



TRANSFERRING CARE TO A MENTAL HEALTH TEAM

PURPOSE

Increasingly, specially trained mental health clinicians are responding to calls for service alone or alongside EMS. This clinical guideline is intended to define standards and expectations for EMS interaction with these teams and the evaluation and release of an individual to the care of a Mental Health Team.

NOTE:

- If the patient has a presenting medical or traumatic condition requiring immediate treatment, follow the appropriate protocol.
- Refer to MLREMS *Care of the Mentally Ill or Emotionally Distressed Person* and/or *Care of the Agitated or Combative Person* policies as clinically appropriate.

LOCAL AND AVAILABLE MENTAL HEALTH TEAM RESOURCES

The local and available Mental Health Team resources that are the sole responders to a request for service, co-respond at the time of law enforcement and/or EMS dispatch, or respond at the request of law enforcement or EMS varies with each jurisdiction.

Each EMS agency should maintain regular and frequent communication with the Mental Health Team(s) that respond in their district to understand the availability and resources that team is able to provide. The respective County Medical Director can facilitate those communications to assure that guidance and processes are consistent with existing standards of care, however operational considerations will require communication and consensus between the Mental Health Team and the EMS Agency(ies) they interact with.

LEVERAGE RESOURCES TO BEST SERVE THE INDIVIDUAL

The following factors should be considered by the entity making first contact with an individual as to which resource may best help the individual's needs. Neither is mutually exclusive but intended to guide clinicians to which resource may be most appropriate, with the understanding that in some cases the availability of a Mental Health Team is limited. The following are not exclusive indications and not a replacement for clinician judgement.

Consider Mental Health Team Evaluation	Consider Ambulance Evaluation
Emotionally distressed person	Complaint or concern for medical condition
Psychiatric presentation	Complaint or concern for injury
Substance use disorder or concern	Inability to ambulate independently
Essential need (food, shelter, etc)	Concern for acute intoxication or ingestion



A patient placed under §9.45 by a Mental Health Clinician is not appropriate for a field Mental Health Team evaluation as the patient has already been evaluated and the need for transport to a psychiatric emergency department determined. These patients should be transported pursuant to MLREMS *Care of the Mentally Ill or Emotionally Distressed Person* policy.

ASSESSMENT AND EVALUATION EXPECTATIONS

All individuals whom EMS encounters are subject to MLREMS *Refusal of Treatment/Transport* policy. Should a Mental Health Team be on site, and it is felt by both the Mental Health Team and the EMS practitioner that the individual would benefit from non-transport and referral to resources available to the Mental Health Team, the patient should be evaluated using the *EMS Evaluation Algorithm for Transfer of Care to a Mental Health Team* to determine if the individual is medically appropriate for care transfer from EMS to the Mental Health Team.

The same principles of the MLREMS *Paramedic Release to EMT* policy apply to the release of the patient to the Mental Health Team. If the Mental Health Team expresses any discomfort with assuming care for the patient, the EMS practitioner will assume or retain care of the patient and transport them to the appropriate Emergency Department.

TRANSFER OF CARE

Irrespective of the patient being first evaluated by EMS and subsequently transferred to the Mental Health Team, or first evaluated by the Mental Health Team and subsequently transferred to EMS, it is expected that a complete verbal transfer of care occurs between both parties utilizing the regionally accepted MIST format (available at <https://www.mlrems.org/patient-handoff/training-videos/>).

DOCUMENTATION EXPECTATIONS

EMS Practitioners are expected to complete a thorough PCR following any encounter which results in the transfer of care to a Mental Health Team. The documented disposition should reflect that the patient was evaluated and care transferred to the respective Mental Health Team which received the patient. A "refusal" disposition should not be used unless the patient has decision making capacity, has refused transport, and neither the Mental Health Team nor the EMS practitioner will be providing any additional services.