CCEMSA
Central California
Emergency Medical Services Agency
A Division of Fresno County Department of Public Health

FRESNO
KINGS
MADERA
TULARE

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Central California EMS Agency

Paramedic Triage to Alternate Destination

Application for Approval

Application for Approval to the California Emergency Medical Services Authority And Amendment to the EMS Plan

August 1, 2023

CCEMSA Fresno Kings Madera Tulare

Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

August 1, 2023

EMS Authority,

The Central California EMS Agency and the County of Fresno submit this application to the EMS Authority for approval to continue the Paramedic Triage to Alternate Destination program and for approval as an amendment to our EMS Plan. Since 2018, we have had the opportunity to participate in the EMS Authority's Community Paramedicine Project, Health Workforce Pilot Project #173, which allowed us to administer our Paramedic Triage to Alternate Destination Program (PTAD) in partnership with American Ambulance.

Over the past five years, our PTAD program has grown to encompass all of Fresno County and includes all of the private and public ambulance providers throughout the County. In 2022, when Madera County experienced the unexpected closure of its only adult hospital and emergency department, Fresno County reached out to Madera County to assist in the management of its behavioral health patients and included the two private ambulance providers in the PTAD program.

The success of the program cannot be overstated. Our hospitals and emergency departments are operating well over capacity and overcrowding has become critical. The ability to utilize an alternate destination for patients that do not need acute medical care is a "game-changer" and has not only relieved emergency departments, but has allowed behavioral health patients to receive immediate mental health services.

Our application outlines a seasoned and experienced program and takes advantage of the work already accomplished by American Ambulance, the EMS Agency, and community partners. It is not our intent to "re-do" an entire established program, but to modify the existing program to meet the requirements of the new regulations. This approach assures that we continue this critical program without interruptions.

We have gained an incredible amount of experience in this program and look forward to continuing our efforts to maintain a very safe and effective program.

Sincerely,

Daniel J. Lynch
EMS Director

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TITLE OF PROGRAM

Paramedic Triage to Alternate Destination Program (PTAD)

CURRENT PROGRAM STATUS

The Central California EMS Agency in the County of Fresno currently provides a Triage to Alternate Destination Program.

Current approved project: Community Paramedicine (CP) 022 under the Healthcare Workforce Pilot (HWPP) #173

Since July 26, 2018, Fresno County and its providers have been successfully using paramedics to triage behavioral health patients to an alternate destination through Community Paramedicine (CP) 022 under the Healthcare Workforce Pilot (HWPP) #173 (**Attachment A**). An independent evaluation of the pilot program by the Healthforce Center at UCSF can be accessed at this link.

In 2022, approximately 2,061 behavioral health patients were safely triaged and transported from the field to the County's Crisis Stabilization Center (CSC) without a single adverse outcome. The hospital emergency departments in Fresno County are severely impacted with overcrowding issues. The impact of these additional patients in our local emergency departments would have been catastrophic. While these transports to CSC help reduce the impact to our overcrowded emergency departments, it is also consistent with our shared mission of taking patients to the right place the first time. A patient experiencing a psychiatric crisis does not belong in an emergency department unless they require medical intervention; they belong in a crisis stabilization unit.

IDENTIFICATION OF COMMUNITY NEED AND OBJECTIVES

In the central San Joaquin Valley, the hospital emergency departments have become overwhelmed with an increase in patients seeking primary care services and the impacts from behavioral health patients and their unique demands on emergency department resources. This impact on Fresno County hospital emergency departments has resulted in overcrowded emergency departments that greatly extend the ambulance patient off-load times and also critically delays the care to behavioral health patients who get "stuck" in the system. As an example, the area around Community Regional Medical Center sees an average of 508 behavioral health patients a month, accounting for thousands of hours to provide care for these patients, which often includes transporting the patient to a local behavioral health facility. The average length of stay for behavioral health patients requiring an evaluation in the emergency department is over 16 hours. Hospital management reports that it is becoming more common to have patients stay in the emergency department longer than 24 hours.

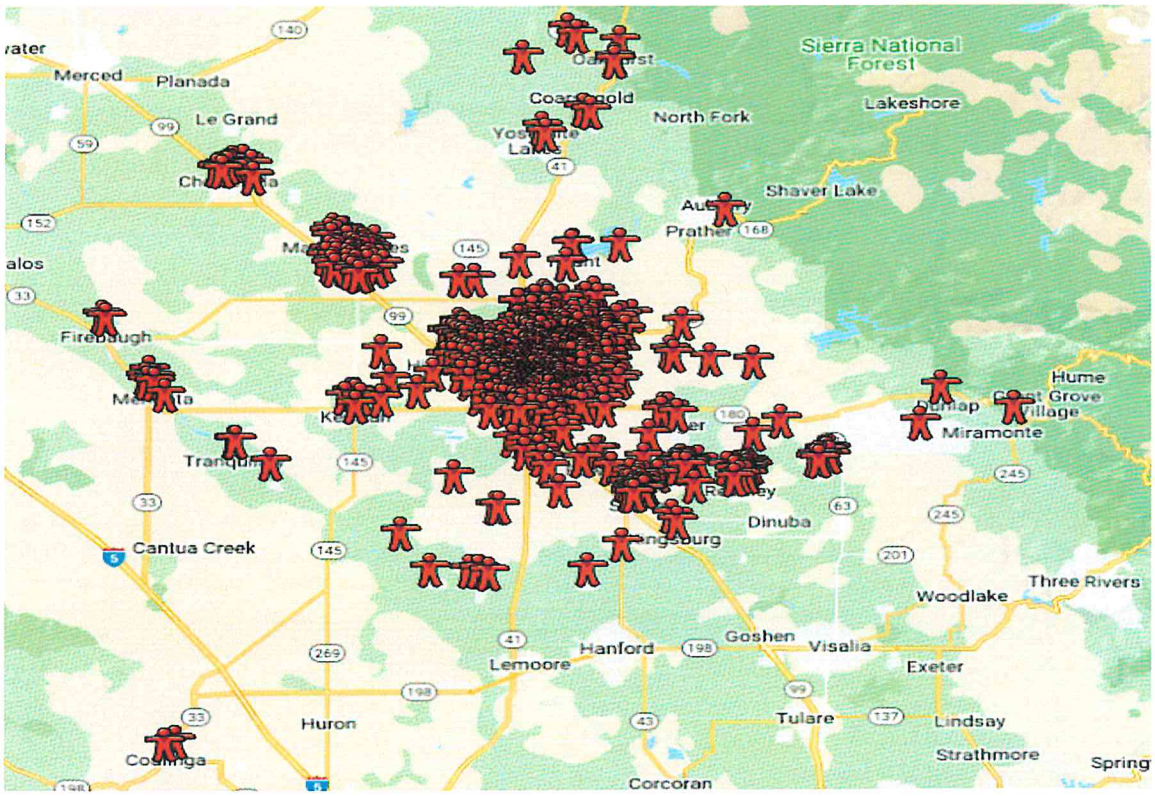
These patients, by nature, require a significant amount of resources, in particular nursing time, which draws resources away from regular emergency department operations. As emergency department volumes continue to escalate, help is needed to

mitigate the emergency department overcrowding conditions and allow for more efficient use of resources, both within the emergency department and within the behavioral health community.

Unnecessary utilization of emergency room services can be reduced by transporting medically cleared behavioral health patients to facilities dedicated to their unique needs. This is a model of care that leverages the skills of paramedics and enables the EMS system to address care gaps identified through the health care needs within Fresno County. Our program also addresses the goals and objectives of the Triple Aim by improving the experience of care for patients, increasing population health and reducing costs to the system.

Our experience over the past 5 years through the Healthcare Workforce Pilot (HWPP) #173 is evidence that the EMS system can safely triage behavioral health patients to the Fresno County Crisis Stabilization Center, which will decrease emergency department visits by this population by 45% or nearly 200 patients per month or almost 7 patients per day. The appropriate transport destination would have a cost saving benefit for the patient, the hospitals and the EMS provider. Most importantly, the behavioral health patient will be transported to the right place the first time and be provided the care they need much quicker.

In 2022, paramedics throughout Fresno County triaged and transported 2061 behavioral health patients to the Fresno County Crisis Stabilization Center (CSC).



Map 1 – Locations of behavioral health patients that were transported to the Fresno County CSC

The development of a PTAD Program has allowed the Central California EMS Agency to utilize leading edge and innovative concepts to address a problem that impacts many counties in California. The involvement in the Healthcare Workforce Pilot (HWPP) #173 pilot project provided us with the validation that this program is safe, highly effective, and benefits both the patient and the hospital emergency departments. The PTAD program permits appropriately trained field paramedics, under the leadership structure that involves behavioral health experts and the medical direction of the EMS Agency Medical Director, to perform a prehospital medical assessment and transportation of a behavioral health patient that meets established criteria to an appropriate behavioral health facility.

Assessments focused on behavioral health patients, both youth and adults, provide a medically safe method for the paramedic to transport behavioral health patients that meet specific criteria for transport directly to a behavioral health center, thus avoiding an unnecessary transport to the emergency department. Not only does this program ensure that the patients go to the "right place the first time", the program concept is aimed at providing the right level of care to the right patients in an efficient, effective, safe and timely manner. Fresno County operates a dedicated crisis unit for youth and a separate crisis unit for adults. Staffing regularly includes an on-duty medically trained nurse, nurse practitioner, or physician 24/7 that receives the patient at turn-over and performs a medical "re-assessment" of the patient before admittance to the facility. This provides an increased level of safety to both adult and youth patients and further assures that the paramedics are following the criteria for transport.

We have already experienced the benefits of this program, which includes reducing emergency department overcrowding by transporting patients to the "right place the first time", but also assuring that patients are quickly receiving critical and necessary behavioral health care that cannot be obtained in the emergency department. This project will allow for a more efficient use of emergency department and behavioral health resources and reduce secondary transfers between the emergency department and behavioral health centers.

The Central California EMS Agency will continue to partner with American Ambulance, Fresno County Hospitals, Fresno County Behavioral Health Department, Fresno County Department of Public Health, and Fresno and Madera County ambulance providers. Geographically, the program is limited to the County of Fresno and Madera. Through the implementation of Healthcare Workforce Pilot (HWPP) #173, paramedics have received appropriate training to provide the triage and transport to the Fresno County CSC. However, in accordance with California Code of Regulations Title 22, Division 9, Chapter 5, the EMS Agency has validated the training required of paramedics and has provided education on gaps that may exist in curriculum.

Goals and Objectives

Fresno County will assess the safety and value of modifying EMS policies and procedures to achieve the following goals and objectives:

Goals:

- Reduce utilization of emergency room services by behavioral health (BH) patients in Fresno and Madera Counties, that would have normally been transported directly to emergency departments, through the utilization of trained paramedics who will assess, treat, and transport patients meeting specific and pre-identified criteria to an appropriate alternative care behavioral health treatment facility.

- Demonstrate appropriate utilization of non-traditional alternate destinations for BH patients assessed and treated by paramedics.

Objectives:

- Determine that the general assessment of the BH patient by a trained paramedic is "appropriate" or "inappropriate" in accordance with the established diagnosis by the treating behavioral health professional with 95% accuracy within six hours of admission.

- No more than 5% of patients transported to an alternative destination receive a secondary transfer to an emergency department within six hours and the initial transport results in no poor patient outcome or morbidity due to mis-triage.

- Upon arriving at the alternative BH facility for admission and completion of a re-assessment by medical personnel at the facility, less than 5% of patients are refused admission due to not meeting the appropriate medical criteria.

ALL PROGRAM MEDICAL PROTOCOLS AND POLICIES

The EMS Medical Director and the Medical Director for Fresno County Department of Behavioral Health carefully negotiated the medical criteria that is acceptable for admission to the alternative crisis stabilization facility. The patient criteria and protocols are "tried and true" and proven to be effective and safe through the Healthcare Workforce Pilot Project (HWPP) #173 Fresno County implemented in 2018. Through the quality improvement process, the criteria is constantly monitored and minor modifications have occurred to "fine-tune" the criteria to assure that patient safety is always maintained. The protocols and criteria are consistent with the California Health and Safety Code and the California Code of Regulations.

The medical re-assessment process at the crisis stabilization facility is performed by a registered nurse, or physician. The criteria used by the crisis stabilization facility medical staff is the same criteria used by the prehospital personnel. While we realize that some

patients may "fall-out" at time of reassessment, our goal is to assure that less than 5% of the behavioral health patients transported to the crisis stabilization facility are refused admission due to not meeting the established criteria. The reassessment by the receiving facility staff assure that the appropriate patient is being admitted from the field.

Attachment B are the policies related to the Paramedic Triage to Alternate Destination program. EMS policy #245 is the program policy that encompasses the entire program, including:

1) approval of provider agencies
2) approval of training providers
3) approval of alternate destination facilities
4) data collection
5) patient safety.

EMS policy #547 is the destination policy that includes the specific criteria used to determine whether the patients meets the criteria to be transported directly to the County's Crisis Stabilization Center.

Data collection and evaluation of the data is very important in determining the effectiveness of the program. Since we are an established Paramedic Transport to Alternate Destination program through the Healthcare Workforce Pilot Project (HWPP) #173, we already collect substantial data required in the quarterly reports. **Attachment C** is current data that we provide to the Emergency Medical Care Committee. We have transferred the data to the sample reports included in the EMSA Toolkit.

PROGRAM SERVICE PROVIDER APPROVAL

Since the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the EMS Agency partnered with American Ambulance and has developed a training program that has successfully trained paramedics at all of the ambulance provider agencies in Fresno and Madera Counties in the Transport to Alternate Destination. We achieved our original goal of this program, which was to develop a county-wide program that would relieve the hospitals of the impact of behavioral health patients and transport them to a facility that could provide them immediate care.

PTAD providers were assessed for compliance with the new regulations, which includes assurance that paramedics have received all required training in accordance with the CCR 100189. There are differences between the existing PTAD program and the requirements of the new regulations that PTAD providers must adjust. For example, the EMS Agency identified training gaps between the existing training curriculum and the new training requirements under CCR 100189, which is detailed below in the Training Curriculum section. It was the responsibility of the PTAD provider agencies to get in line with the new regulations.

The EMS Agency developed a "Paramedic Triage to Alternate Destination Affirmation Form" that is completed by each ambulance provider to affirm that paramedic personnel meet the minimum requirements of the California Health and Safety Code and California Code of Regulations as it relates to the PTAD. An example of the affirmation formis included in **Attachment D**.

Health and Safety Code Section 1843 is clear that a plan developed for paramedic triage to an alternate destination shall include existing providers, including public agencies. The EMS Agency is very proud that all public and private ambulance providers in Fresno and Madera Counties actively participate in the PTAD program.

The approved agencies are listed below:

Ambulance Provider	Type	Area
American Ambulance	Private Provider	Fresno County
Coalinga Fire Dept	Public Provider	Fresno County
Kingsburg Fire Dept	Public Provider	Fresno County
Pistoresi Ambulance	Private Provider	Madera County
Sanger Fire Dept	Public Provider	Fresno County
Selma Fire Dept	Public Provider	Fresno County
Sequoia Safety Council	Private Provider	Fresno County
Sierra Ambulance	Private Provider	Madera County

Approved Ambulance Provider Agencies

ALTERNATE DESTINATION FACILITY APPROVAL

Through the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the Fresno County Behavioral Health Department's Crisis Stabilization Center (CSC) has been the approved alternate destination for patients in the prehospital setting with behavioral health conditions. With over 5 years of experience as a alternate destination for prehospital behavioral health patients in our existing program, the CSC has proven that triage to an alternate destination by paramedics is safe and greatly benefits the patient and the EMS system.

The CSC has facilities to serve adults and youth. This facility is approved by the California Department of Health Care Services (DHCS) for the involuntary detainment, evaluation, and treatment of adults and minors in accordance with the Welfare and Institutions Code and the California Code of Regulations. In addition, this facility is staffed by a registered nurse at all times that performs a brief medical evaluation upon receipt of the patient. The authorization from the DHCS is included as **Attachment E**.

The EMS Agency is a division within the Fresno County Department of Public Health and the CSC is a program under the Fresno County Department of Behavioral Health. Also included in **Attachment E** is a letter from the Fresno County Director of Behavioral Health that affirms compliance with the Health and Safety Code, Code of Regulations, and EMS policy as it relates to PTAD.

TRAINING CURRICULUM

Through the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the EMS Agency, in partnership with American Ambulance, developed a very robust and successful training program. However, upon reviewing the training requirements, the EMS Agency identified training gaps between the existing training curriculum and the new training requirements under CCR 100189.

Training Gap Subjects
Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders
The prevalence and causes of substance use disorders and associated public health impacts
Alcohol and substance use disorders
Health risks and interventions in stabilizing intoxicated patients
Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment
Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders
EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies

Working with American Ambulance as the county-wide PTAD training program, all existing TAD paramedics were educated in the subject gaps and also provided a refresher in the remaining subjects taught in the HWPP. Once the exisitng TAD paramedics have completed the updated training and refresher, they will be transitioned as PTAD and entered into the registry. New paramedics will be required to attend all required courses.

The approved training curriculum is provided in **Attachment F** and includes the requirements outlined in CCR 100189.

Training and education will be provided by American Ambulance and augmented by the Fresno County Department of Behavioral Health and Exodus Recovery, Inc., which is a contractor to Fresno County. American Ambulance is the approved county-wide training program (See **Attachment G**).

EMS PLAN AMENDMENT

This application for approval of a Paramedic Triage to Alternate Destination program serves as an amendment to the Central California EMS Agency's EMS Plan. **Attachment H** includes the EMS Plan documents to be included in the EMS plan.

ATTACHMENT A

Community Paramedicine (CP) 022

Healthcare Workforce Pilot (HWPP) #173 Approval

OSHPD Office of Statewide Health Planning and Development

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November 27, 2017

Howard Backer, MD
Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

RE: Request to implement additional sites to the Health Workforce Pilot Project #173 Community Paramedicine through November 14, 2018

Dear Dr. Backer:

This is in response to your request, dated October 23, 2017, to approve adding the following project sites to the California Emergency Medical Services Authority (EMSA) Community Paramedicine (CP) Project, Health Workforce Pilot Project (HWPP) #173:

- CP 015–Santa Clara County Emergency Medical Services Agency, Behavioral Health/Sobering Center Alternate Destination
- CP 016–Dignity Health, Post Discharge
- CP 017–Cal Tahoe Emergency Services Operations Authority, Alternative Destination/Post Discharge
- CP 018-Los Angeles City Fire Department, Behavioral Health Alternate Destination
- CP 019–Los Angeles City Fire Department, Sobering Center Alternate Destination
- CP 020–Marin County Emergency Medical Services Agency, Post Discharge
- CP 021–City and County of San Francisco, Frequent 911 Users
- CP 022–Central California Emergency Medical Services Agency, Behavioral Health Alternate Destination

Our records indicate: (1) EMSA has provided timely updates and monthly reports to OSHPD, and (2) OSHPD's routine site visits have confirmed adherence to care provision protocols.

Based on these factors and in accordance with Title 22, California Code of Regulations, Section 92604, OSHPD approves the addition of CP 015, CP 016, CP 017, CP 018, CP 019, CP 020, CP 021, and CP 022 to the HWPP #173, contingent on Institutional Review

Board (IRB) approval and delivery of the following items:

1. For all new project sites, a table noting the interface between CP's electronic patient care reporting (ePCR) and the service site's electronic health records (EHR).
2. For CP 021–City and County of San Francisco, medical protocols as an addendum to the proposal.

The above mentioned pilots must wait to provide services until the Office of Statewide Health Planning and Development (OSHPD) acknowledges receipt of the above mentioned items and IRB approval for the respective sites.

If you have any questions, please contact Matthew Ortiz, Health Program Specialist, Healthcare Workforce Development Division (HWDD) at (916) 326-3745 or at matthew.ortiz@oshpd.ca.gov.

Very truly yours,

ROBERT P. DAVID
Director

cc: Fran Mueller, Chief Deputy Director, OSHPD
Stacie S. Walker, Deputy Director, HWDD, OSHPD
DO Files
HWDD Files

ATTACHMENT B

EMS Policy #245 - Paramedic Triage to Alternate Destination Program

EMS Policy #547- Patient Destination Policy

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 245 Page 1 of 2
Subject	Paramedic Triage to Alternate Destination Program	
References	California Code of Regulations, Title 22, Division 9, Chapter 5	Effective Draft

I. POLICY

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5. A paramedic currently licensed in California may be accredited by the local EMS agency to practice as a Triage to Alternate Destination (TAD) Paramedic in Fresno and Madera Counties upon successfully completing the qualifications and requirements of the accreditation process.

II. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – AUTHORIZED FACILITY

The local EMS Agency has designated the Fresno County Department of Behavioral Health's Crisis Stabilization Center as the authorized facility to receive prehospital behavioral health patients. This facility is located at 4411 E. Kings Canyon Road, Fresno, CA 93702.

A behavioral health facility may apply to the local EMS Agency to become an authorized receiving facility for participation in the paramedic TAD program. An authorized receiving facility shall be a facility that meets the requirements of CCR 100181(b). The required documentation to be submitted to the EMS Agency includes:

A. Application letter requesting authorization shall include identification of need and program objectives.
B. Verification that the facility meets CCR 100181(b).
C. Names of facility Medical Director, Administrator, and EMS Liaison.
D. Signed Triage to Alternate Destination Authorized Facility Affirmation Form (provided by EMS Agency)

III. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SERVICE PROVIDER

All ambulance providers in Fresno and Madera Counties are authorized paramedic TAD service providers.

An approved advanced life support provider may apply to the local EMS agency to become an authorized provider for participation in the paramedic TAD program. The required documentation to be submitted to the EMS Agency includes:

A. Application letter requesting authorization shall include identification of need and program objectives.
B. Signed Paramedic Triage to Alternate Destination Affirmation Form (provided by EMS Agency)

Approved By EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245

IV. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PARAMEDIC ACCREDITATION

A. In order to be eligible for TAD accreditation, a paramedic shall meet the following minimum requirements:

1. Current and valid California paramedic licensure.
2. Current paramedic accreditation in the Central California EMS Agency.
3. Successful completion of an approved TAD training program.
   a. For paramedics already authorized to perform TAD through the Workforce Pilot Project, a letter of verification from an approved TAD provider agency that all training requirements have been met. Otherwise, a course completion certificate is required.
4. A completed application

C. The EMS Agency shall enter the TAD paramedic into the EMS Authority Central Registry, which will be TAD paramedic's effective date.

C. Accreditation expires on the last day of the month, two (2) years from the effective date.

D. Re-Accreditation requires four (4) hours of continued education in Triage to Alternate Destination and will extend accreditation an additional two (2) years.

V. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – TRAINING PROGRAM

American Ambulance is the authorized training program for TAD paramedics in Fresno and Madera Counties. Through the original pilot project with the State EMS Authority (Community Paramedicine (CP) 022 - Healthcare Workforce Pilot (HWPP) #173), American Ambulance developed a training program that meets the requirements of CCR 100187 through 100189.

Authorized service providers or other entities may apply to the local EMS Agency to become an authorized paramedic TAD training program. The required documentation to be submitted to the EMS Agency includes:

A. Application letter requesting authorization shall include identification of need and program objectives.

B. The application letter will include a detailed outline of the requirements listed in CCR 100187 and 100-189, program staff.

C.

VI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PROTOCOLS AND CRITERIA

The criteria for destination to the Crisis Stabilization Center is found in EMS Policy #547.
The paramedic will treat the patient in accordance with the appropriate treatment protocol.

VII. DATA COLLECTION

CCR 100185 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving facility and also each of the authorized service providers. All data outlined in CCR 100185 shall be submitted to the State EMS Authority on a quarterly basis. Monthly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

VIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by the EMS Agency's Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Center, local hospitals, the Regional CQI Committee and the EMS Medical Director.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547 Page 1 of 9
Subject	Patient Destination	
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency	Revision **07/31/2023**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

Subject: Patient Destination	Policy Number: 547

B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.

3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.

4. Closest Appropriate Hospital

   a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).

   b. Closest is defined as the shortest travel time not necessarily the closest by distance.

   c. The Base Hospital Physician will have the ultimate authority for patient destination.

   d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":

      1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:

         a) Adventist Health Hanford (AH-H)
         b) Adventist Health Tulare (AH-T)
         c) Clovis Community Medical Center (CCMC)
         d) Kaiser Permanente Hospital (KPH)
         e) Kaweah Health Medical Center (KHMC)
         f) Regional Medical Center (RMC)
         g) Saint Agnes Medical Center (SAMC)
         h) Sierra View District Hospital (SVDH)
         i) Valley Children's Hospital (VCH)

      2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:

         a) Adventist Health Reedley (AH-R)
         b) Adventist Health Selma (AH-S)
         c) Coalinga Regional Medical Center (CRMC)

Subject: Patient Destination	Policy Number: 547

5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

a. Interpretation of 12-lead ECG; or
b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.

b. Any patient with CPR in progress.

c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:

- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
- No alteration in mental status due to dementia or delirium.
- Glasgow Coma Score 14 or 15.
- Complete vital signs within limits (HR, RR, BP and GCS).
- Not febrile to palpation/measurement.
- Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

a) Pulse: 50-120 bpm
b) Systolic Blood Pressure: 100-180 mm Hg
c) Diastolic Blood Pressure: less than 120 mm Hg
d) Respiratory Rate: 12-30

2) Pediatrics:

a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more that once daily dry gauze and tape dressing.

b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.

c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.

d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.

e. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.

f. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.

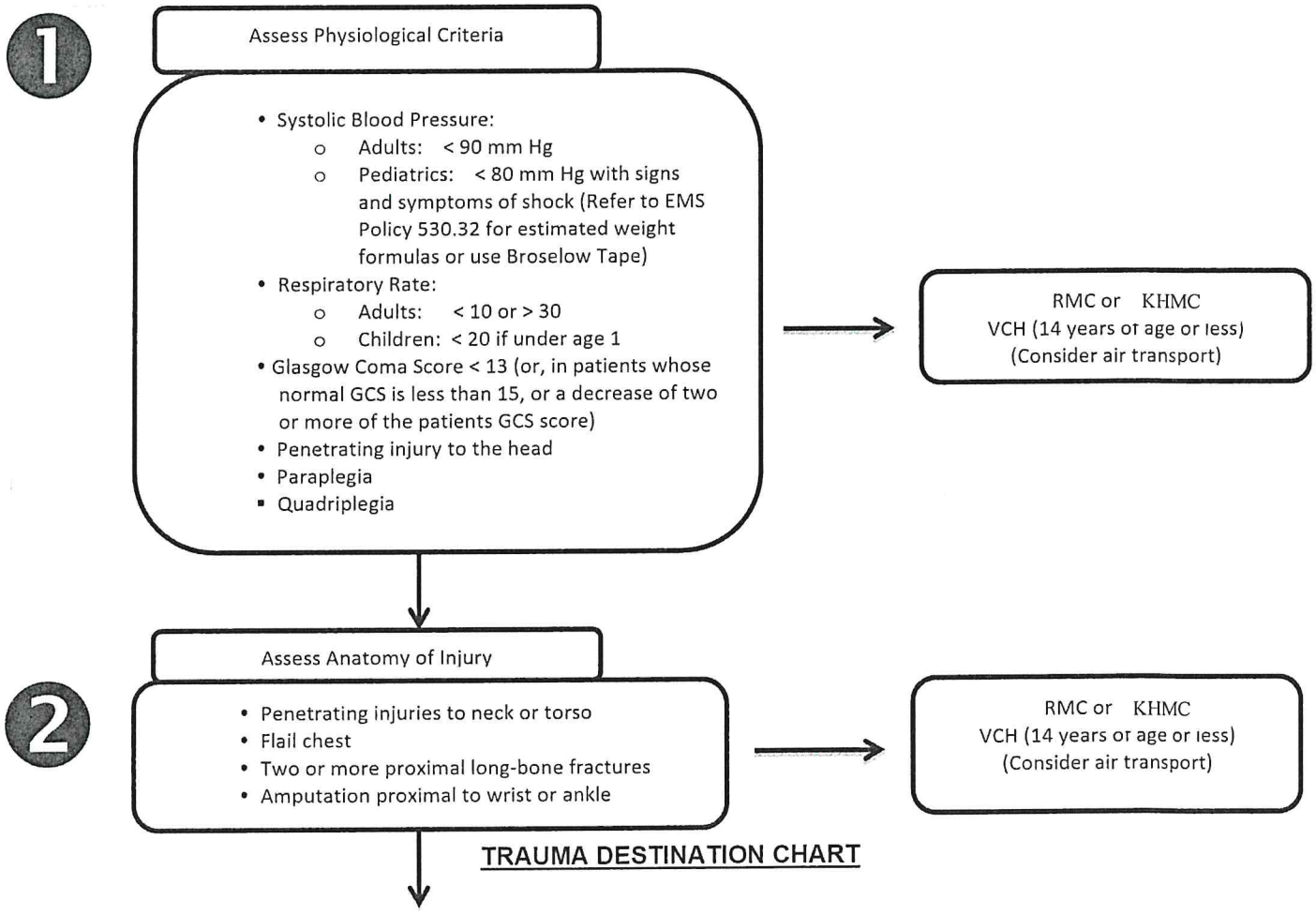
2. Patients that cannot be transported directly to the Veteran's Administration are:

- Cardiac arrest due to trauma
- Pediatric cardiac arrest
- Trauma Center Triage Criteria
- OB patient in active labor
- Gynecological complaints and known obvious pregnancy with vaginal bleeding
- ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closet facility in accordance with the following chart:



TRAUMA DESTINATION CHART

Subject: Patient Destination	Policy Number: 547

3 Assess Burns

STABLE TRAUMA PATIENTS WITH:
- Partial/Full thickness burns > 10% TBSA
- Partial/Full thickness circumferential burns
- Partial/Full thickness burns to face, hands, feet, major joints, perineum, or genitals
- Electrical burns with voltage > 120 volts
- Chemical burns > 10% TBSA

→ RMC (Consider air transport)

4 Assess Mechanism of Injury

- Falls
  - Adults: > 20 ft. (one story = 10 ft.)
  - Children: > 10 ft. or 3 times height of the child

→ RMC or KHMC VCH (14 years of age or less) (Consider air transport)

5 Assess Special Considerations

WITH A SIGNIFICANT COMPLAINT:
- Age greater than 55 years
- Anticoagulation or bleeding disorders
- Pregnancy greater than 20 weeks
- Auto vs. Pedestrian > 20 mph
- Motorcycle crash > 20 mph

→ Consider transport to RMC or KHMC VCH (14 years of age or less)

6 Paramedic/Flight Nurse Judgment

WITH A SIGNIFICANT COMPLAINT

→ Consider RMC or KHMC VCH (14 years of age or less) Base Hospital Consultation

Transport According to Policy

SIGNIFICANT COMPLAINT

Perseveration
Deteriorating mental status
Severe chest pain
Severe shortness of breath
Severe abdominal pain
Sustained, overwhelming "Feeling of Doom"

NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).

2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.

3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:

   a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
   b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

   A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

   The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

   a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
   b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
   c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
   d. Electrical burns with voltage greater than 120 volts
   e. Patients with chemical burns greater than 10% total body surface area.

6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).

7. Trauma patients who go directly to the closest appropriate receiving hospital:

   a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.

   b. Any patient with CPR in progress (refer to EMS Policy #550).

   c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.
[ ] True – transport Patient/Family Choice [ ] False

Patient has alteration in mental status due to dementia or delirium.
[ ] True – transport Patient/Family Choice [ ] False

Patient has a Glasgow Coma Score 13 or less.
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations or wounds inflicted by others.
[ ] True – transport Patient/Family Choice [ ] False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.	[ ] True – transport Patient/Family Choice	[ ] False
Systolic Blood Pressure outside range of 100-180.	[ ] True – transport Patient/Family Choice	[ ] False
Diastolic Blood Pressure greater than 120.	[ ] True – transport Patient/Family Choice	[ ] False
Respiratory Rate outside range of 12-30.	[ ] True – transport Patient/Family Choice	[ ] False

Pediatrics:

Vital signs inappropriate for children (Policy 530.32)	[ ] True – transport Patient/Family Choice	[ ] False

Patient is febrile to palpation/measurement.
[ ] True – transport Patient/Family Choice [ ] False

Is patient under the influence of alcohol or drugs?
[ ] Yes [ ] No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?
[ ] True – transport Patient/Family Choice [ ] False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

ATTACHMENT C

QUARTERLY / ANNUAL DATA REPORTS

CENTRAL CALIFORNIA EMS AGENCY
TRIAGE TO ALTERNATE DESTINATION
Quarterly / Annual Summary

LEMSA Summary of Outcomes

	Q1	Q2	Q3	Q4	Annual Total
Total # of 911 scene call patients who are treated and transported to an E.D.	514	655			1169
Total # of 911 scene call patients who are treated and transported to a Sobering Center	n/a	n/a			0
Total # of 911 scene call patients who are treated and transported to a mental health facility	468	620			1088
Total # of 911 scene call patients who are treated and transported to a Veteran's Admin E.D.	8	14			22
Total # of patients transported to an alternate destination that required secondary transfer to an acute care E.D.within 6 hours	2	1			3

Facility Data Reports

Facility Name: Fresno County Crisis Stabilization center
Facility Type: Authorized Mental Health Facility

	Q1	Q2	Q3	Q4	Annual Total
Median Ambulance Patient Offload Times (min)	36.61	33.58			35.10
Total # of EMS Transports to Facility	468	620			1088
Total # of patients turned away, diverted, or who required secondary transfer to an acute care E.D. within 6 hours from facility.	20	26			46

Summary of primary reasons for turning away, diverting, or who required secondary transfer to an acute care E.D. within 6 hours from facility:
Several refusals were attributed to a positive COVID test upon arrival at CSC. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.

Summary of feedback about program from Emergency Medical Care Committee:
At the April 19, 2023 EMCC meeting, the report was presented to the EMCC. There wer no questions or comments. The report was accepted.

Transports to Alternate Care Facility Report

Jan-Feb-Mar 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Facility	Jan 2023	Feb 2023	Mar 2023	Total	% of Total
Adventist Medical Center - Reedley	2	0	0	2	0.20%
Adventist Medical Center - Selma	0	0	0	0	0.00%
Clovis Community Medical Center	29	32	38	99	10.08%
Coalinga Regional	0	2	1	3	0.31%
Community Regional Medical Center	96	90	111	297	30.24%
CSC - Adult (Alternate Destination)	92	117	133	342	34.83%
CSC - Youth (Alternate Destination)	24	46	56	126	12.83%
Kaiser Permanente, Fresno	8	4	11	23	2.34%
Saint Agnes Medical Center	24	27	31	82	8.35%
Veterans Administration Medical Center, Fresno	2	2	4	8	0.81%
Total	277	320	385	982	

Ambulance Patient Offload Times (APOT)	Jan 2023	Feb 2023	Mar 2023	Total
CSC - Adult (min)	37.48	36.52	43.39	39.13
CSC - Youth (min)	33.54	37.29	31.43	34.09
Total Average	35.51	36.905	37.41	36.61

CSC Refusal Rate	Jan 2023	Feb 2023	Mar 2023	Total
Refuse to receive patient due to patient medical issue	8	5	7	20

CSC Diversion Hours - Due to Capacity Issues	Jan 2023	Feb 2023	Mar 2023	Total
Diversion Hours - CSC Adult	56	125	98	279
Diversion Hours - CSC Youth	23	30	14	67

Secondary Transfer From CSC within 6 hours	Jan 2023	Feb 2023	Mar 2023	Total
	0	0	2	2
	0.0%	0.0%	0.5%	0.2%

This report is in accordance with Health and Safety Code section 1797.273

Transports to Alternate Care Facility Report

Jan-Feb-Mar 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Summary of Primary Reason for refusal at CSC

The majority of refusals were attributed to a positive COVID test upon arrival at CSC. There were two refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.

Summary of Feedback about Program from Emergency Medical Care Committee

At the April 19, 2023 EMCC meeting, the report was presented to the EMCC. There wer no questions or comments. The report was accepted.

CSC Summary of Patient Outcomes

At the May 9, 2023 meeting with CSC and American Ambulance, the refusals were discussed. It was noted that the refusals have increased and needed further review with CSC staff. There were several refusals that appeared to be outside the criteria and should have been admitted to the CSC.

Transports to Alternate Care Facility Report

Apr-May-Jun 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Facility	Apr 2023	May 2023	Jun 2023	Total	% of Total
Adventist Medical Center - Reedley	3	0	1	4	0.31%
Adventist Medical Center - Selma	2	2	2	6	0.47%
Clovis Community Medical Center	31	58	35	124	9.73%
Coalinga Regional	1	2	0	3	0.24%
Community Regional Medical Center	127	134	110	371	29.10%
CSC - Adult (Alternate Destination)	161	140	138	439	34.43%
CSC - Youth (Alternate Destination)	54	69	58	181	14.20%
Kaiser Permanente, Fresno	8	13	7	28	2.20%
Saint Agnes Medical Center	31	45	29	105	8.24%
Veterans Administration Medical Center, Fresno	3	6	5	14	1.10%
Total	421	469	385	1275	

Ambulance Patient Offload Times (APOT)	Apr 2023	May 2023	Jun 2023	Total
CSC - Adult (min)	34.53	33.41	35.46	34.47
CSC - Youth (min)	35.33	33.32	29.41	32.69
Total Average	34.93	33.365	32.435	33.58

CSC Refusal Rate	Apr 2023	May 2023	Jun 2023	Total
Refuse to receive patient due to patient medical issue	11	9	6	26

CSC Diversion Hours - Due to Capacity Issues	Apr 2023	May 2023	Jun 2023	Total
Diversion Hours - CSC Adult	96	143	80	319
Diversion Hours - CSC Youth	88	115	16	219

Secondary Transfer From CSC within 6 hours	Apr 2023	May 2023	Jun 2023	Total
	0	1	0	1
	0.0%	0.2%	0.0%	0.1%

This report is in accordance with Health and Safety Code section 1797.273

Transports to Alternate Care Facility Report

Apr-May-Jun 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Summary of Primary Reason for refusal at CSC

Several refusals were attributed to a positive COVID test upon arrival at CSC. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.

Summary of Feedback about Program from Emergency Medical Care Committee

The July EMCC was canceled and no report was presented. This quarter report will be presented in October.

CSC Summary of Patient Outcomes

At the July 5, 2023 meeting with CSC and American Ambulance, the refusals were discussed. It was noted that the refusals have increased and needed further review with CSC staff. There were several refusals that appeared to be outside the criteria and should have been admitted to the CSC.

ATTACHMENT D

Paramedic Triage to Alternate Destination Affirmation Form

ALS Service Provider

TRIAGE TO ALTERNATE DESTINATION
Paramedic Service Provider
Letter of Affirmation

Provider/Department Name: _____

The provider/department named above acknowledges and affirms the following:

1. The EMS Agency has designated the Fresno County Crisis Stabilization Center (CSC) as an authorized alternate destination for prehospital behavioral health patients.

2. We support the Triage to Alternate Destination program and recognize its value in getting behavioral health patients to a facility that can provide them immediate care.

3. We have reviewed the California Code of Regulations, Title 22, Division 9, Chapter 5 as it pertains to Triage to Alternate Destination.

4. EMS policies and procedures provide the criteria necessary to transport a patient directly to the CSC.

5. The EMS Agency has authorized this provider/department and its personnel to participate on the Triage to Alternate Destination Program.

6. It is the responsibility of this provider/department to assure that qualified staff receive the required training and continuing education in order to triage patients to the CSC.

7. The Triage to Alternate Destination program will be monitored through our EMS continuous quality improvement plan and we will work closely with the EMS agency in future improvements of the program.

8. Electronic patient care reports shall be completed on all patients, including patient transported to the CSC. Patient care data will be submitted to CEMSIS.

_____ _____

Print Name and Position Date

_____

Signature

ATTACHMENT E

Fresno County Crisis Stabilization Center

Authorization and Approval Letter

County of Fresno
DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT, LMFT
DIRECTOR
PUBLIC GUARDIAN

June 29, 2023

David Luchini
Director, Department of Public Health
County of Fresno
1221 Fulton Mall
Fresno, CA 93721

The Fresno County Department of Behavioral Health (DBH) oversees the subcontracted operation of Fresno County's 24/7 Crisis Stabilization Centers (CSC), which provide mental health treatment and crisis stabilization care for adults and youth experiencing an acute behavioral health crisis. These facilities accept both voluntary and involuntary individuals, as approved by the California Department of Health Care Services for the involuntary detainment, evaluation, and treatment of adults and minors pursuant to Welfare and Institutions Code (WIC) Sections 5150 et seq., 5585.50 through 5585.59 and 5751.7. In addition, this facility is compliant with California Code of Regulations (CCR) Title 9 and Section 663.

The purpose of this letter is to reaffirm our support for the Emergency Medical Services (EMS) System's Triage to Alternate Destination Program that allows individuals experiencing a behavioral health crisis in the prehospital setting to be transported by ambulance directly to the CSCs. In partnership with the EMS Agency, American Ambulance, and Exodus Recovery, we have developed a proven destination criteria that safely and effectively directs individuals to our CSCs, which allows them to receive immediate evaluation and treatment.

DBH has reviewed the existing EMS policy #547, the new EMS policy related to the Triage to Alternative Destination program (both attached) and the CCR Title 22, Division 9, Chapter 5 as it relates to Triage to an Alternate Destination and will ensure that the subcontracted CSCs adhere to all requirements including, but not limited to the following:

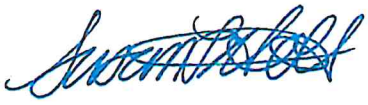
1. The CSCs shall maintain and adhere to all regulations to ensure continued approval as an authorized alternate destination for ambulance transports.
2. The CSCs shall accept all appropriate individuals who meet destination criteria regardless of the individuals' ability to pay.
3. A registered nurse licensed in the State of California shall always be on-site.
4. Nursing staff on-site shall have current certification in cardiopulmonary resuscitation (CPR).
5. The CSCs shall provide monthly data requested by the EMS Agency, including the following:

a. Total number of persons served transported by EMS who were treated and released;
b. Total number of persons served transported by EMS who were transferred to another behavioral health facility for further treatment;
c. Total number of persons served transported by EMS who were transferred to an emergency department within 6 hours of initial arrival at the CSC and individuals' reason for transport;
d. Total number of persons served transported by EMS who were transferred to an emergency department greater than 6 hours of initial arrival at the CSC;
e. Total number of persons served arriving by ambulance who were not accepted and were re-directed to an emergency department, including the reason for re-direct for each incident; and
f. Any additional data, as requested by the EMS Agency and approved by DBH, necessary for reporting requirements as related to the Triage to Alternative Destination Program.

6. The CSCs shall participate in the EMS Agency's Continuous Quality Improvement Program as it relates to the Triage to Alternate Destination Program, which includes providing feedback and recommendations for improvement of the Triage to Alternative Destination Program.

We greatly appreciate our collaborative partnership with the Department of Public Health and the EMS Agency and look forward to our continued success with the Triage to Alternate Destination Program.

Respectfully,



Susan L. Holt, LMFT
Director-Public Guardian
Department of Behavioral Health
County of Fresno

cc: Joseph Rangel, Division Manager, DBH Contracted Services
Kristin Lynch, Senior Staff Analyst, DBH Contracted Services

Attachments

DHCS
MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

GAVIN NEWSOM
GOVERNOR

January 28, 2022

Susan L. Holt, LMFT
Interim Director/Public Guardian
Department of Behavioral Health, County of Fresno
1925 E. Dakota Avenue
Fresno, California 93726

Dear Ms. Holt:

The California Department of Health Care Services (CDHCS) has received your letter dated January 28, 2022, requesting approval to increase the number of designated beds/capacity for Exodus Recovery Fresno Crisis Stabilization Center (ERFCSC), located at 4441 E. Kings Canyon Road, Fresno, CA 93702.

Your request to increase ERFCSC's beds/capacity from 39 beds to 69 for adult clients age 18 and over and for youth clients under the age 18 is approved. Approval of your request is contingent upon ERFCSC's compliance with the staffing requirements for inpatient services contained in the California Code of Regulations, title 9, and section 663.

It is understood that ERFCSC will continue to comply with applicable laws relating to Welfare and Institutions Code sections 5150 *et seq*., 5585.50 through 5585.59 and 5751.7. It is also understood that minors shall not commingle with the adult program population and that the facility shall provide separate housing arrangements, treatment staff, and treatment programs exclusively devoted to serving minors who are housed in the approved facility treatment ward.

The County is instructed to notify the CDHCS immediately of any adverse action or termination of the designation by Fresno County Behavioral Health Department regarding ERFCSC. The termination of the designation of ERFCSC will simultaneously result in the department's withdrawal of its approval.

Sincerely,

Henry omoregie

HENRY OMOREGIE
Chief
Mental Health Licensing Section

cc: Robert Dutile, Administrator, ERFCSC

ATTACHMENT F

Training Curriculum

Triage to Alternate Destination
Training Curriculum

Length	Topic

15 Min	Introduction and reason for training
	• State and CCEMSA Requirements
	• Overview of training
	  o Intro from Dr. Campagne
	  o Intro from Ken Katz

30 min	Understanding Mental Illness • Mental Illness Defined • Stigma and Its Effect on Attitudes and Behaviors

30 min	Mental Health Conditions
	• Schizophrenia
	  o Signs and Symptoms of Schizophrenia
	  o Common Neuro-Psychiatric Medications Used to Treat Schizophrenia
	• Mood/Affective Disorders
	  o Signs & Symptoms of Unipolar Depression (Major Depressive Disorder)
	  o Signs & Symptoms of Bi-Polar Disorder
	  o Common Neuro-Psychiatric Medications Used to
	• Anxiety Disorders
	  o Common Anxiety Disorders
	  o Signs and Symptoms of Anxiety
	  o Common Neuro-Psychiatric Medications Used to Treat Anxiety
	• Personality Disorders
	  o Personality Disorder Overview
	  o Signs and Symptoms of Personality Disorders
	  o Treatment of Personality Disorders Including Neuro-Psychiatric Medications
	• Pre-hospital Case Study

30 min	Understanding Suicidal Thoughts and Behaviors • Demographics and Incidence of Suicide • Key Concepts • Contributing Factors to Suicidal Thoughts and Behavior • Warning Signs • Assessing Risk • Intervention • Resources • Pre-hospital Case Review
45 min	Alcohol and substance use disorders • Substance abuse impact on the community • Understanding the difference between mental health disorders, intoxication, and medical emergencies. Common signs and symptoms • Assessment, treatment, and stabilizing of intoxicated patients • Pre-hospital Case Review
45 min	Triage and transport parameters • Review of CCEMSA Policy 547 Patient Destination as it Pertains to Transport of Individuals on 5150s • Exodus/CSC Adult & Youth Default Destination for Anyone in Fresno County on a 5150

	○ Exceptions: Kaiser Members and Veterans • Review of Triage Criteria • Refusals and patient choice • EMS Documentation • EMTLA and EMS, what EMS providers need to know
30 min	Mental Health Involuntary Hold • Difference between pre-hospital WIC 5150 and an extended 5150 per AB 2275 • Review WIC Sections 5150, Extended 5150 per AB 2275, 5250, and LPS Conservatorship • The Role of EMS on Mental Health Calls • American Ambulance Policy Review – Use of Restraints
60 min	Performance Skills Lab and Scenarios • De-escalation and communication skills • Application of restraints • Tape Review
15 min	Summary and Take-Home Points

ATTACHMENT G

Training Program Approval

Appendix 4.4: Coversheet for Application as an Approved Training Program

Training Entity Name:

American Ambulance

An application submitted for approval as an Approved Triage to Alternate Destination Training Program

MAIN COURSE LOCATION/OFFICE: 2911 E Tulare Street, Fresno CA 93721

CONTACT PERSON: Ken Katz

EMAIL: kkatz@americanambulance.com

PHONE NUMBER: 559 349-0238

Submitted On: 8/1/23

Appendix 4.1: List of Documentation Needed for Training Program Approval

Written Request for Approval: Triage Paramedicine Training

Eligible training programs interested in approval as a triage to alternate destination training programs should submit a written request to the LEMSA for program approval. **§100187.d.1** states that the LEMSA shall receive and review the following documentation prior to program approval:

Required Documentation	Yes/No
1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards	Yes
2. An outline of course objectives and Performance objectives for each skill.	Yes
3. The names and qualifications of the training program director, program medical director, and instructors.	Yes
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating triage paramedic students; and monitoring of preceptors by the training program shall be included.	Yes
5. If applicable, provisions for supervised field internship including triage paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program	No
6. The proposed location(s) and date(s) for courses.	Yes
7. If applicable. written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.	No
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.	No
9. Samples of written and skills examinations administered by the training program.	Yes
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	Yes

Appendix 4.2: Complete List of Staff Skill/ Experience Requirements and Statements of Compliance

Staff Qualifications for Triage Paramedicine Training

TAD Training Programs should meet Administration and Faculty Requirements, as put forth in §100189 - Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements. Please use the checklist below to ensure that the minimum staff skill/experience requirements have been met.

Staff	Yes/No
Program Medical Director • Board Certified or Board eligible emergency medical physician currently licensed in the State of California • Experience in emergency medicine • Education or experience in methods of instruction	Yes
Program Director • Knowledge or experience in local EMS protocol and policy • Board Certified or Board Eligible California licensed emergency medicine physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education • Education and experience in methods, materials, and evaluation of instruction including: o A minimum of one (1) year experience in an administrative or management level position o A minimum of three (3) years academic or clinical experience in prehospital care education.	Yes
Instructor • Physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of CA • Six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards • Expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual • Qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.	Yes

I attest that I have provided the names and qualifications of the training Program Director, Program Medical Director, and Instructors in the application for accreditation as a TAD Training Program.

Signed: _____ Dated 8/1/23

Name and Title: Ken Katz, LCSW

Appendix 4.3: Minimum Training And Curriculum Requirements and Statement of Compliance

Statement of Education Standards Compliance
Triage Paramedicine Training

This agency utilizes United States Department of Transportation National Education Standards (U.S. DOT) which includes learning and performance objectives. This agency utilizes approved curriculum that meets the minimum training and curriculum standards set forth in Chapter 5, section 100189:

Minimum Training and Curriculum Requirements for **Triage Paramedic Training**:

1. *Triage Paramedic training curriculum shall include at a minimum the following (HSC 1831 c-d): Chapter 5*
    a. Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital.
    b. Mental health conditions.
    c. Assessment and treatment of intoxicated patients.
    d. The prevalence and causes of substance use disorders and associated public health impacts.
    e. Suicide risk factors.
    f. Alcohol and substance use disorders.
    g. Triage and transport parameters.
    h. Health risks and interventions in stabilizing acutely intoxicated patients.
    i. Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.
    j. Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.
    k. Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.
    l. EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies.

2. *Local EMS Agencies shall verify that the participating triage paramedic has completed training in all the following topics:*
    a. Psychiatric disorders.
    b. Neuropharmacology.
    c. Alcohol and substance abuse.
    d. Patient consent.
    e. Patient documentation
    f. Medical quality improvement.

    In addition, this agency verifies utilization of:

- A minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.
- LEMSA approved Triage Paramedicine course completion certificate.
- Documentation of successful student clinical and field internship performance, if applicable.

I/this agency attests to utilizing an appropriate training program facility and equipment. I/this agency attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

Signed: _____, LCSW Dated 8/1/23

Name and Title: MANAGER, Behavioral Health & Social Services

AMERICAN AMBULANCE

Triage to Alternate Destination (TAD) Training Program

Appendix 4.5: Application For Authorization as an Approved Training Provider

Submit Application and All Documentation to the LEMSA for your Geographic Area.

1. TAD Training Program Provider Agency Name and Location:

Agency Name: American Ambulance Phone No: 559 443-5900

Street: 2911 E Tulare Street Fax No: 559 441-0283

City: Fresno State: CA ZIP Code: 93721

2. Provider Mailing Address: (if different than above)

Street/PO Box: _____

City: _____ State: _____ ZIP Code: _____

3. TAD Program Medical Director (Full Name & Title)

Name: Danielle Campagne, MD Email: dcampagne@americanambulance.com

Title: Medical Director

4. TAD Program Director (Full Name & Title)

Name: Ken Katz, LCSW Email: kkatz@americanambulance.com

Title: Manager, Behavioral Health & Social Services

5. TAD Primary Instructor (Full Name & Title)

Name: Edgar Escobedo, EMT-P Email: eescobedo@americanambulance.com

Title: Director of Operations

6. Provider is A/AN: (check ONE)

- ☐ Hospital
- ☐ Base Hospital
- ☑ Pre-Hospital Services Provider
- ☐ EMT-P/EMT-I Training Program
- ☐ College /University
- ☐ Other School
- ☐ Other Governmental Agency
- ☐ Individual
- ☐ Other CE Provider

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

7. Attach:

1. *A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards*
2. *An outline of course objectives and Performance objectives for each skill.*
3. *The names and qualifications of the training program director, program medical director, and instructors.*
4. *If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Triage Paramedic students; and monitoring of preceptors by the training program shall be included.*
5. *If applicable, provisions for supervised field internship including Triage Paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program*
6. *The proposed location(s) and date(s) for courses.*
7. *If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.*
8. *If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.*
9. *Samples of written and skills examinations administered by the training program.*
10. *Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.*

I certify that I have read and understand the California Title 22 regulations and the County of Fresno ***policies on education, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.***

Triage to Alternate Destination Program Director — Date: 8/1/23

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.6: Notification of Training Program Approval Program

Thank you for your application and request for approval as a triage paramedic training program. Upon review of your application materials, I/this agency have determined that:

1. Training Program application satisfactorily meets and documents compliance with all program requirements. (If yes, please sign below) [YES]

2. There are deficiencies with the application (If yes, please attach a separate document detailing deficiencies) [ ]

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

[signature], EMS Director Date: 8/1/23
LEMSA

Effective Date of Training Program: 8/1/23

Expiration Date of Training Program: 7/31/27

Last day of the month Four (4) years from the date on which approval was issued

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.7: Notification of Training Program Approval - EMS Authority

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

[signature], EMS Director Date: 8/1/23
LEMSA

Please provide the name and contact information of the program director and medical director:

1. TAD Program Medical Director (Full Name & Title)
Name: Danielle Campagne, MD Email: dcampagne@americanambulance.com
Title: Medical Director

2. TAD Program Director (Full Name & Title)
Name: Ken Katz, LCSW Email: kkatz@americanambulance.com
Title: Manager, Behavioral Health & Social Services

Effective Date of Training Program: 8/1/23

Expiration Date of Training Program: 7/31/27
Last day of the month Four (4) years from the date on which approval was issued

ATTACHMENT H

EMS Plan Amendment

Documents

EMS Plan Annex – Triage to Alternate Destination Program

EMS Agency Certification

Report Year: 2023

	Community Paramedic	Triage Paramedic
Total certified and accredited	N/A	182
Number newly certified this year	N/A	40
Number recertified this year	N/A	142
Total accredited on July 1 of reporting year	N/A	182
Number of certification reviews resulting in:		
• Formal Investigations	N/A	0
• Probation	N/A	0
• Suspensions	N/A	0
• Revocations	N/A	0
• Denials	N/A	0
• No action taken	N/A	0

Facility Resource

County: Fresno County

Alt. Destination: Fresno County Crisis Stabilization Center

Facility Address: 4411 E Kings Canyon Avenue

Fresno, CA 93702

Phone Number: (559) 453-1008

Authorized Facility: ☒ Mental Health ☐ Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and Code of Regulations, Title 22, Division 9, Chapter 5.

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Fresno County EOA

ALS Provider: American Ambulance
Address: 2911 E Tulare Avenue
Fresno, CA 93721

Phone Number: (559) 443-5900

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☐ Public ☒ Private
If Public: ☐ Fire ☐ Law ☐ Other _____
If Public: ☐ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2022):	128,445
Total number of transports to general acute care hospitals:	84,025
Total number of transports to alternate destination facilities:	1,663
• Number of transports to authorized mental health facility:	1,663
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Ambulance Zone C

ALS Provider: Coalinga Fire Department
Address: 300 W Elm Avenue
Coalinga, CA 93210

Phone Number: (559) 935-1652

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☐ Law ☐ Other _____
If Public: ☒ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,202
Total number of transports to general acute care hospitals:	1,536
Total number of transports to alternate destination facilities:	34
• Number of transports to authorized mental health facility:	34
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Ambulance Zone K

ALS Provider: Kingsburg Fire Department
Address: 1460 Marion Street
Kingsburg, CA 93631

Phone Number: (559) 897-5457

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☐ Law ☐ Other _____
If Public: ☒ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,468
Total number of transports to general acute care hospitals:	1,652
Total number of transports to alternate destination facilities:	73
• Number of transports to authorized mental health facility:	73
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Ambulance Zone I

ALS Provider: Sanger Fire Department
Address: 601 West Avenue
Sanger, CA 93657

Phone Number: (559) 875-6568

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☐ Law ☐ Other _____
If Public: ☒ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	3,604
Total number of transports to general acute care hospitals:	2,249
Total number of transports to alternate destination facilities:	76
• Number of transports to authorized mental health facility:	76
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Ambulance Zone G

ALS Provider: Selma Fire Department
Address: 1711 Tucker Street
Selma, CA 93662

Phone Number: (559) 891-2211

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☒ Public ☐ Private
If Public: ☒ Fire ☐ Law ☐ Other _____
If Public: ☒ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	3,709
Total number of transports to general acute care hospitals:	2,435
Total number of transports to alternate destination facilities:	80
• Number of transports to authorized mental health facility:	80
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Fresno County Response Area: Ambulance Zone J

ALS Provider: Sequoia Safety Council
Address: 500 11th Street
Reedley, CA 93654

Phone Number: (559) 638-9995

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☐ Public ☒ Private
If Public: ☐ Fire ☐ Law ☐ Other _____
If Public: ☐ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	5,735
Total number of transports to general acute care hospitals:	3,993
Total number of transports to alternate destination facilities:	135
• Number of transports to authorized mental health facility:	135
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Madera County Response Area: Madera Valley / Chowchilla

ALS Provider: Pistoresi Ambulance Service
Address: 113 North R Street
Madera, CA 93637

Phone Number: (559) 673-8004

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☐ Public ☒ Private
If Public: ☐ Fire ☐ Law ☐ Other _____
If Public: ☐ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	12,781
Total number of transports to general acute care hospitals:	7,611
Total number of transports to alternate destination facilities:	0*
• Number of transports to authorized mental health facility:	0*
• Number of transports to sobering center:	N/A

*Pistoresi Ambulance did not begin transports to CSC until 1/1/2023

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: Madera County Response Area: Madera Mountain EOA

ALS Provider: Sierra Ambulance Service
Address: 40755 Winding Way
Oakhurst, CA 93644

Phone Number: (559) 642-0650

Written Agreement with LEMSA to Participate in EMS System
☒ Yes ☐ No

Annual Review of provider agreement by LEMSA in accordance with 100183
☒ Yes ☐ No

Ownership: ☐ Public ☒ Private
If Public: ☐ Fire ☐ Law ☐ Other _____
If Public: ☐ City ☐ State ☐Federal ☐County ☐ Fire District

☐ Community Paramedicine Provider ☒ Triage to Alternate Destination Provider

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	4,610
Total number of transports to general acute care hospitals:	2,720
Total number of transports to alternate destination facilities:	0*
• Number of transports to authorized mental health facility:	0*
• Number of transports to sobering center:	N/A

*Sierra Ambulance did not begin transports to CSC until 1/1/2023

EMS Plan Annex – Triage to Alternate Destination Program

County: Fresno / Madera Counties Reporting Year: 2023

EMS Agency Training Program County: Fresno/Madera Year: 2023

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute?	☐ Yes ☐ No ☒ N/A
Does the training for community paramedics include the following program specialties: • Providing directly observed therapy to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease?	☐ Yes ☐ No ☒ N/A
• Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources?	☐ Yes ☐ No ☒ N/A
Does the training for triage paramedics include the following program specialties: • Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program?	☐ Yes ☐ No ☒ N/A
• Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code?	☒ Yes ☐ No ☐ N/A
• Providing transport services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment, when appropriate?	☐ Yes ☐ No ☒ N/A
Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics: a) Mental health crisis intervention by a qualified instructor?	☒ Yes ☐ No ☐ N/A
b) Assessment and treatment of intoxicated patients?	☒ Yes ☐ No ☐ N/A
c) Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility?	☒ Yes ☐ No ☐ N/A
Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics: a) Psychiatric orders?	☒ Yes ☐ No ☐ N/A
b) Neuropharmacology?	☒ Yes ☐ No ☐ N/A

EMS Plan Annex – Triage to Alternate Destination Program

c) Alcohol and substance abuse	☒ Yes ☐ No ☐ N/A
d) Patient consent?	☒ Yes ☐ No ☐ N/A
e) Patient documentation?	☒ Yes ☐ No ☐ N/A
f) Medical quality improvement?	☒ Yes ☐ No ☐ N/A
Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:	
a) The impact of alcohol intoxication on the local public health and emergency medical services system?	☐ Yes ☐ No ☒ N/A
b) Alcohol and substance use disorders?	☐ Yes ☐ No ☒ N/A
c) Triage and transport parameters?	☐ Yes ☐ No ☒ N/A
d) Health risks and interventions in stabilizing acutely intoxicated patients?	☐ Yes ☐ No ☒ N/A
e) Common conditions with presentations similar to intoxication?	☐ Yes ☐ No ☒ N/A
f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders?	☐ Yes ☐ No ☒ N/A

CCEMSA Fresno Kings Madera Tulare

Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

September 5, 2023

Tom McGinnis, Chief
EMS Systems Division
Emergency Medical Services Authority
11120 International Dr. 2nd Floor
Rancho Cordova, CA 95670

Chief McGinnis,

The purpose of this letter is to address the remediations listed in the August 31, 2023 response to the CCEMSA Alternate Destination Program Application. Please accept this letter as an addendum to our application dated August 1, 2023.

1. DEI Protections; Prohibited Service only if Medically Significant – The language in CCR 100183(4) has been included in the updated CCEMSA Policy 245 (attached).

2. Funding Discussions/Plans Exist – The EMS Agency has facilitated the funding discussions between the triage to alternate destination provider, service providers, and the County of Fresno. This occurred during the original pilot project HWPP #173 in 2018 and continues currently. The County's Crisis Stabilization Center (CSC) provides behavioral health services to the community and is not solely dependent upon EMS. The EMS system utilizes the excess capacity of the CSC and the ambulance service providers acknowledge the importance of transporting directly to the CSC versus a busy emergency department. The state has also allowed Medi-Cal funding for transport of individuals to the CSC.

3. Continuity of Care/Transfer of Care Agreements between Provider and Appropriate Facility – No agreements are necessary. The assurance of continuity of care and transfer of care between the ambulance transport agency and the County's Crisis Stabilization Center is outlined in CCEMSA Policy 547, which provides the criteria for transport of patients to the CSC. Through this policy and our CQI process, the continuity of care and transfer of care is ensured.

4. Agreement w/Alternate Destination Requiring Facility Notification to the LEMSA of Changes in the Status of the Facility within 24 Hours – We have updated the agreement letter from the Department of Behavioral Health (Attachment E) with the requested language.

5. Agreement w/Alternate Destination Meets 1317 H&S and includes Failure to Operate Terminates Facility Participation – We have updated the agreement letter from the Department of Behavioral Health (Attachment E) with the requested language.

6. Reporting: Complaints/Unusual Occurrences of CP or TAD within 72 hours of Receiving them to include Support Documents – The language in CCR 100183(17) has been included in the updated CCEMSA Policy 245 (attached).

7. Operations: Secondary Transfer of TAD patient from Alternate Facility to ED. Alternate Facility Shall Send Patient Medical Records – The language in CCR 100183(d) has been included in the updated CCEMSA Policy 547 (attached).

8. Facilities in TAD Shall Accommodate Private, Commercial Insured, Medi-Cal, MediCare, and Uninsured Patients – The County's Crisis Stabilization Center, which is operated by the Fresno County Behavioral Health Department, provides services to all patients whether they are private or commercial insured, have Medi-Cal and/or MediCare, or are uninsured. Due to the nature of this facility and its patients, there is no "wallet biopsy" or "screening" of patient insurance or non-insurance. All individuals receive care regardless of payor.

9. Failure of CP, TAD, or TAD Facilities May Result in Denial, Probation, Suspension, or Revocation of Approval – Language has been added to EMS Policy 245 (attached).

10. Procedure for Noncompliance Notification: Written Notification within 10 days of finding / details, sent Certified Mail – Language has been added to EMS Policy 245 (attached).

11. Procedure for Noncompliance Notification: Written Decision Letter sent Certified Mail within 15 Days from Response Received or 35 Days from Original Notice - Language has been added to EMS Policy 245 (attached).

12. Documentation: Paramedic Completion of Electronic Health Record (EHR) in Timely Manner Compliant with NEMSIS/CEMSIS (100171(e)) – Current CCEMSA Policy 811 requires submittal of an EHR upon turnover of patient at receiving facility. The multiple EHR platforms used in the CCEMSA region are currently compliant with NEMSIS/and CEMSIS. The EMS Agency is preparing to release an updated policy that requires the EHR to be submitted within 45 minutes of patient turnover.

13. Documentation: LEMSA Policies for Collection, Utilization, Storage and Secure Transmission of Interoperable EHRs. [100171(f)] – CCEMSA Policy 811 provides direction for the collection, utilization, storage and secure transmission of interoperable electronic health records.

14. Documentation: Paramedic Service Provider Submission of EHRs to EMSA within 72 HRS of Patient Encounter or within EMSA/LEMSA Agreed upon Interval. [100171(h)] – Current CCEMSA Policy 811 requires submittal of an EHR upon turnover of patient at receiving facility. The EMS Agency is preparing to release an updated policy that requires the EHR to be submitted within 45 minutes of patient turnover.

15. Documentation: ePCRs – unclear what this is. Refer to answers above related to EHRs or below related to the CQI process.

16. Documentation: Destination Facility w/Standardized Facility Codes per CEMSIS – The authorized Alternate Destination has been included in the CEMSIS system for several years. The facility code for the Crisis Stabilization Center is 62633.

17. Documentation: Exchange of Electronic Patient Health Information (HIE) Between CP and TAD providers, Health Providers, & Facilities. EMSA may grant a one-time waiver not to exceed 5 years from 2023 – the exchange of patient health information between the TAD providers, health providers, and facilities already occurs. Hospital, EMS and CSC data is included in the Central Valley HIE which is managed by Manifest.

18. LEMSA Approval and Oversight Authority to Conduct Training Program Onsite Visits, Inspect, Investigate, and Discipline - Language has been added to EMS Policy 245 (attached).

19. LEMSA Approval and Oversight Authority to Conduct Training Program Onsite Visits, Inspect, Investigate, and Discipline – [DUPLICATE OF ITEM 18] Language has been added to EMS Policy 245 (attached).

20. MD Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)

21. PD Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)

22. Instructor Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)

23. Review, Withdrawal, revocation – Language has been added to the policy statement in EMS Policy 245 (attached)

24. Paramedic SOP, LOSOP, Trial Study scope identified in Program – Page 5 of the application indicates the policies and procedures that are used by paramedics in TAD under the current paramedic scope of practice. We do not expect nor intend to submit a request for LOSOP or trail study under this program.

25. TAD Accreditation Required and Registered in Central Registry Public Look-Up Database within 5 Business Days of Accreditation for EMS Personnel in CP Programs – "within 5 days" has been added to the language in EMS Policy 245 (attached)

26. Initial TAD Accreditation and Renewal Requirements and Process – Language has been added to EMS Policy 245 (attached)

27. Renewal TAD Accreditation and Renewal Requirements and Process – Language has been added to EMS Policy 245 (attached)

28. Reinstatement TAD Accreditation and Renewal Requirements and Process - Language has been added to EMS Policy 245 (attached)

29. Establishment of a CP or TAD Accreditation Fee Schedule – language has been added to EMS Policy 245 (attached). There are no fees.

If you have any questions, please contact me at (559) 600-3387.

Sincerely,

Daniel J. Lynch
EMS Director

DJL:jy

attachments

ATTACHMENT B

EMS Policy #245 - Paramedic Triage to Alternate Destination Program

EMS Policy #547- Patient Destination Policy

Re-submittal of updated policies

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 245 Page 1 of 2
Subject	Paramedic Triage to Alternate Destination Program	
References	California Code of Regulations, Title 22, Division 9, Chapter 5	Effective Draft

I. POLICY

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5. A paramedic currently licensed in California may be accredited by the local EMS agency to practice as a Triage to Alternate Destination (TAD) Paramedic in Fresno and Madera Counties upon successfully completing the qualifications and requirements of the accreditation process. Failure of TAD or TAD facilities to comply with the H&S 1317, CCR and EMS policy may result in denial, probation, suspension or revocation of approval. Procedure for non-compliance shall be in accordance with CCR 100184.

II. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – AUTHORIZED FACILITY

The local EMS Agency has designated the Fresno County Department of Behavioral Health's Crisis Stabilization Center as the authorized facility to receive prehospital behavioral health patients. This facility is located at 4411 E. Kings Canyon Road, Fresno, CA 93702.

A behavioral health facility may apply to the local EMS Agency to become an authorized receiving facility for participation in the paramedic TAD program. An authorized receiving facility shall be a facility that meets the requirements of CCR 100181(b). The required documentation to be submitted to the EMS Agency includes:

A. Application letter requesting authorization shall include identification of need and program objectives.
B. Verification that the facility meets CCR 100181(b).
C. Names of facility Medical Director, Administrator, and EMS Liaison.
D. Signed Triage to Alternate Destination Authorized Facility Affirmation Form (provided by EMS Agency)

NOTE: The EMS Agency will prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subsection (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

III. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SERVICE PROVIDER

All ambulance providers in Fresno and Madera Counties are authorized paramedic TAD service providers.
An approved advanced life support provider may apply to the local EMS agency to become an authorized provider for participation in the paramedic TAD program. The required documentation to be submitted to the EMS Agency includes:

Approved By EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	Revision
  EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245

A. Application letter requesting authorization shall include identification of need and program objectives.
B. Signed Paramedic Triage to Alternate Destination Affirmation Form (provided by EMS Agency)

IV. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PARAMEDIC ACCREDITATION

A. In order to be eligible for initial TAD accreditation, a paramedic shall meet the requirements of CCR 100192(g). In addition to these requirements, the EMS Agency requires that the applicant have current paramedic accreditation from the Central California EMS Agency and successful completion of an EMS Agency approved TAD training program.
   1. For paramedics already authorized to perform TAD through the original 2018 Workforce Pilot Project, a letter of verification from an approved TAD provider agency that all training requirements have been met shall be provided to the EMS Agency. Otherwise, a TAD approved course completion certificate is required.

B. The EMS Agency shall enter the TAD paramedic into the EMS Authority Central Registry within 5 days from approval, which will be TAD paramedic's effective date.
C. Accreditation expires on the last day of the month, two (2) years from the effective date.
D. TAD Re-Accreditation will be in accordance with CCR 100192(h), which requires four (4) hours of continued education in Triage to Alternate Destination and will extend accreditation an additional two (2) years.
E. Reinstatement for TAD accreditation is outlined in CCR 100192(i).

V. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – TRAINING PROGRAM

American Ambulance is the authorized training program for TAD paramedics in Fresno and Madera Counties. Through the original pilot project with the State EMS Authority (Community Paramedicine (CP) 022 - Healthcare Workforce Pilot (HWPP) #173), American Ambulance developed a training program that meets the requirements of CCR 100187 through 100189.

Authorized service providers or other entities may apply to the local EMS Agency to become an authorized paramedic TAD training program. The required documentation to be submitted to the EMS Agency includes:

A. Application letter requesting authorization shall include identification of need and program objectives.
B. The application letter will include a detailed outline of the requirements listed in CCR 100187 and 100-189, program staff. The applicant will specifically acknowledge the duties of the program medical director, which is listed in CCR 100189(a), the Program Director duties listed in CCR 100189(c), and the instructor requirements listed in CCR 100189(d)

The EMS Agency is responsible for approval of training programs within the CCEMSA region. As the approver, the EMS Agency has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this California Code of Regulations and EMS policy or for failure to fulfill any additional requirements established by the EMS Agency through denial, probation, suspension, or revocation of the approval.

VI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PROTOCOLS AND CRITERIA

The criteria for destination to the Crisis Stabilization Center is found in EMS Policy #547.
The paramedic will treat the patient in accordance with the appropriate treatment protocol.

VII. DATA COLLECTION

CCR 100185 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245

submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving facility and also each of the authorized service providers. All data outlined in CCR 100185 shall be submitted to the State EMS Authority on a quarterly basis. Monthly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

VIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by the EMS Agency's Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Center, local hospitals, the Regional CQI Committee and the EMS Medical Director.

The EMS Agency shall notify the State EMS Authority of any reported complaints or unusual occurrences related to the Triage to Alternate Destination program within 72 hours, which shall include any supporting or explanatory documentation.

IX. FEES

The EMS Agency has not established any fees related to the Triage of Alternate Destination Program

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547 Page 1 of 9
Subject	Patient Destination	
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	**Daniel J. Lynch** (Signature on File at EMS Agency	Revision **07/31/2023**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.

2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.

3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.

4. Closest Appropriate Hospital

   a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).

   b. Closest is defined as the shortest travel time not necessarily the closest by distance.

   c. The Base Hospital Physician will have the ultimate authority for patient destination.

   d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":

      1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:

         a) Adventist Health Hanford (AH-H)
         b) Adventist Health Tulare (AH-T)
         c) Clovis Community Medical Center (CCMC)
         d) Kaiser Permanente Hospital (KPH)
         e) Kaweah Health Medical Center (KHMC)
         f) Regional Medical Center (RMC)
         g) Saint Agnes Medical Center (SAMC)
         h) Sierra View District Hospital (SVDH)
         i) Valley Children's Hospital (VCH)

      2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:

         a) Adventist Health Reedley (AH-R)
         b) Adventist Health Selma (AH-S)
         c) Coalinga Regional Medical Center (CRMC)

5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

a. Interpretation of 12-lead ECG; or
b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.

b. Any patient with CPR in progress.

c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:

- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
- No alteration in mental status due to dementia or delirium.
- Glasgow Coma Score 14 or 15.
- Complete vital signs within limits (HR, RR, BP and GCS).
- Not febrile to palpation/measurement.
- Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:
   a) Pulse: 50-120 bpm
   b) Systolic Blood Pressure: 100-180 mm Hg
   c) Diastolic Blood Pressure: less than 120 mm Hg
   d) Respiratory Rate: 12-30

2) Pediatrics:
   a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
- Patients in wheelchairs that cannot move independently.
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more that once daily dry gauze and tape dressing.

b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.

c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.

d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.

e. In the event that a secondary transfer of a patient received by EMS to a hospital emergency department occurs, the Crisis Stabilization Center shall provide copies of the patients medical records are included with the patient.

f. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.

g. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

Subject: Patient Destination	Policy Number: 547

D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.

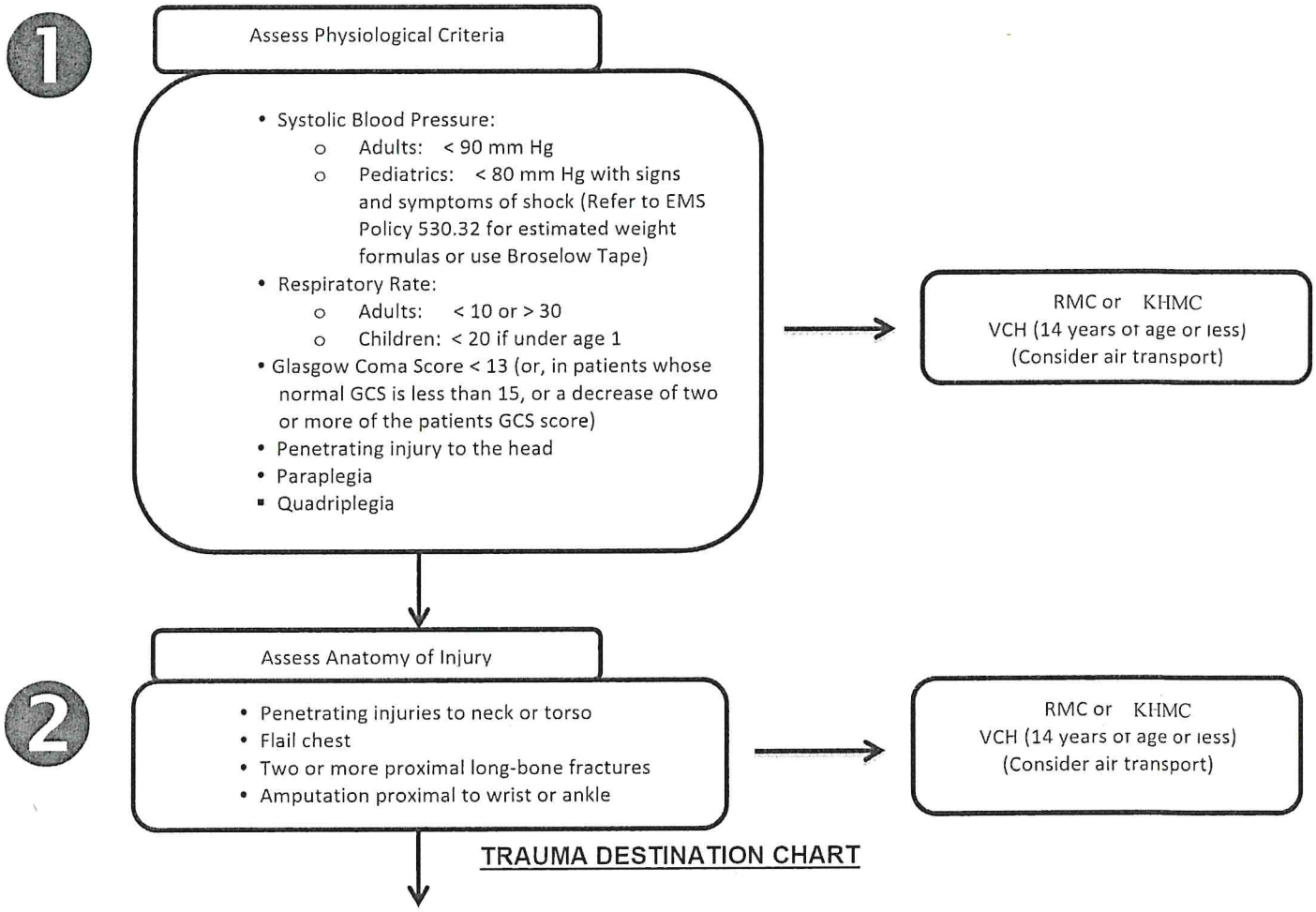
2. Patients that cannot be transported directly to the Veteran's Administration are:

- Cardiac arrest due to trauma
- Pediatric cardiac arrest
- Trauma Center Triage Criteria
- OB patient in active labor
- Gynecological complaints and known obvious pregnancy with vaginal bleeding
- ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closet facility in accordance with the following chart:



TRAUMA DESTINATION CHART

Subject: Patient Destination	Policy Number: 547

3 Assess Burns

STABLE TRAUMA PATIENTS WITH:
- Partial/Full thickness burns > 10% TBSA
- Partial/Full thickness circumferential burns
- Partial/Full thickness burns to face, hands, feet, major joints, perineum, or genitals
- Electrical burns with voltage > 120 volts
- Chemical burns > 10% TBSA

→ RMC (Consider air transport)

4 Assess Mechanism of Injury

- Falls
  - Adults: > 20 ft. (one story = 10 ft.)
  - Children: > 10 ft. or 3 times height of the child

→ RMC or KHMC VCH (14 years of age or less) (Consider air transport)

5 Assess Special Considerations

WITH A SIGNIFICANT COMPLAINT:
- Age greater than 55 years
- Anticoagulation or bleeding disorders
- Pregnancy greater than 20 weeks
- Auto vs. Pedestrian > 20 mph
- Motorcycle crash > 20 mph

→ Consider transport to RMC or KHMC VCH (14 years of age or less)

6 Paramedic/Flight Nurse Judgment

WITH A SIGNIFICANT COMPLAINT

→ Consider RMC or KHMC VCH (14 years of age or less) Base Hospital Consultation

Transport According to Policy

SIGNIFICANT COMPLAINT

Perseveration
Deteriorating mental status
Severe chest pain
Severe shortness of breath
Severe abdominal pain
Sustained, overwhelming "Feeling of Doom"

NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).

2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.

3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:

   a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
   b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

   A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

   The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

   a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
   b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
   c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
   d. Electrical burns with voltage greater than 120 volts
   e. Patients with chemical burns greater than 10% total body surface area.

6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).

7. Trauma patients who go directly to the closest appropriate receiving hospital:

   a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.

   b. Any patient with CPR in progress (refer to EMS Policy #550).

   c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.
[ ] True – transport Patient/Family Choice [ ] False

Patient has alteration in mental status due to dementia or delirium.
[ ] True – transport Patient/Family Choice [ ] False

Patient has a Glasgow Coma Score 13 or less.
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).
[ ] True – transport Patient/Family Choice [ ] False

There are lacerations or wounds inflicted by others.
[ ] True – transport Patient/Family Choice [ ] False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120.	[ ] True – transport Patient/Family Choice	[ ] False
Systolic Blood Pressure outside range of 100-180.	[ ] True – transport Patient/Family Choice	[ ] False
Diastolic Blood Pressure greater than 120.	[ ] True – transport Patient/Family Choice	[ ] False
Respiratory Rate outside range of 12-30.	[ ] True – transport Patient/Family Choice	[ ] False

Pediatrics:

Vital signs inappropriate for children (Policy 530.32)	[ ] True – transport Patient/Family Choice	[ ] False

Patient is febrile to palpation/measurement.
[ ] True – transport Patient/Family Choice [ ] False

Is patient under the influence of alcohol or drugs?
[ ] Yes [ ] No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?
[ ] True – transport Patient/Family Choice [ ] False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

ATTACHMENT E

Fresno County Crisis Stabilization Center

Authorization and Approval Letter

Re-submittal of updated letter

County of Fresno
DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT, LMFT
DIRECTOR
PUBLIC GUARDIAN

September 5, 2023

David Luchini, Director
Department of Public Health
County of Fresno
1221 Fulton Mall
Fresno, CA 93721

The Fresno County Department of Behavioral Health (DBH) oversees the subcontracted operation of Fresno County's 24/7 Crisis Stabilization Centers (CSC), which provide mental health treatment and crisis stabilization care for adults and youth experiencing an acute behavioral health crisis. These facilities accept both voluntary and involuntary individuals, as approved by the California Department of Health Care Services for the involuntary detainment, evaluation, and treatment of adults and minors pursuant to Welfare and Institutions Code (WIC) Sections 5150 et seq., 5585.50 through 5585.59 and 5751.7. In addition, this facility is compliant with California Code of Regulations (CCR) Title 9 and Section 663.

The purpose of this letter is to reaffirm our support for the Emergency Medical Services (EMS) System's Triage to Alternate Destination Program that allows individuals experiencing a behavioral health crisis in the prehospital setting to be transported by ambulance directly to the CSCs. In partnership with the EMS Agency, American Ambulance, and Exodus Recovery, we have developed a proven destination criteria that safely and effectively directs individuals to our CSCs, which allows them to receive immediate evaluation and treatment.

DBH has reviewed the existing EMS policy #547, the new EMS policy related to the Triage to Alternative Destination program (both attached) and the CCR Title 22, Division 9, Chapter 5 as it relates to Triage to an Alternate Destination and will ensure that the subcontracted CSCs adhere to all requirements including, but not limited to the following:

1. The CSCs shall maintain and adhere to all regulations to ensure continued approval as an authorized alternate destination for ambulance transports.
2. The CSCs shall accept all appropriate individuals who meet destination criteria regardless of the individuals' ability to pay.
3. A registered nurse licensed in the State of California shall always be on-site.
4. Nursing staff on-site shall have current certification in cardiopulmonary resuscitation (CPR).
5. The CSCs shall provide monthly data requested by the EMS Agency, including the following:

a. Total number of persons served transported by EMS who were treated and released;
b. Total number of persons served transported by EMS who were transferred to another behavioral health facility for further treatment;
c. Total number of persons served transported by EMS who were transferred to an emergency department within 6 hours of initial arrival at the CSC and individuals' reason for transport;
d. Total number of persons served transported by EMS who were transferred to an emergency department greater than 6 hours of initial arrival at the CSC;
e. Total number of persons served arriving by ambulance who were not accepted and were re-directed to an emergency department, including the reason for re-direct for each incident; and
f. Any additional data, as requested by the EMS Agency and approved by DBH, necessary for reporting requirements as related to the Triage to Alternative Destination Program.

6. The CSCs shall participate in the EMS Agency's Continuous Quality Improvement Program as it relates to the Triage to Alternate Destination Program, which includes providing feedback and recommendations for improvement of the Triage to Alternative Destination Program.
7. The CSCs shall notify the EMS Agency through its EMS Communications Center any changes in its status to accept patients and will notify the EMS Agency within 24 hours of any change in status regarding its ability to continue the provision of services.
8. The Department of Behavioral Health is compliant with Health and Safety Code Division 2, Chapter 2 Article 7, Section 1317 related to licensing and certification of the CSCs and understands that failure to operate terminates the participation in the Triage to Alternate Destination Program.

We greatly appreciate our collaborative partnership with the Department of Public Health and the EMS Agency and look forward to our continued success with the Triage to Alternate Destination Program.

Respectfully,

Susan Holt (Sep 5, 2023 11:45 PDT)

Susan L. Holt, LMFT
Director-Public Guardian
Department of Behavioral Health
County of Fresno

cc: Joseph Rangel, Division Manager, DBH Contracted Services
Kristin Lynch, Senior Staff Analyst, DBH Contracted Services

Attachments

State of California—Health and Human Services Agency
Department of Health Care Services

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

January 28, 2022

Susan L. Holt, LMFT
Interim Director/Public Guardian
Department of Behavioral Health, County of Fresno
1925 E. Dakota Avenue
Fresno, California 93726

Dear Ms. Holt:

The California Department of Health Care Services (CDHCS) has received your letter dated January 28, 2022, requesting approval to increase the number of designated beds/capacity for Exodus Recovery Fresno Crisis Stabilization Center (ERFCSC), located at 4441 E. Kings Canyon Road, Fresno, CA 93702.

Your request to increase ERFCSC's beds/capacity from 39 beds to 69 for adult clients age 18 and over and for youth clients under the age 18 is approved. Approval of your request is contingent upon ERFCSC's compliance with the staffing requirements for inpatient services contained in the California Code of Regulations, title 9, and section 663.

It is understood that ERFCSC will continue to comply with applicable laws relating to Welfare and Institutions Code sections 5150 *et seq*., 5585.50 through 5585.59 and 5751.7. It is also understood that minors shall not commingle with the adult program population and that the facility shall provide separate housing arrangements, treatment staff, and treatment programs exclusively devoted to serving minors who are housed in the approved facility treatment ward.

The County is instructed to notify the CDHCS immediately of any adverse action or termination of the designation by Fresno County Behavioral Health Department regarding ERFCSC. The termination of the designation of ERFCSC will simultaneously result in the department's withdrawal of its approval.

Sincerely,

Henry omoregie

HENRY OMOREGIE
Chief
Mental Health Licensing Section

cc: Robert Dutile, Administrator, ERFCSC