

ATCEMS Integral

Behavioral Health Co-Response



Co-Response Model

Paramedic and Clinician Co-Staffing

Paramedic and clinician ride together in a non-transport unit that is capable of Code 3 response. All units are based out of established EMS stations and co-habit with ambulance crews.

Targeted Dispatch

Responders are dispatched on low-acuity mental health calls that are unlikely to need emergent treatment per initial 911 triage.



24/7 Coverage

Responder units correspond with ATCEMS field shifts, working 24 hours on and 72 hours off. EMCOT clinicians currently ride on the unit during business hours, with plans to provide 24 hour coverage in the future.

ALS Treatment

All Responders are staffed by a Paramedic credentialed to deliver ALS care with all equipment necessary to run the first 5 minutes of any 911 call.

Building a Partnership

1

Identify LMHA capabilities and contact for emergency crisis response.



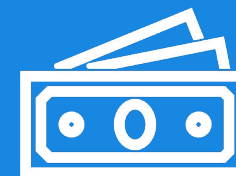
2

Obtain a BAA/MOU to allow for information sharing across agencies.



3

Each provider/clinician is funded by their respective agency.



4

EMS provides response units and radios.



Information sharing and funding make up the backbone of the response partnership. The next step is communication and response logistics.

EMS Additional Training

Medical Safety

All additional training is provided with the goal of increasing the Paramedic's ability to safely disposition patients somewhere other than an ER

Mental Health Training

Integral Care providers 40 hours of training on common mental health conditions, suicidality assessment, barriers to care, etc

Agitation Assessment

RASS on initial contact and following intervention for every patient.

Sedation Decision-Making

Focused overview of risks and benefits of each medication carried as well as PEARLs for this patient population.

Substance Use

Focused training on harm reduction, presentation of withdrawal, and treatment options.

Alternate Disposition

Review of options for alternate disposition and their respective capabilities/restrictions.

Implementation Onscene

Operations

The paramedic handles all operational concerns including driving, radio traffic, MDC operation, and coordinating with other public safety agencies.

Patient History

The paramedic uses EMS resources to look up the patient's medical history and the mental health Clinician uses LMHA resources to look up mental health history as indicated.

Initial Contact

The paramedic is primary until the medical safety screening is completed, and the patient is deemed to not require emergent medical care and fit alternate disposition criteria.

Collaborative Decision-Making

The final disposition decision is made collaboratively with all parties onscene, including the patient, to determine the safest least restrictive environment of care possible.

Assessments

Following the medical safety screening, the mental health Clinician completes appropriate mental health assessments.

Zyprexa

This combination of expertise allows for additional medication options to be used as an adjunct to alternate disposition. Our team carries Zyprexa Zydis for this purpose.

Statistics

Alternative Disposition



76.6% of patients that presented with a mental health complaint were routed to an alternate disposition rather than transported to an ER.

Sedation



Only 4.8% of patients that presented with a mental health complaint required sedation.

Emergency Hold



10.8% of patients that presented with a mental health complaint had an emergency psychiatric hold placed by a police officer.

Lessons Learned



- Identify respective blind spots and training gaps early.
- Identify legal restrictions and requirements as soon as possible.
- Collaborate with other public safety agencies during development, especially law enforcement partners.
- Identify facility capabilities and available alternate dispositions early.
- Clearly delineate roles and responsibilities for both mental health response and major incident response.

Looking Ahead



- Increase staffing for both agencies to increase unit availability.
- Include additional LMHA teams in the initial training process.
- Collaborate and train more frequently with law enforcement.
- Continue developing additional alternate dispositions.
- Develop regular ongoing co-training.