

# Legislation Details (With Text)

File #:	19-1061				
Туре:	Consent	Status:	Agenda Ready		
		In control:	Board of County Commissioners	;	
On agenda:	10/22/2019	Final action:			
Title:	REVIEW AND APPROVE SUBMISSION OF THE REVISED MARTIN COUNTY BEHAVIORAL HEALTH (BAKER ACT) TRANSPORTATION PLAN TO STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES				
Sponsors:					
Indexes:					
Code sections:					
Attachments:	1. Martin County Transportation Plan Revised draft final.pdf				
Date	Ver. Action By	Ac	tion	Result	

## PLACEMENT: Consent

## TITLE:

REVIEW AND APPROVE SUBMISSION OF THE REVISED MARTIN COUNTY BEHAVIORAL HEALTH (BAKER ACT) TRANSPORTATION PLAN TO STATE OF FLORIDA, DEPARTMENT OF CHILDREN AND FAMILIES

## EXECUTIVE SUMMARY:

This is a request for review and approval of the revised proposed Martin County Behavioral Health Transportation Plan, in accordance with Florida Statute Chapter 394, Part I, Florida Mental Health Act, or the "Baker Act". This revised Plan was developed by staff and reviewed by the Martin County Public Safety Coordinating Council, in its advisory capacity.

**DEPARTMENT:** Administration

PREPARED BY: Name: Sherilyn Scraders

 Title:
 Health and Human Services Specialist

**REQUESTED BY:** Michelle Miller, Health and Human Services Manager

PRESET:

PROCEDURES: None

## BACKGROUND/RELATED STRATEGIC GOAL:

In accordance with Florida Statutes Chapter 394, Part 1, Florida Mental Health Act or the "Baker Act", and Florida Statutes Chapter 397, Hal S. Marchman Alcohol and Other Drug Services Act, a plan has been developed to organize a centralized system for acute care services. The Board approved the original plan on

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July 18, 2017.

This Plan was revised to add youth transportation to a Martin County facility.

#### ISSUES:

None

#### LEGAL SUFFICIENCY REVIEW:

This item has been reviewed for legal sufficiency to determine whether it is consistent with applicable law.

#### **RECOMMENDED ACTION:**

#### RECOMMENDATION

Move that the Board approve the revised 2019 Martin County Transportation Plan.

## ALTERNATIVE RECOMMENDATIONS

*Pull* this item from the Consent Agenda and provide staff with alternate direction.

#### FISCAL IMPACT:

#### RECOMMENDATION

None

Funding Source	County Funds	Non-County Funds
Subtotal		
Project Total		

## ALTERNATIVE RECOMMENDATIONS

None

## **DOCUMENT(S) REQUIRING ACTION:**

Budget Transfer / A	mendment 🗌	Chair Letter
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Grant / Application

□Ordinance

Contract / Agreement

Other:

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