

COMMUNITY PARAMEDICINE MOBILE CRISIS MANAGEMENT SERVICE DEFINITION AND STANDARDS FOR EMS AGENCIES AND PERSONNEL

Introduction and Background

EMS departments who have developed advanced training for their paramedics, partnerships with other community based providers, and mutually agreed upon protocols are able to successfully divert behavioral health consumers in crisis to alternatives other than local hospital emergency departments. This has been demonstrated in pilot programs in North Carolina communities.

Successful emergency department diversion offers an advantage to the consumer who is directed to an appropriate location for the correct level of crisis intervention. It offers an advantage to emergency departments who are increasingly overwhelmed with behavioral health consumers. It offers an advantage to the LMEMCO when intrusive and expensive higher end services are avoided and care coordination is simplified as the consumer arrives at a contracted point of access.

Relevant statutes do not prohibit a “treat and release” alternative or a “transport to alternative destination” choice of disposition. However, there is no current mechanism – for publicly funded recipients -- for the EMS provider to be paid unless the call results in a trip to an emergency department. This has limited the opportunities for replication of this innovative model.

Wishing to replicate and sustain this successful model of crisis intervention and diversion from unnecessary hospital emergency departments visits for individuals in behavioral health crisis, the NC Division of MH/DD/SAS has prioritized funding to further develop and promote this service of Community Paramedic Mobile Crisis Management. DMH/DD/SAS is pleased to be working in partnership with the NC Office of EMS (OEMS) on two strategies to accomplish this goal. Federal Mental Health and Substance Abuse Block Grant funds will be directed toward small capacity building grants and toward a direct fee-for-service reimbursement strategy for programs already in operation.

In order to participate in the reimbursement option, LMEMCOs will contract with selected EMS Provider Organizations to deliver the service. Requirements for the delivery of the service are outlined here.

Service Definition and Required Components

Community Paramedicine Mobile Crisis Management provides triage, assessment of immediate behavioral health crisis needs, on-site intervention, and referral to an LMEMCO’s continuum of crisis intervention services and supports when there are not physical health needs that require further assessment or intervention in a general hospital emergency department. The assessment will include evaluation of an individual’s medical stability, mental status, and risk of harm to self or others. On-site intervention may include verbal de-escalation and supportive interviewing to identify the individual’s existing supports (including crisis plans, supportive family/friends, or other involved professionals, etc). Medication may be used per local protocol. Referrals will be based upon the assessment and the pathways to access care as mutually agreed upon within the contract between an LMEMCO and an EMS department. When needed, transportation to a non-emergency department behavioral health alternative site such as a same day access clinic or a Behavioral Health Urgent Care Center — either by ambulance or another specially designated vehicle—will be included.

Provider Organization Requirements

Community Paramedicine Mobile Crisis Management must be delivered by an EMS Provider agency that holds a valid EMS license as issued by the NC Department of Health and Human Services/Office of Emergency Medical Services. The agency must meet all requirements established within NC General Statute 131E-155. The agency must meet all requirements established within NC Administrative Code 10A NCAC 13P.

The service must be delivered by practitioners within the licensed provider agency who are credentialed at the level of "emergency medical technician – paramedic" as defined in NCGS 131E-155 AND who have completed the additional requisite staff training described below.

Requisite Staff Training

In addition to being credentialed as an emergency medical technician-paramedic, individual practitioners providing this service must be appropriately trained and certified in an LMEMCO approved crisis intervention training program. This will most often be via a 32 – 40 hour community college sponsored Crisis Intervention Team training course that is designed and coordinated by the LMEMCO to train EMS, law enforcement, and other first responders. In-service or skills-building training or training as recommended by joint EMS-LMEMCO QA/QI processes may also be required per contract between the organizations.

Service Type/Setting

Community Paramedicine Mobile Crisis Management occurs only in the context of a usual EMS response call. This is not a service that is intended to be dispatched by any other means. Once the EMS provider is on the scene and all protocols have been followed to determine there is no indication of a need for further assessment or intervention in a hospital emergency department, and that the call/response is for a behavioral health crisis, this service may begin.

Program Requirements

Community Paramedicine Mobile Crisis Management must be available to both adults and children in behavioral health crisis. The service may be delivered by one or more individual paramedic staff.

Entrance Criteria

Individuals are eligible for this service when the following criteria are met:

- A. Individual, or someone on the individual's behalf, has called 911 and an EMS provider has responded to the scene of the call.

And

- B. The EMS provider has followed established protocols to determine the appropriate response for the individual's need is a behavioral health assessment or treatment rather than transport to a hospital emergency department

No prior authorization is required for this service.

Entrance Process

The individual voluntarily consents to the recommended alternative assessment, treatment, and/or destination.

Continued Stay Criteria

N/A. This is a short-term assessment, intervention, and immediate stabilization service.

Discharge Criteria

The individual's crisis has been stabilized, his/her need for ongoing supports and/or access to treatment resources has been assessed. Referrals, "warm" hand-offs, and transportation as needed have been made to assure the individual is successfully linked to the support or service needed to resolve the crisis.

Documentation Expectations

The Community Paramedic will be expected to document each call for service and to provide that documentation to the LMEMCO in an agreed upon format. When the call results in transport to an alternative destination the Community Paramedic will complete and deliver an individual service note, a copy of which will be included in the individual's medical record at the behavioral health provider.

Expected outcomes

- Individual's crisis will be rapidly triaged to assess the severity and to provide immediate focused crisis intervention services mobilized based on the type and urgency. The immediate interventions will range from a "treat and release" to "transport to alternative behavioral health destination".
- The individual and his/her immediate support system will gain understanding of earlier intervention strategies and applicable community resources for behavioral health crisis episodes.

Service Limitations

Community Paramedicine Mobile Crisis Management is limited to one event per 24 hours.

Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of this Service

Partners in this process including the LMEMCO, the EMS Organization, and the Behavioral Health Crisis Service Provider(s) will monitor data related to:

- Changes in the number of ED visits for primary mh/sa crisis episodes
- Changes in the utilization of alternative behavioral health resources
- Changes in the utilization of EMS call to individuals in behavioral health crisis

And,

will engage in "high risk" planning conferences with the EMS provider and other community resources for individuals who are high-end users of this service.