

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5205.02
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	Transport Guidelines – Mental Health Facility Designation	Last Approved Date:	12/12/2025
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EMS Medical Director

EMS Administrator

Purpose:

- A. To establish guidelines for transporting patients with a primary provider impression of Behavioral/Psychiatric Crisis to the most appropriate approved facility that is staffed, equipped, and prepared to administer medical care appropriate to the patient's needs.

Authority:

- A. California Health and Safety Code, Division 2.5, Sections 1797.220, 1798.
- B. Title 22, California Code of Regulations, Section 100170 (a)(5).

Definitions:

- A. **Behavioral/Psychiatric Crisis:** A provider impression for patients who are having a mental health crisis or mental health emergency. This is not for anxiety or agitation secondary to medical etiology.
- B. **Emergency Medical Condition:** A condition or situation in which an individual immediately needs medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, and oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital notification are also considered to have an emergency medical condition.
- C. **Mental Health Crisis:** A non-life-threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, causing an inability to function or care for themselves. Individuals suffering from a mental health crisis may also consider harm to self or others. Examples of a mental health crisis include but are not limited to:
 - 1. Talking about suicide threats.
 - 2. Talking about threatening behavior.
 - 3. Self-injury needing immediate medical attention.
 - 4. Alcohol or substance abuse.
 - 5. Highly erratic or unusual behavior.
 - 6. Eating disorders.
 - 7. Not taking prescribed psychiatric medications.
 - 8. Emotionally distraught, depressed, angry, or anxious.
- D. **Mental Health Emergency:** This is a life-threatening situation in which an individual is imminently threatening harm to self or others. Individuals may be disoriented, distraught, and lack the ability to care for themselves. Examples of a mental health emergency include:
 - 1. Acting on a suicide threat.
 - 2. Homicidal or threatening behavior.
 - 3. Self-injury needing immediate medical attention.
 - 4. Severely impaired by drugs or alcohol.

5. Highly erratic or unusual behavior that indicates very unpredictable behavior and/or inability to care for themselves.
- E. **Most Accessible Receiving Facility (MAR):** The geographical closest (by distance) Advanced Life Support (ALS) receiving hospital approved by Sacramento County Emergency Medical Services Agency (SCEMSA) to receive patients with emergency medical conditions from the emergency medical services (EMS) system.
- F. **Authorized Mental Health Facility (MH):** A facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision subsection (a) or (b) or Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, or licensed health facility, or certified crisis stabilization unit. An authorized mental health facility may also be a psychiatric health facility licensed by the State Department of Health Care Services.

Principles:

- A. The SCEMSA must approve EMS provider agencies to triage behavioral/psychiatric crisis patients to a SCEMSA-approved mental health facility.
- B. Paramedics who have completed the curriculum for triage paramedic services adopted pursuant to paragraph (2) of subsection (d) of Section 1830 of the Health and Safety Code and have been accredited by SCEMSA in one or more of the triage paramedic specialties described in Section 1819 of the Health and Safety Code as part of an approved Triage to Alternate Destination (TAD) program, are the only EMS personnel authorized to utilize this policy.
- C. Patients exhibiting mental health crisis who meet Mental Health inclusion criteria may also be released at the scene to the local law enforcement agency.
- D. Paramedics shall document on the EMS Report Form to whom the patient was released.
- E. In instances where there is a potential for the patient to harm self or others, EMS personnel shall consider seeking assistance from law enforcement.
- F. In all cases, the health and well-being of the patient are the overriding considerations in determining the patient's destination. Factors to be considered include severity and stability of the patient's illness or injury; status of the receiving facility; anticipated transport time; requests by the patient, family, guardian, or physician; and EMS personnel and Base Hospital judgment.
- G. In an instance where any patient who meets the triage criteria for transport to a TAD facility but who requests to be transported to an Emergency Department (ED) of a general acute care hospital, EMS personnel shall transport the patient immediately to the ED of an acute care hospital.
- H. In instances where a patient is transported to a TAD facility and, upon assessment, is found no longer to meet the criteria for admission, EMS personnel shall transport the patient immediately to the ED of a general acute care hospital.

Policy:

Responsibilities of the Paramedic:

- A. Retain and provide proof of an active, unrestricted California-issued paramedic license.
- B. Retain and provide proof of an active, unrestricted Sacramento County-issued paramedic accreditation.
- C. Completion of SCEMSA-approved triage paramedicine course completion certificate.
- D. Comply with all patient destination policies established by SCEMSA.
- E. The transporting Paramedic shall give a Patient report to a licensed health care provider or physician at the SC to ensure continuity of care and efficient transfer of care.

EMS Provider Agency Requirements and Responsibilities:

- A. Submit a written request to the Administrator of SCEMSA for approval to triage patients who meet MH Inclusion Criteria. The written request shall include the following:
 1. Date of proposed implementation.
 2. Scope of deployment (identify response units).
 3. A course/Training Curriculum that addresses all items in PD# 4521—Triage to Alternate Destination Training Curriculum.
 4. Identify a representative to act as the liaison between SCEMSA, designated MH facility(s), and the EMS Provider Agency.
 5. Policies and procedures listed in Section B. below.
- B. Develop, maintain, and implement policies and procedures that address the following:
 1. Completion of one Medical Clearance Criteria Screening Tool for each patient.
 2. Pre-arrival notification of the MH facility.
 3. Patient report to a licensed health care provider or physician at the MH facility.
 4. Confirmation that MH facility has the capacity to accept the patient prior to transport.
- C. Develop a Quality Improvement Plan or Process to review variances and adverse events.
- D. Comply with data reporting requirements established by SCEMSA.

Authorized Mental Health Facility Patient Triage Criteria:

- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to an authorized mental health facility, provided the facility can be accessed within SCEMSA-approved transport time:
 1. Provider impression of behavior/psychiatric crisis; and
 2. Voluntarily consented or 5150 hold.
 3. Ambulatory does not require the use of a wheelchair; and
 4. No emergent medical condition or trauma (except for ground-level fall with injuries limited to minor abrasions below the clavicle).
 5. Age ≥ 18 years and < 65 years old.
 6. Vital signs:
 - Heart rate > 50 bpm and < 110 bpm.
 - Respiratory rate > 10 rpm and < 20 rpm.
 - O_2 saturation $\geq 94\%$ on room air.
 - Systolic Blood Pressure (SBP) ≥ 100 and ≤ 200 180 mmHg.
 - Diastolic Blood Pressure ≤ 120 110 mmHg.
 7. Glasgow Coma Scale (GCS) Score of ≥ 14 .
 8. If there is a history of Diabetes Mellitus, no evidence of Ketoacidosis, and a blood glucose ≥ 60 mg/dl and ≤ 350 300 mg/dl.
 9. Ambulatory, does not require a wheelchair.
 10. Has no removable orthotic devices

NOTE: Isolated mild to moderate hypertension (i.e., SBP ≤ 200 mmHg with no associated symptoms such as headache, neurological changes, chest pain, or shortness of breath) in a patient with a history of hypertension is not a reason to exclude referral to a Psychiatric Urgent Care Center (PUCC).

- B. Exclusion Criteria—Patients who meet the following conditions shall not be triaged to an authorized mental health facility:(The patient's destination shall be in accordance with SCEMSA PD# 5050—Destination or appropriate Specialty Care Center (i.e., Trauma Center, STEMI Center, or Stroke Center).

 1. Any emergency medical condition.
 2. Active chest pain of suspected cardiac origin.
 3. Bruising or hematomas above the clavicles.

4. Shortness of breath, abdominal pain, pelvic pain.
5. Has a history suggestive of Syncope.
6. Has received Naloxone from EMS, law enforcement, or a bystander.
7. Has received a narcotic analgesic.
8. Ingested a toxin or medication with the intent to self-harm.
9. Focal weakness.
10. Open wounds or bleeding, including hemoptysis or GI bleeding.
11. Known or Suspected pregnancy.
12. Requires special medical equipment.
13. Intellectual or developmental disability.
14. Exhibits active dangerous behavior/ severe agitation.
15. EMS personnel feel the patient is not stable enough for an authorized MH facility.

Cross References: PD# 2305 – EMS Patient Care Report-Completion Distribution
PD# 2522 – Electronic Health Care Record and Data Policy
PD# 2525 – Prehospital Notification
PD# 4521 – Triage to Alternate Destination Training Curriculum
PD# 5050 – Destination

MEDICAL CLEARANCE CRITERIA FOR MENTAL HEALTH

- A. The paramedic shall assess and evaluate the patient using all criteria listed below.
 B. If ALL criteria are **YES (Gray)** – triage the patient to a designated authorized mental health facility.
 C. If ANY criterion is **NO (Orange)** – triage the patient to the most accessible 911 receiving hospital.

Provider Impression of Behavioral/Psychiatric Crisis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Voluntarily consented or 5150 hold	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulatory, does not require a wheelchair	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No emergent medical condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Age ≥ 18 years old and < 65 years	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Rate > 50 and <110 beats per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respiratory Rate > 10 and < 20 respirations per minute	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pulse Oximetry ≥ 94% on room air	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SBP ≥ 100 and ≤ 200 180 mmHg and DBP <120 ≤ 110 mmHg	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glasgow Coma Score ≥14	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If diabetic, glucose ≥ 60 and ≤ 350 ≤ 300 mg/dL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has not received Narcan from EMS, Law Enforcement, or Bystander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No injury meeting TC criteria or guidelines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No complaint of chest pain, SOB, Abdominal or pelvic pain, or syncope	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No open wounds or bleeding including hemoptysis or GI bleed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not pregnant (known or suspected)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Not requiring special medical equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No bruising or hematoma above the clavicles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No intellectual or developmental disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No dangerous behavior	Yes <input type="checkbox"/>	No <input type="checkbox"/>
No signs and symptoms of Agitated Delirium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMS Personnel feel the patient is stable for Authorized Mental Health Facility	Yes <input type="checkbox"/>	No <input type="checkbox"/>