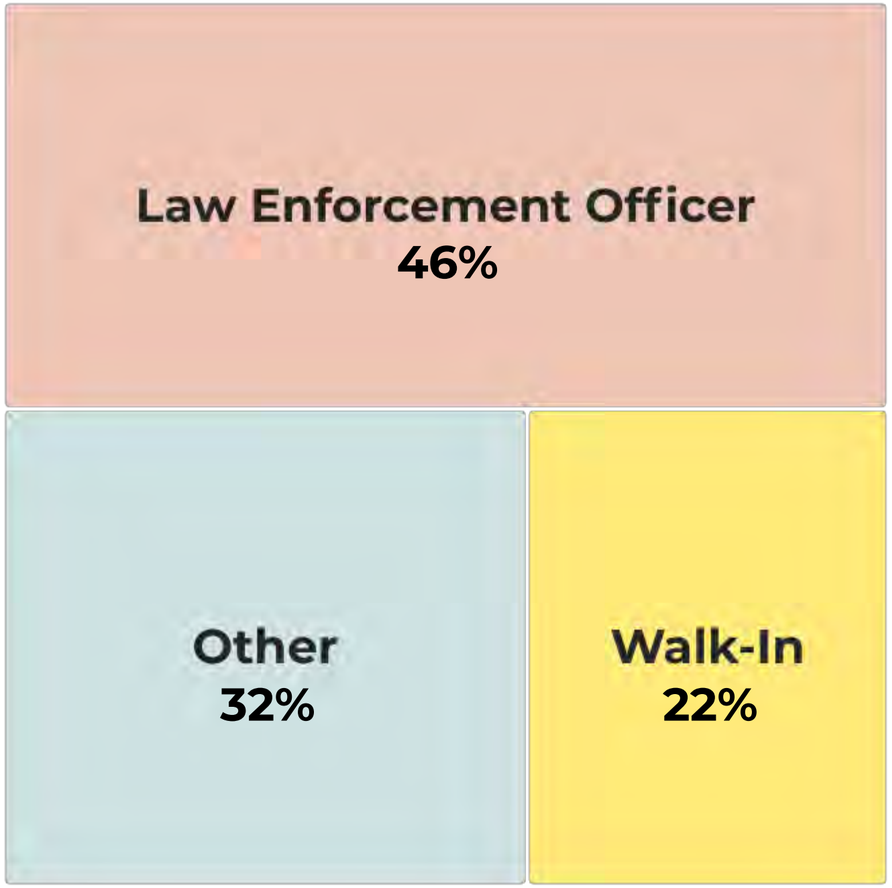
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REFERRAL SOURCE

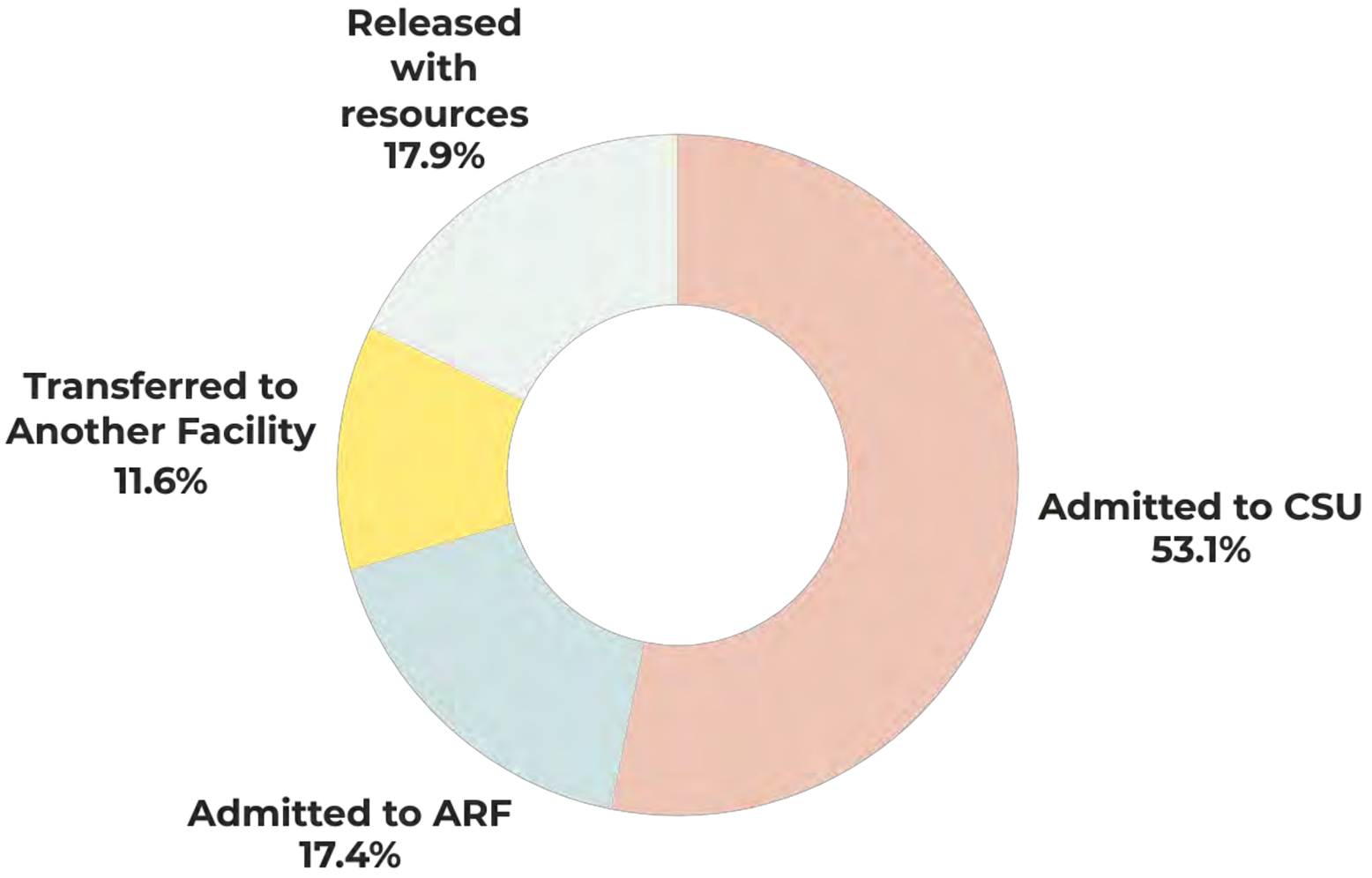
JAN 2025 - DEC 2025



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SCREENING DISPOSITION

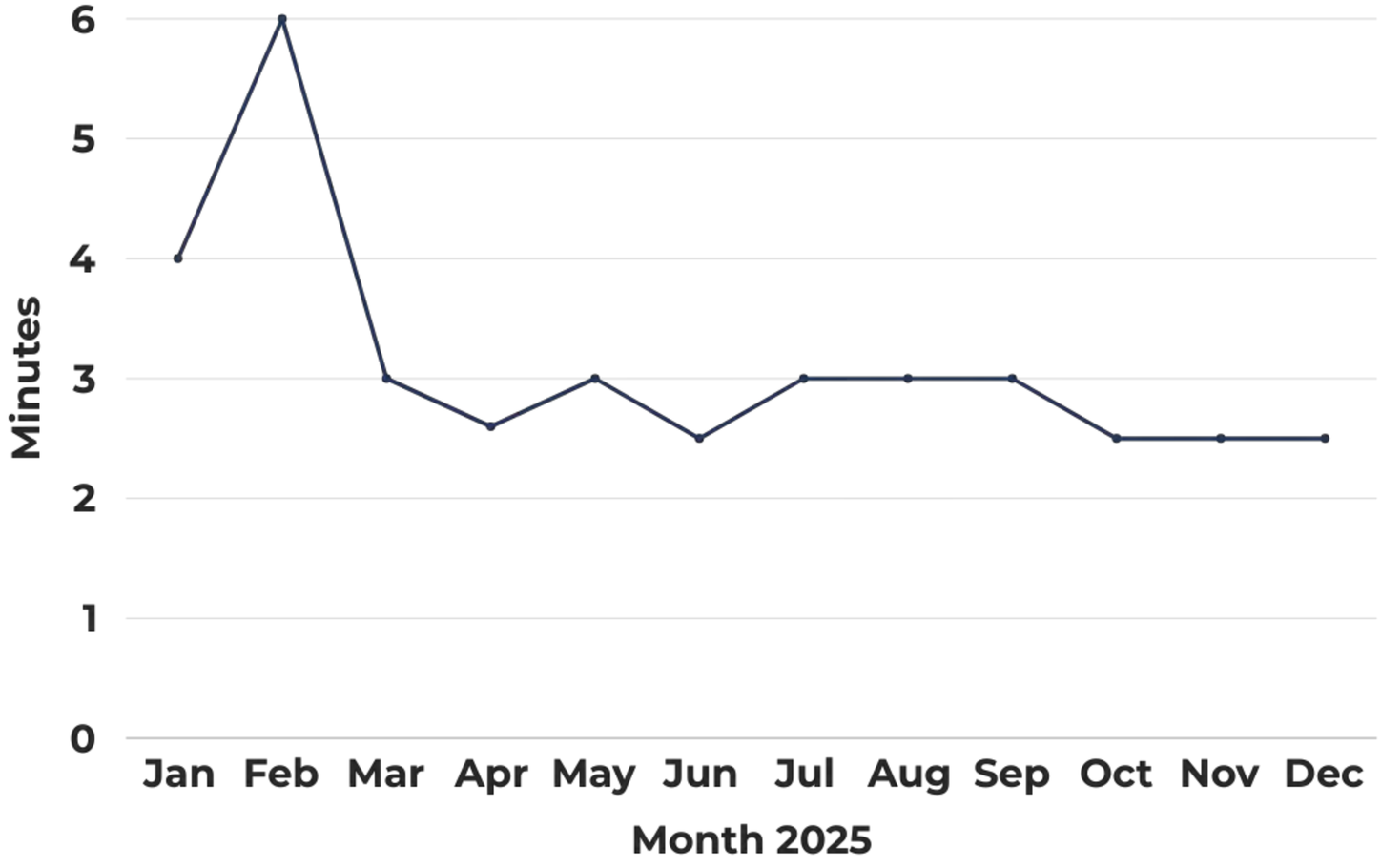
JAN 2025 - DEC 2025



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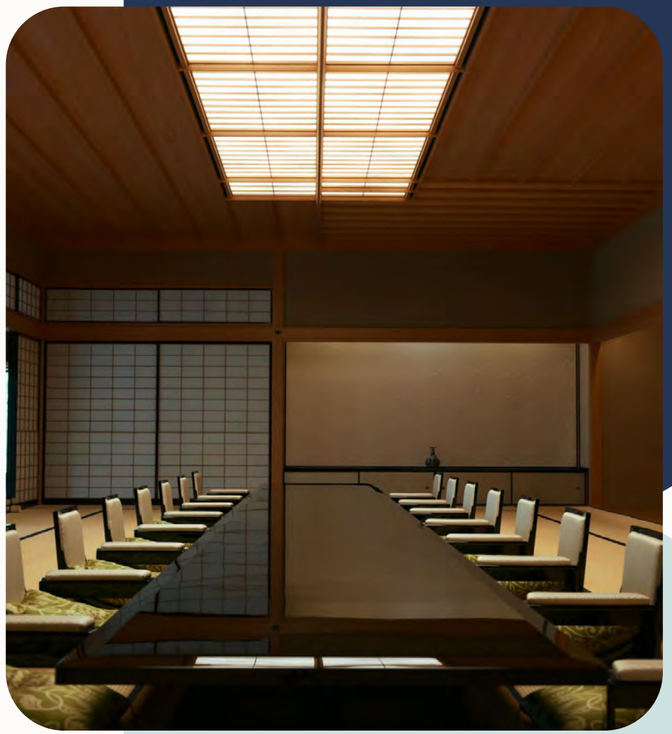
LAW ENFORCEMENT OFFICER PROCESSING TIME

JAN 2025 - DEC 2025



MERIDIAN

CENTRAL RECEIVING FACILITY ADVISORY COUNCIL



Membership

The advisory council is comprised of representation from community partners, including Alachua County Sheriff's Office, Gainesville Police Department, Alachua County Fire Rescue, Gainesville Fire Rescue, Alachua County Crisis Center, HCA Florida North Florida Hospital, UF Health/Shands Psychiatric Hospital along with Meridian Chief Clinical Officer, Richard Anderson, and CRF Director, Jennifer Barber.

Meeting highlights

The Advisory Council convened three times in 2025 to review program performance and strengthen cross-agency coordination. Each meeting included a review of data, discussions on opportunities, procedure refinement, and enhancement of communication pathways.

MERIDIAN

Together in 2026: Building the Next Chapter

- Quarterly Advisory Council meetings to optimize partnerships
- Continue to identify refinements to workflows within CRF
- Maintain low processing times for Law Enforcement Officers to support their return to the community
- Focus on capturing and enhancing the client experience



CONTACT INFORMATION

MERIDIAN



Lauren Cohn
President/CEO

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Richard Anderson
Chief Clinical Officer

rva@mbhci.org



Jennifer Barber
Director of Central Receiving Services

jennifer_barber@mbhci.org



Inpatient Residential Division

CSU/Detox Units/Inpatient Psych Subcommittee

January 2026

Behavioral Health Technicians

- Lack of interest/uptake in certification
  - Incentives - $2 pay increase;
- Part-time job or not major career path
- Apathy of tenured staff – “just trying to get to retirement”
- Training approaches (including boundary issues)
- Holding them accountable
- Solutions/Ideas/Approaches
  - Incentives for certification?
  - Retention and career advancement?
  - How do other states regulate? Example, Washington registers as agency affiliated counselors



FLORIDA CENTER FOR
BEHAVIORAL HEALTH
WORKFORCE
AT THE UNIVERSITY OF SOUTH FLORIDA

- Input on psychiatric-mental health nurse practitioners
  - Training, Supervision, Practice, Billing Interstate Practice, other areas?
  - Any additional statutes or codes that affect the practice of PMHNPs to be aware of or consider?
  - Any other relevant operational policies
    or practices (AHCA? DCF?) that would be helpful to know?



Thank you!

Next Subcommittee Meeting
Tuesday, February 26 at 9 AM

Inpatient Residential Division
CSU/Detox Units/Inpatient
Psych Subcommittee
February 2026

Staff Safety & Security

Workplace Violence

Workplace Violence Roadmap

I. Specify the problem that needs to be solved
II. Conduct research/gather information.
III. Identify potential solutions and recommendations
IV. Conduct additional research/information gathering
V. Finalize solutions and recommendations for submission to FBHA membership (via Division, FBHA executive committee or board, and/or FCBH).

Thank you!

Next subcommittee meeting March 26
Look for invitation to March Inpatient Residential Division

Inpatient Residential Division CSU/Detox Unit/Inpatient Psych Subcommittee

May 2025



Facility Type	Staffing and scheduling
Inpatient hospital 52 beds Children's CSU 16 beds Adult CSU 50 beds detox 20 beds Rehab 10 beds	• Adult CSU has 1 Intake services that is staffed with a minimum of 2 Intake Workers. • 8 Psychiatric providers • 8 Social workers with supplementation of PRN Social Workers. • A typical day shift staffing pattern for Nursing Services with a full census on one of the inpatient hospital units, the adult CSU, Children's CSU and the Detox and Rehab unit without any additional staff for high acuity ie:1:1's/LOS/excessive 5 min checks. 5-units: 11-Nurses/RN's-LPN's, 20-MHT's/HUC's/PCS.
Adult CSU 20 beds (4 seclusion rooms) Children CSU 10 beds (1 seclusion room) SRT for kids opening in June 8 beds Detox unit 12 beds	• Adult CSU: Days - A minimum of 3 Mental Health Techs (1 Float), 2 nursing staff (Always 1 RN and a combination of RNs and/or LPNs make up the other staff). Nights- we have a minimum of 3 Mental Health Techs (1 Float), 2 nursing staff (Always 1 RN and a combination of RNs and/or LPNs make up the other staff) • Children CSU: Days-Minimum of 2 Mental Health Techs and 1 nursing staff (Either an RN or an LPN). Nights-Minimum of 2 Mental Health Techs and 1 nursing staff (Either an RN or an LPN) • SRT for Kids: Days - 1 Mental Health Tech and 1 RN. Nights- 1 Mental Health Tech and 1 RN • Detox Unit: Days- 1 Mental Health Tech and 1 Nursing staff (LPN or RN) Nights- 1 Mental Health Tech and 1 Nursing staff (LPN or RN) **For all Primary locations have shared staff among all programs:** 2 Psychiatrists (1 for adults and 1 for SRT and Children) 1 Medical Doctor (Primarily for ARF) 3 Unit Counselors 5 discharge planners Clinical Director of Inpatient Services Nurse Managers (Days and Night) Recreational therapist Children's Care Coordinator PT Peer Specialist
Adult and Child 28 beds for both adults and children. Census fluctuates.	Minimum of 3 Mental Health Techs (1 is a float) and 2 Nursing staff (always 1 RN on site and either an RN or an LPN). **For Lake City locations we have shared staff among all programs:** 1 Psychiatrists 1 Psychiatric APRN 3 Unit Counselors 4 discharge planners Clinical Director of Inpatient Services Nurse Managers (1 on Days and 1 on Nights) Recreational therapist PT Peer Specialist

Facility Type	Staffing and scheduling
Detox and Residential (30 days) - 12 res beds and 14 detox with 2 beds interchangeable	• 1 to 15 for BHT and 1 to 12 for clinicians

CSU 30 (20 children/10 adult)
Marchman 10
Hospital Detox Unit 5
IP Hospital 45
	• **CSU**
	  • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Children's has 1 RN/2 Tech/CNA for 20 beds. Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator
	  • Medical staff: 1FT Child provider for 20 beds. Adult follows same protocol
	• **Marchman**
	  • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds. Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator
	  • Medical staff: Provider is 1:10 ratio
	• **Hospital Detox Unit**
	  • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Does not include 1:1 or severity needs which are reviewed each shift. A part time Recovery Specialist assigned, along with Discharge Coordinator
	  • Medical staff: Unit shares the provider for Marchman
	• **IP Hospital**
	  • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator
	  • Medical staff: 1 provider for 20 beds

Facility Type	Staffing and scheduling

Hospital 90 beds (2 units with 46 beds) + 10 bed IIU
CSU 87 beds (2 units with 47 operational beds)/SRT 29 beds
Detox 40 beds
	• **Hospital**
	  • 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP – per campus. Utilize universal caseloads for our medical staff.
	  • Intensive Inpatient = 8 lic. C w/2 single room options (1 unit) 1 Charge Nurse, 1 BHT/PCT/CAN
	• **CSU**
	  • 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP – per campus. Utilize universal caseloads for our medical staff.
	• **SRT**
	  • Staffing pattern and number of staff, including clinical staff, CNA, LPN, medical staff, RN, tech. 1 RN Nurse Manager per Campus. 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP – per campus. Utilize universal caseloads for our medical staff
	• **Detox**
	  • Staffing pattern and number of staff, including clinical staff, CNA, LPN, medical staff, RN, tech. 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 2 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP – per campus. Utilize universal caseloads for our medical staff

Adult Crisis Unit 30 beds Child unit – licensed 16 beds Detox – licensed 20 beds	• Adult crisis unit: 1 psychiatrist/2 psychiatric APRN's shared between adult/child CSU – psychiatrist 7 days on/7 days off; 2 APRN's for H/P's shared between adult/child CSU; 2 nurses (at least 1 RN, the other can be RN or LPN); 4 discharge planners; 6 BHT's • Child unit 11 nurse (RN) /2-3 BHT's 3 discharge plannersDetox unit 1-2 nurses/2 BHT's Ideally, it would be beneficial to have 2 nurses for the overnight shift for emergencies. • Emergency Services staff for CSUs 2 intakes per shift, 1 nurse per shift, 6 clinicians per day

Facility Type	Scheduling
Inpatient hospital 52 beds, Children's CSU 16 beds Adult CSU 50 beds, Detox 20 beds, Rehab 10 beds	• 8 hours
Adult Crisis Unit 30 beds, Child unit – licensed 16 beds, Detox – licensed 20 beds	• APRNS - 8 hours • Nurses - 12 hours • LPNs 12 hours • BHTs 12 hours (starting in July for Adult and Detox)
Adult CSU 20 beds (4 seclusion rooms), Children CSU 10 beds (1 seclusion room), SRT for kids opening in June - 8 beds, Detox unit - 12 beds	• All 12 hours
Adult and Child - 28 beds for both adults and children. Census fluctuates.	• Techs and nursing staff do 12-hour shifts (all programs and all locations). • All other staff do 8-hour shifts and administrative staff provide on-call services daily. • A clinician on call is for after-hours 7 days a week. • 3 On call schedules - Administrative, physician and licensed clinician (a licensed clinician, a medical doctor or APRN, and a Psychiatrist) • Full-Time Techs and Nurses (RNs and LPNs) do 3-12 hour Shifts and 1-8 hour shift within the pay period.
Detox and Residential (30 days) - 12 res beds and 14 detox with 2 beds interchangeable	• 12 hour shifts
CSU 30 (20 children/10 adult), Marchman 10, Hospital Detox Unit 5, IP Hospital 45	• 12 hour shift for RN/LPN/Tech/CNA. Clinical staff is 8 hour shift • For IP Hospital 8 hour, 12, hour, etc. 12 hour shift for RN/LPN/Tech/CNA. Clinical staff is 8 hour shift

Challenges

Call outs, no call no show, punctuality, and dependability

Issues come into play with multiple visuals and 1:1 observations – need more BHTs. Utilize PRN pool but tend to have increased OT due to the acuity. Ideally, 7 BHTs would help with extra visuals/1:1 observations. Looking at forming separate PRN pool for nurses and BHTs to ensure adequate staffing.

PRN pools – steep training slope

RN Retention

Successful Approaches

Focusing on staffing and developing the nurse managers. Assisted those that were not a good fit to gain employment elsewhere if appropriate. Went to 12-hour shifts.

MHT Tier System to enhance recruitment and retention efforts by offering higher pay rates based on an individual's education, certifications, and experience in behavioral health or medical fields.

Developed and implemented an Attendance Policy and Point System incorporating progressive disciplinary measures, including potential termination. ignificantly improved call-out rates that stemmed from poor planning on the part of the employee as well as punctuality.

7 days on/ 7 days off for psychiatrists has helped with retention.

Successful Approaches

Staff appreciation and acknowledgement activities quarterly. Quarterly Town Halls where CEO answer staff questions. Stop-light reports. Employee of quarter and employee of year. Initiating Stay Interviews starting June 1st. Upgrades to physical environment-more pleasing and professional. Recruitment efforts spearheaded by talent acquisition staff in HR department.

Highly flexible with scheduling to support employees' personal needs. Offer a comprehensive benefits package, actively promoting it during interview and recruitment process.

Shifted nurses from hourly to salaried, but can still pick up shifts

Use residents who consult with psychiatrist offsite

Collaborative and Cross-Functional Model:

- **Our structure enables providers and support staff to work seamlessly across disciplines. Roles and responsibilities are delineated by discipline, supported by standardized protocols regardless of location, staff, and/or funding. Care pathways workflows promote both individual accountability and team-based buy-in and improve care.**

Universal Caseload for Medical Providers:

- **We utilize a universal caseload across our continuum to manage the process for medical disciplines, allowing for a balanced distribution of patients, which manages workload variability, prevents provider overextension, and ensures timely services.**

Integration of Supportive Services:

- **We have intentionally integrated supportive services—including case management, peer support, care coordination, and intake navigation—into our core clinical operations. These services operate in collaboration with medical and clinical staff to address social determinants of health and enhance engagement and outcomes.**

Cross-Training Initiatives:

- **We have launched cross-training programs across roles to increase operational flexibility and enhance coverage during staffing shortages. This has allowed team members to support multiple functions while maintaining regulatory and clinical requirements.**

Operational Enhancements:

- **Real-time dashboards, daily huddles, and power staffing protocols support data-driven decision-making and enable proactive resource deployment. The tools also foster transparency and collaborative problem-solving.**

Recruitment and Retention Impact:

- **Competitive rates, individuals passionate about working in the field rather than just holding a job, and a qualified workforce. By supporting staff to operate at full capacity and participate in cross-functional teams, we've seen improvements in recruitment and retention.**

Barriers and Ongoing Improvements:

- **Competitive rates are always a challenge, as are cultural barriers related to change resistance and the need for extensive training across various roles.**

Thank you!

Next meeting June 26

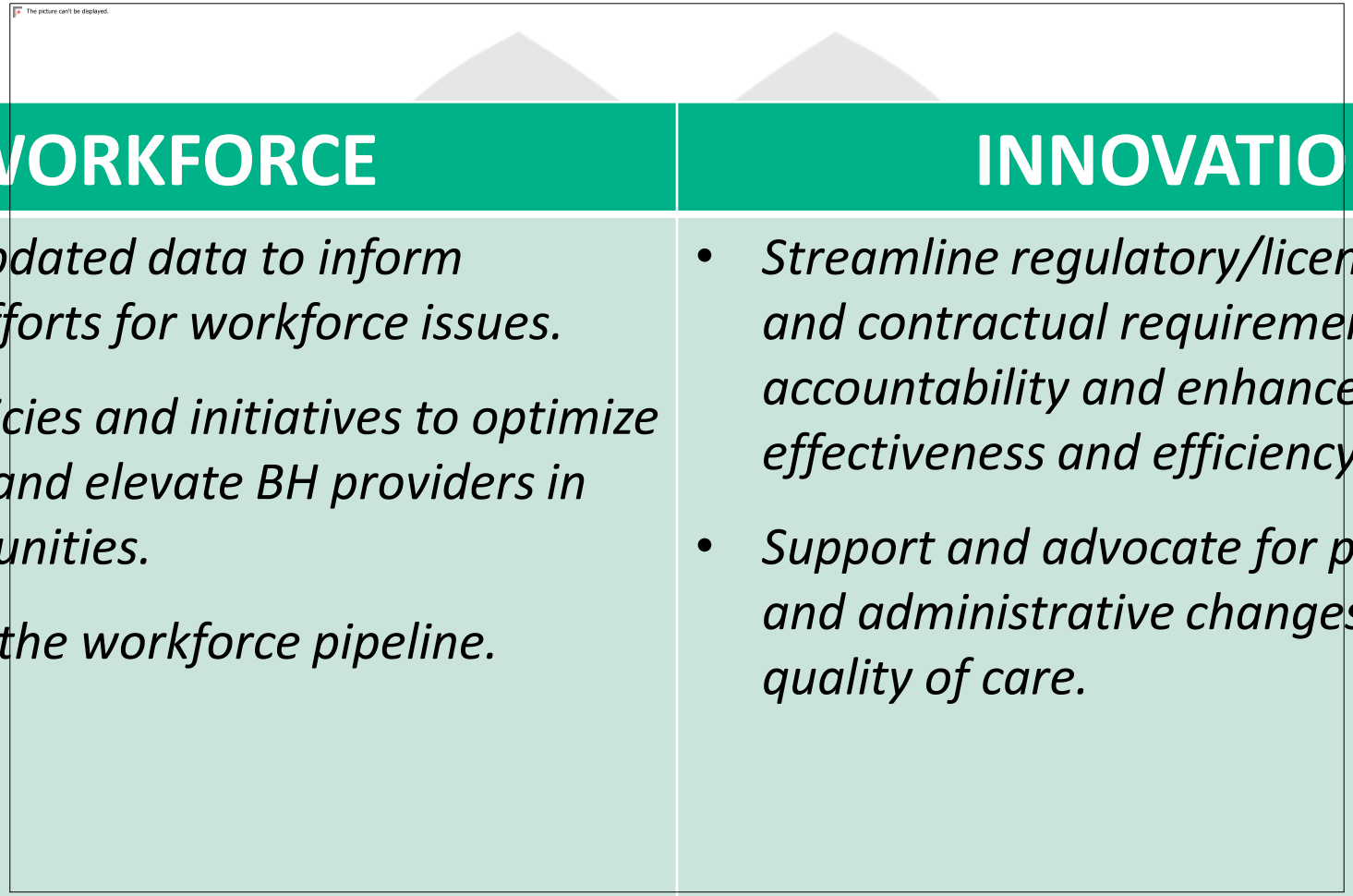
Facility Type (Capacity)	BHT Wages
RTF MH Three sites (212)	$16.50 starting and shift differential
SA Detox; RTF Level II and IV SA (four 24/7 buildings on campus) (20; 90; 23)	$15-$18 ($15 for HS degree; $16 for certification; and $18 for BA - no shift differential)
RTFl Level I SA and Detox	$15-$17
RTFl Levels 1-4 SA (75)	$16.48
Residential Women and Children SA (64)	$15-$16 (for overnight)
RTF Co-occurring (210)	$15-$17

Inpatient Residential Division CSU/Detox Unit/Inpatient Psych Subcommittee

July 2025



FBHA Strategic Direction



WORKFORCE	INNOVATION
• *Maintain updated data to inform advocacy efforts for workforce issues.* • *Identify policies and initiatives to optimize operations and elevate BH providers in their communities.* • *Strengthen the workforce pipeline.*	• *Streamline regulatory/licensing standards and contractual requirements to ensure accountability and enhance operational effectiveness and efficiency.* • *Support and advocate for policy, funding, and administrative changes that advance quality of care.*

Florida Center for Behavioral Health Workforce

(University of South Florida)

- Established in SB 330/Chapter Law 2024-012 (section 6)
- **Retention Survey – FBHA will distribute week of July 7**
- NEXTGEN Mentoring Program – Fall 2025
- **Publications**
  - 2024-2025 Annual Report
  - March 2025 Interim Report

April/May Discussion

- Magic number for physician supervisor
- Future of psychiatrists; use of APRNs v. psychiatrists
- Nursing schedules
- Competitive RN pay
- Workforce attrition and retention

- ARF designation

- Employee recognition efforts
- Use of PRN pools and staffing agencies
- Use of recruiting companies
- Scheduling approaches

Staffing ratios and schedules

Provider Question:
Nursing Pay Tier based on experience and credentials?

Provider Question: Staff safety

Challenges

- Call outs, no call no show, punctuality, and dependability
- Issues come into play with multiple visuals and 1:1 observations – need more BHTs. Utilize PRN pool but tend to have increased OT due to the acuity. Ideally, 7 BHTs would help with extra visuals/1:1 observations. Looking at forming separate PRN pool for nurses and BHTs to ensure adequate staffing.
- PRN pools – steep training slope
- RN Retention
- MDs difficult to onboard across the organization

Thank you!
Next meeting August 26

Inpatient Residential Division CSU/Detox Unit/Inpatient Psych Subcommittee

October 2025



Staff Safety & Security

Alternative Staff Roles and Responsibilities:

APRNs and Psychiatrists

USF Florida Center for Behavioral Health Workforce

Inpatient Residential Division Mission

- Advocate for policies that enhance access, improve care quality, and ensure sustainable funding
- Share information to ensure efficient, flexible, and sustainable operations and quality of care

Subcommittee Priorities

- Best Practices
- Barriers and Challenges
- Policy Change – Legislative and Regulatory

Recruitment and Retention – sign-on bonuses, scheduling, staffing, competitive pay, PRN pools and staffing agencies, recruiting companies

Role of BHTs

APRN and psychiatrists

Employee Recognition Efforts

Staff Security and Safety

ARF Designation

Thank you!

Next subcommittee meeting November 20

Inpatient Residential Division meeting October 27 at 3pm

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
ASPIRE		Hospital 90-bed capacity (2 units with 46 operational beds) and a 10-bed IIU (Intensive Inpatient Unit) • 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus. Utilize universal caseloads for our medical staff. • Intensive Inpatient = 8 lic. C w/2 single room options (1 unit) 1 Charge Nurse, 1 BHT/PCT/CAN CSU (2 units with 47 operational beds • 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus. Short-term Residential Treatment (1 unit with 29 operational beds) • 1 RN Nurse Manager per Campus. 1 Charge Nurse (RN), 1 Unit Coordinator, 1 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus.	12/8 hrs - blended

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		Detox Unit 40-bed capacity • 1 RN Nurse Manager per Campus, 1 Charge Nurse (RN), 1 Unit Coordinator, 2 LPN, 3 BHT/PCT/CAN, 1 Doc per Campus, 1 PMHNP/FNP per campus.	
CIRCLES OF CARE		Hospital 52 beds/Adult CSU 50 beds/Children's CSU 16 beds/Detox Unit 20 beds/Rehab 10 beds • Adult CSU has 1 Intake services that is staffed with a minimum of 2 Intake Workers. There are a total of 8 Psychiatric providers, 8 Social workers with supplementation of PRN Social Workers. A typical day shift staffing pattern for Nursing Services with a full census on one of the inpatient hospital units, the adult CSU, Children's CSU and the Detox and Rehab unit without any additional staff for high acuity ie:1:1's/LOS/excessive 5 min checks. 5-units: 11-	8 hrs

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		Nurses/RN's-LPN's, 20-MHT's/HUC's/PCS.	
EPIC		Detox and Residential (30 days) - 12 res beds and 14 detox with 2 beds interchangeable • 1 to 15 for BHT and 1 to 12 for clinicians	12 hrs
HENDERSON		CSU (36 bed) integrated unit BA & MA Receiving SRT (12 bed) *Each floor has 24 beds.* • Day/evening shifts 2 RNS, 4 BHTs, 2 screeners • Nights shifts 2 RNS, 3 BHTs, 2 screeners	• Nurses (all RN's are listed as *Learned Professionals*) 12 hrs (7a-7:30p, 7:00p-7:30a) • Techs 8 hrs (7a-3:30p, 3:00p-11:30P, 11p-7:30a) • Screeners 8 hrs (8a-4:30p, 4p-12:30a, 12a-8:30a) • Housekeepers 8 hrs 1- Mon-Fri 6a-3p 2- Tues-Sat 8a-5 p 3- Mon, Tue, Wed, Th, Sun 10a-7p 4- Wed-Sun 7a-4p 5- PT staff Mon-Sun 5p-9p • Other staff generally have regular business hours (8a-5p, 9a-6p, etc)

<table>
<tr><th>Provider</th><th>COUNTIES SERVED</th><th>Facility description and staffing</th><th>Scheduling</th></tr>
<tr><td>IBIS (GRACEPOINT)</td><td></td><td>CSU
<table>
<tr><th colspan="3">Shift: 8:00AM-8:00PM</th></tr>
<tr><td># Of Beds</td><td>RN</td><td>BHT</td></tr>
<tr><td>1-10</td><td>1</td><td>1</td></tr>
<tr><td>11-20</td><td>1</td><td>1</td></tr>
<tr><td>21-30</td><td>2*</td><td>3</td></tr>
<tr><td colspan="3">* LPN May Substitute For One RN</td></tr>
</table>
<table>
<tr><th colspan="3">Shift: 8:00PM-8:00AM</th></tr>
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<tr><td>11-20</td><td>1</td><td>1</td></tr>
<tr><td>21-30</td><td>1</td><td>2</td></tr>
</table>

At least one Registered Nurse (RN) scheduled for every shift. The Nursing Supervisor can be considered the shift RN for the shift, with an additional LPN or RN scheduled as needed.
During times of high acuity (e.g., when there is a high census, disruptive or special needs patients on unit, or a high number of patients on precaution levels) the Nursing Supervisor or charge nurse
</td><td>12 hrs</td></tr>
</table>

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		coordinate with the staffing office to schedule or call in additional staff, as needed.	
LIFESTREAM BEHAVIORAL HEALTH		Hospital 45 beds • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator • Medical staff: 1 provider for 20 beds CSU 30 beds (20 children/10 adult) • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Children's has 1 RN/2 Tech/CNA for 20 beds. Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator • Medical staff: 1FT Child provider for 20 beds. Adult follows same protocol Marchman 10 beds	• RN/LPN/Tech/CAN 12 hrs • Clinical staff 8 hrs

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		• Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds. Does not include 1:1 or severity needs which are reviewed each shift. Each 10 beds has a Recovery Specialist assigned, along with Discharge Coordinator • Medical staff: Provider is 1:10 ratio Hospital Detox Unit 5 beds • Nursing/Tech: 1 RN/1 Tech/CNA for 10 beds/ Does not include 1:1 or severity needs which are reviewed each shift. A part time Recovery Specialist assigned, along with Discharge Coordinator • Medical staff: Unit shares the provider for Marchman	
MERIDIAN BEHAVIORAL HEALTHCARE *GAINESVILLE*		Adult CSU 20 beds (4 seclusion rooms) • A minimum of 3 Mental Health Techs (1 Float), 2 nursing staff (Always 1 RN and a combination of RNs and/or LPNs make up the other staff). Nights- we have a minimum of 3 Mental Health Techs	12 hrs

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		(1 Float), 2 nursing staff (Always 1 RN and a combination of RNs and/or LPNs make up the other staff) **Children CSU 10 beds (1 seclusion room)** • Days-Minimum of 2 Mental Health Techs and 1 nursing staff (Either an RN or an LPN). Nights-Minimum of 2 Mental Health Techs and 1 nursing staff (Either an RN or an LPN) **SRT for kids opening in June 8 beds** • 1 Mental Health Tech and 1 RN. Nights- 1 Mental Health Tech and 1 RN **Detox unit 12 beds** • 1 Mental Health Tech and 1 Nursing staff (LPN or RN) Nights- 1 Mental Health Tech and 1 Nursing staff (LPN or RN)	
MERIDIAN BEHAVIORAL HEALTH *LAKE CITY*		**Adult and Child 28 beds for both adults and children.** • Minimum of 3 Mental Health Techs (1 is a float) and 2 Nursing staff (always 1 RN on site and	• **Techs and nursing staff 12 hrs (all programs and all locations).** • **All other staff 8 hrs and administrative staff provide on-call services daily.**

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		either an RN or an LPN). 1 Psychiatrists 1 Psychiatric APRN 3 Unit Counselors 4 discharge planners Clinical Director of Inpatient Services Nurse Managers (1 on Days and 1 on Nights) Recreational therapist PT Peer Specialist • A clinician on call is for after-hours 7 days a week. • 3 On call schedules - Administrative, physician and licensed clinician (a licensed clinician, a medical doctor or APRN, and a Psychiatrist)	
SALUSCARE		Adult CSU 30 beds • 1 psychiatrist/2 psychiatric APRN's shared between adult/child CSU - psychiatrist 7 days on/7 days off; 2 APRN's for H/P's shared between adult/child CSU; 2 nurses (at least 1 RN, the other can be RN or LPN); 4 discharge planners; 6 BHT's Child CSU 16 beds	• APRNS - 8 hrs • Nurses - 12 hrs • LPNs 12 hrs • BHTs 12 hrs (starting in July for Adult and Detox)

Provider	COUNTIES SERVED	Facility description and staffing	Scheduling
		• 11 nurse (RN) /2-3 BHT's 3 discharge plannersDetox unit 1-2 nurses/2 BHTs. Ideally, it would be beneficial to have 2 nurses for the overnight shift for emergencies. *Emergency Services staff for CSUs 2 intakes per shift, 1 nurse per shift, 6 clinicians per day* Detox - licensed 20 beds	