PARAMEDIC TRIAGE TO ALTERNATE DESTINATION (TAD) - BEHAVIORAL HEALTH

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.220, 1798; Chapter 13, effective January 1, 2022. California Code of Regulations, Title 22, Division 9, Chapters 4 & 5.

II. APPLICATION:

This policy defines the approach and requirements for establishing a paramedic triage to alternate destination (TAD) program for behavioral health patients. It applies only to the current test project involving the Anaheim Fire Department paramedics and the Orange County Behavioral Health Crisis Stabilization Unit (CSU) in Santa Ana. However, if successful, the pilot project will be expanded to include all of Orange County.

III. POLICY:

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5 and applies to individuals currently licensed as paramedics by the State of California and accredited to practice in Orange County by the Orange County Emergency Medical Services Agency (OCEMS). A paramedic with these qualifications may be designated as a TAD paramedic in Orange County upon successfully completing the qualifications and requirements of the accreditation process. Failure by TAD paramedics or TAD facilities to comply with the HSC § 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 100118.01.

IV. REQUEST FOR EMSA APPROVAL OF OCEMS TAD PROGRAM – BEHAVIORAL HEALTH

A. OCEMS DOCUMENTATION

OCEMS is submitting this formal request to the Emergency Medical Services Authority (EMSA) for approval of a triage to alternate destination program targeting behavioral health. Our request includes the documentation described in this section (IV) plus additional material provided in the pages below.

1. Community Need and Solution

Orange County has struggled with the excessive boarding of mental health patients in emergency departments (EDs) for over 30 years. Multiple attempts have been made by various county agencies over the years to address the problem, all of which have failed. It is now common for mental health patients to wait in EDs for over 24 hours before they are transferred to facilities that can provide mental health care. These individuals typically have no medical problems and are forced to wait in EDs that have no capacity to treat their condition.

Implementation of the Triage to Alternate Destination – Behavioral Health program offers a new first-of-its-kind solution to this problem. By enrolling trained 911 providers and partnering with CSUs, OCEMS can potentially avoid transport of mental health patients who call 911 to EDs all together. Instead, such individuals can be sent to mental health facilities with trained staff who can immediately begin treatment, thus avoiding a needless ED visit. CSUs have the ability to treat most behavioral health emergencies on-site and release the individuals back to the community. For those that require longer stays, the CSUs have relationships with in-patient providers that can continue patient care.

2. All program medical protocols/policies (data collection, transport, patient safety, QA/QI process, etc)

All the policies, procedures, and standing orders associated with the TAD program will be listed on the EMS website. No local optional scope approval will be needed. Data collection requirements are listed in Attachments 1-2 at the end of this document. All patients transported to CSUs will be flagged for review. This will ensure patient safety and rapid QA/QI processes. By reviewing all cases sent to a CSU, OCEMS can remain vigilant and rapidly intervene of problems are identified.

3. All program service provider approval documentation, including written agreements, if any and all relevant alternate destination facility approval documentation will be attached (see Attachments 3 & 9).

4. Curriculum for TAD behavioral health program focused training:

   See Section X. TAD TRAINING PROGRAM REQUIREMENTS FOR ADMINISTRATION, FACULTY, AND CURRICULUM

B. APPROVAL PERIOD AND RENEWAL

OCEMS authorization of the triage to alternate destination program shall be for twelve (12) months from the date of approval. Renewal of the program shall be completed annually through submission of the Triage to Alternate Destination Annex of the EMS plan process found in section 100117.01.

Currently, only Anaheim Fire's ALS providers will participate. OCEMS has temporarily excluded all others. This is due to very limited capacity for accepting patients from the field by the County CSU. Expansion of participants to other ALS providers would overwhelm the CSU capacity and cause them to withdraw from the program. As new CSU resources become available, OCEMS will expand participation to other ALS providers. This information has been shared with all ALS providers through multiple county meetings over the last 2 years.

C. QUALITY IMPROVEMENT

OCEMS will notify EMSA of any reported complaints or unusual occurrences for the approved triage to alternate destination program within seventy-two (72) hours of receiving them along with any supporting or explanatory documentation.

All TAD program participants and OCEMS shall include the triage to alternate destinations program in their existing Quality Improvement assessments. In addition, they shall adhere to all sections of Title 22, Division 9, Chapter 12 of the California Code of Regulations describing EMS system quality improvement.

D. FUNDING DISCUSSIONS

OCEMS has facilitated funding discussions between the community paramedicine provider (who serves as the triage to alternate destination provider and the incumbent emergency medical transport provider) and the public health system participants (CSU) to support the implementation of the LEMSA's community paramedicine or triage to alternate destination program.

The County will arrange for funding to support the TAD training program. Otherwise, the CSU and the TAD provider require no additional funding.

V. OCEMS OVERSIGHT OF TAD PROGRAM PARTICIPANTS

A. OVERSIGHT AUTHORITY

Oversight authority for the TAD program is vested in OCEMS by statute. The agency can conduct onsite visits, inspect, investigate, and discipline approved TAD program participants (alternate destination facilities, TAD training programs, and TAD providers) for failure to comply with or fulfill provisions of statute, regulation or additional requirements established by OCEMS. This may result in denial, probation, suspension, or revocation of the approval provided by OCEMS.

OCEMS shall approve and annually review all participants in the triage to alternate destination program, including the TAD providers, training programs, and alternate destination facilities.

In implementing the TAD program, OCEMS ensures that specialties described in Section 1819 of the Health and Safety Code will continue to use, and coordinate with, any emergency medical transport providers operating within its jurisdiction pursuant to Section 1797.201 or 1797.224 of the Health and Safety Code. OCEMS will not in any manner eliminate or reduce the services of the emergency medical transport providers.

B. EMERGENCY MEDICAL CARE COMMITTEE MEMBERSHIP

The existing Emergency Medical Care Committee will advise OCEMS on the development of the TAD program and other matters relating to emergency medical services. California HSC 1797.273(b) requires that the membership of the Emergency Medical Care Committee includes all of the following members to advise the local EMS agency regarding TAD-Behavioral Health. The following checklist indicates that OCEMS is compliant.

Committee Members	**Yes/No**
1. One emergency medicine physician who is board certified or board eligible practicing at an emergency department within the jurisdiction of the local EMS agency.	Yes. Society of Orange County Emergency Physicians
2. One registered nurse practicing within the jurisdiction of the local EMS agency	Yes. Orange Coast Emergency Nurses Association
3. One licensed paramedic practicing within the jurisdiction of the local EMS agency. Whenever possible, the paramedic shall be employed by a public agency.	Yes. Orange County Fire Chiefs Association
4. One acute care hospital representative with an emergency department that operates within the jurisdiction of the local EMS agency.	Yes. Hospital Association of Southern California
5. Additional advisory members in the fields of public health, social work, hospice, substance use disorder detoxification and recovery, or mental health practicing within the jurisdiction of the local EMS agency with expertise commensurate with the program specialty or other specialties described in 1815 and 1819.	Yes. Orange County Behavioral Health Advisory Board

C. NONCOMPLIANCE NOTIFICATION

The following are the procedures for notifying TAD program participants of noncompliance and subsequent actions.

1. OCEMS shall provide written notification of noncompliance with any state or local standard or requirement to the TAD program provider within ten (10) days of discovery. The notice will include the specific requirements they failed to meet. The notification shall be sent by certified mail to the TAD program participant director.

2. Within fifteen (15) days from receipt of the noncompliance notification, the TAD program participant shall submit in writing, by certified mail, to the LEMSA one of the following:

   a. Evidence of compliance with the provisions of the state or local standards and requirements, as applicable, or

   b. A plan to comply with the provisions of the state or the local standards and requirements, as applicable, within sixty (60) days from the day of receipt of the notification of noncompliance.

3. Within fifteen (15) days from receipt of the TAD program participant's response, or within thirty (30) days from the mailing date of the noncompliance notification, if no response is received from the TAD participant, OCEMS shall issue a decision letter by certified mail to EMSA and the TAD program participant. The letter shall identify OCEMS's decision to take one or more of the following actions:

   a. Accept the evidence of compliance provided.

   b. Accept the plan for meeting compliance provided.

   c. Place the training program on probation.

   d. Suspend or revoke the TAD program participant's approval, but such action will not occur for at least five (5) days after the decision by OCEMS .

4. The decision letter shall also include, but not be limited to, the following information:

   a. Date of decision by OCEMS.

   b. Specific provisions found noncompliant by OCEMS, if applicable.

   c. The probation or suspension effective and ending date, if applicable.

   d. The terms and conditions of the probation or suspension, if applicable.

   e. The revocation effective date, if applicable.

5. OCEMS shall establish the probation, suspension, or revocation effective dates but no sooner than five (5) days after the date of the TAD program participant notification under section II.C of this policy.

6. EMSA retains authority to take any necessary action against a triage to alternate destination program participant for failure to meet the requirements of Title 22, Division 9, Chapter 5 or the triage to alternate destination program requirements of OCEMS. Such action may be

taken in addition to any actions taken by OCEMS and may include immediate suspension or revocation.

VI. DESIGNATION CRITERIA FOR TAD BEHAVIORAL HEALTH AUTHORIZED FACILITY

Establishes standards for the designation of CSUs or other facilities as formal destinations for behavioral health patients identified by triage paramedics as eligible for transport to such facilities.

The local EMS Agency has designated the Orange County Behavioral Health Agency's Crisis Stabilization Unit (CSU) as the initial authorized facility to receive prehospital behavioral health patients. This facility is located at 1030 West Warner Avenue, Santa Ana, CA 93707.

A behavioral health facility may apply to the Orange County EMS Agency (OCEMS) to become an authorized receiving facility for participation in the paramedic TAD program when the test project is successfully concluded. An authorized receiving facility shall be a facility that meets the requirements of CCR 100115.02. The criteria for designation as an authorized facility follow.

A. GENERAL REQUIREMENTS FOR CSUs

1. Current certification by the California Department of Health Care Services Behavioral Health Licensing and Certification Division.

2. Operates 24 hours a day, 7 days a week, 365 days a year.

3. Execute an agreement with Orange County EMS (OCEMS) to participate in the TAD program accepting behavioral health patients from the field triaged by trained 911 paramedics. OCEMS will approve and annually review CSU participation to ensure compliance with all requirements.

4. Provide adequate space to insure access by ambulance vehicles to the CSU.

5. Designate a Liaison Officer to serve as the point of contact between OCEMS and the CSU.

    a. This person will be Sarah Vu, RN

6. Accept patients triaged by paramedics without regard to their ability to pay. This includes individuals with private or commercial insurance, Medi-Cal, Medicare, and the uninsured.

7. Notify OCEMS within 24 hours after a functional change in status occurs regarding protocols or ability to provide patient care.

8. Maintain General Liability Insurance as follows or document such coverage provided by a government agency. Orange County Health Care Agency will provide:

    a. General aggregate: $2 million

    b. Products/completed operations aggregate: $1 million

    c. Personal and advertising injury: $1 million

    d. Each occurrence: $1 million

    e. Sexual Misconduct: $2 million per claim and $2 million aggregate

    f. Worker's Compensation and Employers Liability: $1 million per accident

9. Operate in accordance with Section 1317 of the Health and Safety Code. Failure to operate in accordance with Section 1317 of the Health and Safety Code shall result in the immediate termination of use of the facility as part of the triage to alternate destination program.

B. CSU POLICIES AND PROCEDURES

CSUs shall develop and implement policies and procedures to address the following topics.

1. Expeditiously receive, evaluate, and initiate treatment of patients who meet TAD criteria for behavioral health.

2. Timely transfer of patients who require a higher level of care to an acute care hospital using non-911 ambulance providers.

3. Immediate transfer of patients that develop an emergency medical condition to the most accessible 911 emergency receiving center using the 911 system.

4. Capacity to accept electronic Patient Care Record (PCR) from paramedics.

   a. The CSU does not currently have capacity to engage in exchange of electronic patient health information (HIE) between triage to alternate destination providers and health providers and facilities. This is acknowledged in both the application for designation as a TAD receiving facility (second page) and the CSU's policy #900.25 (Page 2, EMS Patient Intake and Access section, bullet item #4). As such, OCEMS and the Orange County CSU are requesting a waiver of up to 5 years to put this in place.

   b. OCEMS has just implemented a bi-directional data exchange between 911 ALS providers, acute care hospital emergency departments, and ambulance transport agencies. This project will require another year to fully enroll all participants. After completion, OCEMS will begin working with CSUs to join the project. We do not anticipate it will require the full 5 years to successfully complete this activity but would like the option in case unexpected complications are encountered.

5. Submission of the following data to OCEMS on a quarterly basis:

   a. Total number of patients transported to the CSU by EMS paramedics

   b. Total number of patients transported to the CSU by EMS paramedics who were treated and released.

   c. Total number of patients transported to the CSU by EMS paramedics who required transfer to an acute care hospital/emergency department within 12 hours of arrival.

   d. Total number of patients transported to the CSU by EMS paramedics who required transfer to another care facility.

   e. Total number of complaints and unusual/adverse events resulting from treatment of TAD patients at this facility

6. Process for notifying OCEMS of patient transfers requiring 911 transport from the CSU for an emergency medical condition within 24 hours of the occurrence.

7. Transfer of medical records with the patient who goes to an acute care hospital, to the extent possible. These should include:

a. Current medical findings

b. Diagnosis

c. Laboratory results

d. Medications provided prior to transfer

e. Summary of treatment course

f. Ambulatory status

g. Nursing/dietary notes

h. Name/contact information for treating provider

i. Patient name and date of birth

C. CSU LEADERSHIP AND STAFFING

1. EMS Liaison Officer

Ms. Sarah Vu, RN
Supervising CCN
Orange County CSU
Office: 714-834-7001
Cell: 714-296-1590

a. Responsibilities:

i. Implement and ensure compliance with OCEMS facility requirements

ii. Maintain direct involvement in the development, implementation and review of facility policies and procedures related to receiving patients triaged by paramedics through the Triage to Alternate Destination program.

iii. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics to the facility.

iv. Liaison with EMS Provider Agencies and law enforcement agencies

v. Serve as the contact person for the EMS Agency and be available to respond to County business.

2. The facility shall be staffed on-site at all times with at least one registered nurse.

3. A physician licensed by the State of California shall be on-call at all times.

4. All medical and nursing staff shall have current certification on Cardiopulmonary Resuscitation (CPR) through the American Heart Association or Red Cross.

5. The facility certifies it maintains adequate licensed and qualified medical and professional staff to care for the degree of a patient's needs.

a. The facility maintains standardized medical and nursing procedures for nursing staff.

D. CSU EQUIPMENT AND RESOURCES

The facility certifies that the necessary equipment and services are available on site to care for patients, including, but not limited to:

1. Dedicated telephone line to facilitate direct communication between CSU and EMS personnel
2. Use CSU bedboard or phone line access (714-834-6900) to communicate facility's real-time capacity status
3. Automated External Defibrillator on site with staff trained on its proper use
4. At least one bed/recliner/mat is available per licensed patient space.
5. An up-to-date community referral list of services and facilities available to patients

E. PROCEDURE FOR CSU DESIGNATION AS TAD SITE

1. Submit a written request for TAD site designation to the OCEMS Medical Director and include:
   a. An explanation for requesting designation as a TAD facility.
   b. A document verifying that the facility has been approved as a CSU as defined in subsection (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Health Care Services.
   c. The proposed date the facility will open to accept patients triaged by paramedics.
   d. Copies of the policies and procedures required in Section VI.B.
   e. Names of the facility's Medical Director, Administrator, and EMS Liaison.
2. Site Visit
   a. Once the facility has attested to meeting all requirements for designation, OCEMS will coordinate a site visit to verify compliance with the items in this policy.
   b. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information and become familiar with the physical layout of the facility.

VII. DESIGNATION CRITERIA FOR TAD 911 ALS SERVICE PROVIDER

An approved Orange County Advanced Life Support program wishing to receive designation as a TAD provider for behavioral health may apply to OCEMS in writing. The letter submitted to OCEMS should express interest in participating and include the following documentation:

A. The application letter requesting designation shall include a statement affirming that the ALS program leadership has reviewed Policy # 360.00 and will comply with its requirements.

B. Each paramedic completing the TAD training course will sign an OCEMS approved TAD Paramedic Accreditation Application (see Attachment 4) providing proof of eligibility.

C. The ALS program leadership shall attest that all active paramedics have submitted a TAD Paramedic Accreditation Application.

D. OCEMS will approve and annually review these agreements to ensure compliance with all requirements.

E. Verification of training and accreditation for behavioral health triage paramedics will use Section VIII below.

F. The ALS program leadership shall attest that participants within their organization shall comply with all aspects of Section 1317 of the Health and Safety Code.

VIII. TAD TRIAGE PARAMEDIC ACCREDITATION REQUIREMENTS

TRIAGE PARAMEDIC SCOPE OF PRACTICE

A. A triage paramedic for behavioral health shall utilize the standard paramedic scope of practice as approved by OCEMS. They will not require any additional local optional or trial study scopes of practice. This includes utilizing their general paramedic scope and other approved scopes while participating in the approved triage to alternate destination program.

B. Additional policies, procedures, and standing orders may apply only to triage paramedics in Orange County, but these will fall within their standard scope of practice.

TAD PARAMEDIC ACCREDITATION PROCESS

A. Initial Accreditation Requirements

1. A triage paramedic shall only utilize triage to alternate destination skills when accredited by OCEMS as a triage paramedic within OCEMS's jurisdiction and when associated with OCEMS's approved triage to alternate destination service program. The applicant shall submit to OCEMS a triage paramedic program application containing the following eligibility criteria for review:

   a. Proof of an active, unrestricted California issued paramedic license and current accreditation to function as a paramedic in Orange County

   b. Social Security Number or Individual Tax Identification Number

   c. OCEMS approved triage paramedicine course completion certificate.

2. An initial triage paramedic accreditation is deemed effective when recorded in the Central Registry public look-up database (https://emsverification.emsa.ca.gov/Verification/). OCEMS has five (5) business days to register the accreditation.

3. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).

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

B. Renewal Eligibility

1. To be eligible for renewal, the applicant shall submit to the OCEMS triage

paramedicine program, an application with the following eligibility criteria for review:

a. Proof of a current, unrestricted California issued paramedic license, and

b. Proof of completion of four (4) hours approved triage paramedicine related continuing education (CE)

2. OCEMS has 30 business days to respond to the application. It shall issue either a written approval or denial (including right to appeal if denied).

3. Renewal is required every two (2) years to maintain accreditation.

C. Reinstatement Eligibility – Expiration Date within last 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for a period of twelve (12) months or less, the applicant shall submit to the OCEMS triage paramedic program an application with the following eligibility criteria for review:

a. Proof of a current, unrestricted California issued paramedic license, and

b. Proof of completion of four (4) hours of approved local triage paramedic related continuing education (CE).

2. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).

D. Reinstatement Eligibility - Expiration Date Greater than 12 months

1. To be eligible for reinstatement of a triage paramedic accreditation that has expired for more than twelve (12) months, the applicant shall submit to the OCEMS triage paramedicine program, the following eligibility criteria for review:

a. Proof of a current, unrestricted California issued paramedic license

b. Proof of successful completion of an OCEMS approved triage to alternate destination training course within the last year from the submission date of the reinstatement application.

2. OCEMS has 30 business days to respond to this application. It shall issue either a written approval or denial (including right to appeal if denied).

E. Fee Schedule

OCEMS does not plan on establishing a schedule of fees for triage paramedic initial, renewal, or reinstatement accreditation at this time.

DATA REPORTING CRITERIA

OCEMS shall submit a summary data report of the number of authorized triage paramedic personnel to EMSA no later than the thirtieth (30) calendar day of January, April, July, and October.

DISCIPLINARY PROCEDURES

The disciplinary procedures for a community paramedic or triage paramedic shall be consistent with subsection (d) of Section 1797.194 of the Health and Safety Code.

IX. TAD TRAINING PROGRAM DOCUMENTS REQUIRED FOR PROGRAM APPROVAL

A. Training program applicants shall submit a written request to OCEMS for approval as a paramedic triage to alternate destination for behavioral health training program (see Attachment 5 and Attachment 6).

B. The following documentation must be submitted to OCEMS along with the request for approval and will be reviewed before any decision is made.

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 EMS Education Standards.

2. An outline of course objectives.

3. A list of performance objectives for each skill.

4. The names and qualifications of the training program director, program medical director, and instructors.

5. The proposed location(s) and date(s) for courses.

6. If applicable. written contracts or agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.

7. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.

8. Samples of written and skills examinations administered by the training program.

9. Evidence that training program facilities, equipment, examination securities, and student record keeping comply with state statute, regulation, and OCEMS requirements.

C. OCEMS notifications to the training programs

1. After the program satisfactorily meets and documents compliance with all program requirements, OCEMS shall approve and establish the effective date of program approval in writing (see Attachment 7).

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

3. Training program approval shall be valid for four (4) years, ending on the last day of the month in which it was issued. Program approval may be renewed every four (4) years.

4. OCEMS shall notify the EMSA in writing of the training program approval, including the name and contact information of the program director, medical director, and effective date of the program (see Attachment 8).

X. TAD TRAINING PROGRAM REQUIREMENTS FOR ADMINISTRATION, FACULTY, AND CURRICULUM

A. TAD TRAINING PROGRAM STAFF

Program Medical Director

1. Each training program shall have a program medical director with the following qualifications:
   a. Board certified or board eligible emergency physician
   b. Currently licensed in the State of California
   c. Experience in emergency medicine
   d. Education or experience in methods of instruction.
2. Duties of the program medical director shall include, but not be limited to:
   a. Review and approve educational content, standards, and curriculum. Should include training objectives and local protocols and policies for the clinical and field instruction. Certify its ongoing appropriateness and medical accuracy.
   b. Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
   c. Approval of hospital clinical and field internship experience provisions.
   d. Approval of instructor(s).
   e. The program medical director will certify that guest educators invited by primary instructors to provide instruction or facilitation have the appropriate expertise to deliver the proposed educational content.

Program Director

1. Each training program shall have a program director who shall meet the following requirements:
   a. Knowledge or experience in local EMS protocol and policy.
   b. Board certified or board eligible California licensed emergency physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education.
   c. Education and experience in methods, materials, and evaluation of instruction including:
      i. A minimum of one (1) year experience in an administrative or management level position, and
      ii. A minimum of three (3) years academic or clinical experience in prehospital care education.
2. Duties of the program director shall include, but not be limited to the following:
   a. Administration, organization, and supervision of the educational program.
   b. In coordination with the program medical director, approve the instructor(s), teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and all methods of evaluation.

c. Ensure training program compliance with this chapter and other related laws.

d. Ensure that all course completion records include a signature verification.

e. Ensure the preceptor(s) are trained according to the subject matter being taught.

Instructors

1. Instructors are responsible for areas including, but not limited to, curriculum development, course coordination, and instruction and shall:

   a. Be a physician, registered nurse, physician assistant, nurse practitioner, or paramedic who is currently certified or licensed in the State of California.

   b. Have 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.

   c. Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards.

   d. Demonstrate expertise and have a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual.

   e. Be 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.

   f. An instructor may also be the program medical director or program administrative director.

B. MINIMUM TAD TRAINING AND CURRICULUM REQUIREMENTS

1. The triage to alternate destination training program medical director shall certify that all delineated triage to alternate destination education standards are met. In addition, EMSA and OCEMS shall assure that each training program has a curriculum that meets the minimum educational standards set forth in this division.

2. Triage paramedic training curriculum shall include at a minimum the following:

   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. OCEMS policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.

l. The Emergency Medical Treatment and Labor Act (EMTALA) law as it pertains to psychiatric and substance use disorder-related emergencies.

3. OCEMS shall verify that the participating triage paramedic has completed training in all the following topics meeting the standards of the United States Department of Transportation National Highway Traffic Safety Administration National Emergency Medical Services Education Standards:

a. Psychiatric disorders.

b. Neuropharmacology.

c. Alcohol and substance abuse.

d. Patient consent.

e. Patient documentation.

f. Medical quality improvement.

C. TRIAGE PARAMEDIC REQUIRED TESTING

1. Triage paramedic approved programs shall include a minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.

2. Documentation of successful student clinical and field internship performance, if applicable.

3. Utilization of OCEMS approved Triage Paramedicine course completion certificate.

D. TAD TRAINING PROGRAM MEDICAL DIRECTOR ATTESTATION

1. The training program medical director attests to utilizing an appropriate training program facility and equipment.

2. The training program medical director attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

XI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SCREENING PROTOCOL

This section provides field screening criteria for any patient who has been or will be placed on a 5150 hold for psychiatric evaluation or is voluntarily requesting a behavioral health evaluation for a potential psychiatric illness.

The use of this triage/assessment protocol or the triage paramedic's decision to authorize transport to an alternate destination facility will not be 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.

In instances where a patient who meets the triage criteria for transport to an alternate destination facility, but who requests to be transported to an emergency department of a general acute care hospital, EMS personnel shall transport the patient to the emergency department of a general acute care hospital designated as an ERC.

A. CRITERIA

Behavioral health patients considered appropriate for triage to a crisis stabilization unit (CSU) must meet **ALL** of the inclusion criteria and **NONE** of the exclusion criteria. Patients **MISSING ANY** inclusion criteria or **MEETING ANY** exclusion criteria cannot go to a CSU.

INCLUSION CRITERIA (must meet **all**):

Age:	Patient ≥ 18 years old and ≤ 65 years old
Provider Impression:	Behavioral/Psychiatric Crisis
Vital Signs:	Systolic BP ≥ 90 but ≤ 180 mmHg Diastolic BP ≥ 60 but ≤ 110 mmHg Pulse sustained ≥ 50 but ≤ 120 beats/min Pulse Oximeter ≥ 95% on room air Temperature ≤ 38.0°C (100.4°F)
Blood glucose:	Field glucose ≥ 80 mg/dL and ≤ 250 mg/dL Not on insulin

EXCLUSION CRITERIA (must meet **none**):

Drugs:	Suspected alcohol intoxication/drug OD or severe withdrawal symptoms Suspected overdose of medication
Medical:	History of seizures History of intellectual/developmental disability Pregnant Requires use of special medical equipment, large casts/splints Suspected acute medical/traumatic condition requiring attention in an ED: Patients with potential life-threatening injury/illness Patients with: Altered mental status or GCS < 15 Syncope Chest pain

Shortness of breath

Abdominal/flank/pelvic pain
Significant bleeding
Suspected shock/sepsis
Inability to walk or requiring a wheelchair
Diaphoresis
Combative or agitated patients requiring sedation or preventing accurate assessment
Complex open wounds

B. DISPOSITION

Patients cleared by this protocol may be transported to a CSU. Paramedics need to contact the CSU prior to leaving the scene to ensure the patient can be accepted (714-834-6900). Once cleared for transport to the CSU, the patient may be dispositioned as a BLS case.

In instances where a patient who is transported to an alternate destination facility and, upon initial assessment, is found to no longer meet the criteria for admission to an alternate destination facility, EMS personnel shall transport the patient immediately to the emergency department of a general acute care hospital designated as an ERC.

C. POTENTIAL PROTOCOL ERROR

Defined as re-transport of patients to a medical ED within 12 hours of initial transport to CSU by EMS. The CSU must notify OCEMS of this event within 24 hours of its occurrence.

XII. DATA COLLECTION

A. Triage paramedics shall complete and submit electronic patient care records in accordance with Title 22 California Code of Regulations Section 100097.01, as they do currently for all patients evaluated who call 911.

B. TAD paramedic providers shall document the destination facility with standardized facility codes per the California Emergency Medical Services Information System (CEMSIS).

C. Paramedics are responsible for accurately completing, in a timely manner, the electronic health record referenced in Section 100096.03(a)(6) compliant with the current versions of the National EMS Information System and the California EMS Information System.

D. The Orange County EMS Agency has already established policies for the collection, utilization, storage and secure transmission of interoperable electronic health records for the standard 911 response. TAD paramedics will utilize the same policies. They will also submit all such data to the Orange County EMS Agency per existing policies.

CCR 100119.01 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 100119.01 shall be submitted to the State EMS Authority on a quarterly basis. Quarterly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

XIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by OCEMS as part of its Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Units, local hospitals, and the EMS Medical Director.

OCEMS 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.

XIV. FEES

OCEMS has not established any fees related to the Triage of Alternate Destination Program.

Approved:

Almaas A. Shaikh, MD, MPH FACS
OCEMS Medical Director

Daniel McDonnell, MS, MBA, NRP
OCEMS Director

Original Date:	12/28/2023
Reviewed Date(s):	07/01/2025
Effective Date:	11/11/2026

ATTACHMENT 1

QUARTERLY CSU DATA SUMMARY SUBMITTED TO ORANGE COUNTY EMS FOR TAD PROJECT – BEHAVIORAL HEALTH

CSU to file quarterly by January 30, April 30, July 30, and October 30 of each year

CSU QUARTERLY PATIENT OUTCOMES SUMMITTED TO OCEMS	Q1	Q2	Q3	Q4
Total # of patients transported by EMS				
Total # of transported & accepted patients treated and released				
Total # of transported & accepted patients transferred to an ED within 12 hours of arrival				
Total # of transported & accepted patients transferred to another facility				
Total # of transported & accepted patients experiencing an adverse event at CSU				

ATTACHMENT 2

QUARTERLY OCEMS DATA SUMMARY SUBMITTED TO EMSA FOR TAD PROJECT – BEHAVIORAL HEALTH

OCEMS to file quarterly by January 30, April 30, July 30, and October 30 of each year

OCEMS QUARTERLY DATA REPORTS SUMMITTED TO EMSA	**Q1**	**Q2**	**Q3**	**Q4**
90% APOT for CSU				
Total # of EMS transports to CSU				
Total # of transported patients to CSU diverted or refused				
Total # of transported & accepted patients to CSU transferred to an ED within 12 hours				
Primary reasons for diverting, refusing, or transferring patients to an ED from the CSU				
Summary of program feedback from the EMCC				
CSU summary of patient outcomes (see ATTACHMENT 1)				
# of OCEMS authorized TAD paramedics and summary of disciplinary activities				

ATTACHMENT 3

ANNUAL OCEMS DOCUMENTATION OF CSU SUMMARY AND CERTIFICATION
TAD PROJECT – BEHAVIORAL HEALTH

Filed annually by January 30 of each year

OCEMS ANNUAL DOCUMENTATION OF CSU SUMMARY AND CERTIFICATION SUBMITTED TO EMSA	
ALTERNATE DESTINATION FACILITY	CERTIFICATION COMPLETE?
Orange County Health Care Agency CSU 1030 W. Warner Avenue Santa Ana, CA 92707 714-834-6900	Yes
Adequate licensed medical and professional staff	Yes
Standardized medical and nursing procedures for nursing staff	Yes
Necessary equipment and services are available, including AED and one bed equivalent per patient	Yes

I certify that the above facility maintains adequate licensed medical and professional staff, facilities, and equipment pursuant to the authority's regulations and the provisions of Title 22 Chapter 5.

_____
Printed Name (LEMSA Representative)

_____
Signature

_____
Date

ATTACHMENT 4

INITIAL TAD PARAMEDIC ACCREDITATION APPLICATION REQUIREMENTS

By signing this document, I certify that I meet and comply with the requirements of the TAD Paramedic Accreditation requirements as outlined in Title 22 Chapter 4 Section 100112.01 Paramedic Scope of Practice, Accreditation and Discipline Requirements. As proof of compliance, I will submit copies of the following:

a. An active, unrestricted California issued paramedic license

b. Social Security Number or Individual Tax Identification Number, and

c. An OCEMS approved triage paramedicine course completion certificate.

_____
Printed Name (Triage Paramedic)

_____
Signature

_____
Date

Please submit this document with all other required TAD ALS provider application materials to the TAD Behavioral Health Program at OCEMS.

ATTACHMENT 5

APPLICATION COVERSHEET FOR APPROVAL AS A TAD TRAINING PROGRAM FOR BEHAVIORAL HEALTH

I. PROGRAM NAME:

II. MAIN COURSE LOCATION/OFFICE:

III. CONTACT PERSON:

IV. EMAIL:

V. PHONE NUMBER:

DATE SUBMITTED:_____

ATTACHMENT 6

APPLICATION FOR APPROVAL AS A TAD TRAINING PROGRAM

Submit with application coversheet and all other documentation to OCEMS

1. TAD Training Program Provider Agency Name and Location:

Agency Name:_____ Phone No:_____

Street:_____ Fax No:_____

City:_____ State:_____ ZIP Code:_____

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

Street/PO Box:_____

City:_____ State:_____ ZIP Code:_____

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

Name:_____ Email:_____

Title:_____

4. TAD Program Director (Full Name & Title)

Name:_____ Email:_____

Title:_____

5. TAD Primary Instructor (Full Name & Title)

Name:_____ Email:_____

Title:_____

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

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 Orange policies on education, including Policy #360, 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.

_____ _____

TAD Training Program Director Date

_____ _____

TAD Training Program Medical Director Date

ATTACHMENT 7

NOTIFICATION OF APPROVAL FOR TAD TRAINING PROGRAMS

Dear (Training Program Name)

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

1. Training Program application satisfactorily meets and documents compliance with all program requirements. YES NO
2. There are deficiencies with the application YES NO
   (If yes, a separate document detailing deficiencies will be attached and the statement below will not appear)

I/OCEMS Agency certify that the above 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.

_____ _____

OCEMS Date

Effective Date of Training Program Approval: _____

Expiration Date of Training Program Approval: _____

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

ATTACHMENT 8

NOTIFICATION TO EMSA OF TAD TRAINING PROGRAM APPROVAL

I/OCEMS 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/OCEMS 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.

_____ _____
OCEMS Date

Training Program Name:_____

_____

The name and contact information of the training program director and medical director are:

1. TAD Training Program Director (Full Name & Title)

Name:_____ Email:_____

Title:_____

2. TAD Training Program Medical Director (Full Name & Title)

Name:_____ Email:_____

Title:_____

Effective Date of Training Program Approval: _____

Expiration Date of Training Program Approval: _____
Last day of the month four (4) years from the date on which approval was issued

ATTACHMENT 9

NOTIFICATION OF APPROVAL AS A TAD PARAMEDIC SERVICE PROVIDER

Dear (Service Provider Name)

Thank you for your application and request for approval as a TAD Paramedic Service Provider in Orange County. After review of your application materials, the OCEMS Agency has determined that you satisfactorily meet, and are in compliance with, all program requirements.

As such, OCEMS designates the (Service Provider Name) as a TAD Paramedic Service Provider and authorizes your department and paramedics to participate in the TAD for Behavioral Health Program.

This designation expires at the end of the year but can be renewed annually if you wish to continue participation.

Congratulations and thank you again for your support of this project.

_____ _____

Almaas A. Shaikh, MD, MPH FACS
EMS Medical Director
Orange County Health Care Agency

Date