

Alternate Destination – Mental Health

CALIFORNIA'S COMMUNITY PARAMEDICINE PILOT PROJECTS

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Illustration by Ruben DeLuna

In response to 911 calls, community paramedics evaluate patients with mental health needs, but no emergent medical needs, for transport directly to a mental health crisis center instead of to an emergency department (ED).

Results (as of September 30, 2017)

- ▶ 251 people were enrolled in an “alternate destination – mental health” pilot project at one site in central California.
- ▶ The pilot project substantially reduced the rate at which 911 calls involving patients with mental health needs resulted in transport to an ED for medical screening. It also reduced patients’ time to treatment by a mental health professional, which improved their well-being.
- ▶ Twenty-six percent of eligible patients were evaluated by community paramedics and transported to the mental health crisis center without the long delay of a preliminary ED visit. Based on their mental health needs, another 26% of evaluated patients could have been transported directly to the mental health center if an inpatient psychiatric bed was available or if they were uninsured or enrolled in Medi-Cal.

- ▶ The community paramedics accurately screened patients to determine which ones could be safely transported directly to the mental health crisis center. About 4% of patients required subsequent transfer to the ED, and there were no adverse outcomes. The medical evaluation protocols used in the field were refined six months into the project, after which there was only one transfer to an ED.
- ▶ Prior to the pilot project, law enforcement transported many mental health patients to an ED and waited with them to transfer responsibility for the patient to a clinician. This pilot project improved public safety since community paramedics can assess patients’ mental health needs and arrange ambulance transports directly to the mental health center, allowing officers to focus on law enforcement duties.
- ▶ The project yielded potential savings of about \$266,200 (an average of \$1,061) for payers, primarily Medi-Cal, because screening mental health patients in the field for medical needs and transporting them directly to the mental health crisis center avoided the need for an ED visit with subsequent transfer to a mental health facility.
- ▶ For uninsured patients, the amount of uncompensated care provided by ambulance providers and hospitals also potentially decreased.

How It Works

Many California EDs are overcrowded. Some of the patients served in an ED could be treated safely and effectively in other settings, including some who arrive via ambulance.

Patients with mental health needs are often transported to an ED for medical clearance or when there is no capacity to evaluate them at a mental health crisis center. These patients can spend hours in an ED waiting for medical clearance, and in some cases, they can spend days in the ED waiting for a bed to be available at an inpatient mental health facility and not receive definitive mental health care during their ED stay.

In Stanislaus County, community paramedics respond to 911 calls that a dispatcher determines to be a mental health emergency or when another paramedic or a law enforcement officer identifies a patient with mental health needs. Community paramedics are also dispatched to the mental health crisis center to assess patients who arrive on their own and need to be medically cleared before being admitted to the county’s inpatient psychiatric facility. The community paramedics provide these services as needed in addition to responding to traditional 911 calls.

Once on scene, a community paramedic assesses the patient for medical needs or intoxication due to alcohol or drug consumption. If the patient has no emergent medical needs, is not intoxicated, and is not violent,

the community paramedic contacts the mental health crisis center to determine bed availability at the county inpatient psychiatric facility. If a bed is available and the patient agrees, the community paramedic arranges

for the patient to be transported to the mental health crisis center. Upon a patient's arrival, professionals on the mental health crisis center staff evaluate the patient to determine what services they need. Eligibility in the

pilot project is limited to nonelderly adults who are uninsured or enrolled in Medi-Cal because the county inpatient psychiatric facility does not accept patients with other health insurance.

Partners

LOCAL EMERGENCY MEDICAL SERVICES (EMS) AGENCY	LEAD AGENCY	HEALTH CARE SYSTEM PARTNER	EMS PROVIDER PARTNER	LOCATION
Central California*	Central California EMS Agency and American Ambulance	Fresno County Behavioral Health and Public Health Departments Fresno County hospitals	American Ambulance	Fresno County
Mountain Valley	Mountain Valley EMS Agency	Stanislaus County Behavioral Health and Recovery Services	American Medical Response (AMR)	Stanislaus County
Santa Clara County*	Santa Clara County EMS Agency	Santa Clara County Behavioral Health Services Department	City of Gilroy Fire Department	City of Gilroy

*Pilot project approved November 2017, expected to be operational spring 2018.



For more information on community paramedicine programs operating today in California, visit www.emsa.ca.gov/community_paramedicine.