

Transportation of Individuals in Behavioral Health Crises, 2023-2024

HIGHLIGHTS BASED ON 51 STATES RESPONDING TO THE 2023-2024 NRI STATE PROFILES BEHAVIORAL HEALTH CRISIS SERVICES CONTINUUM COMPONENT

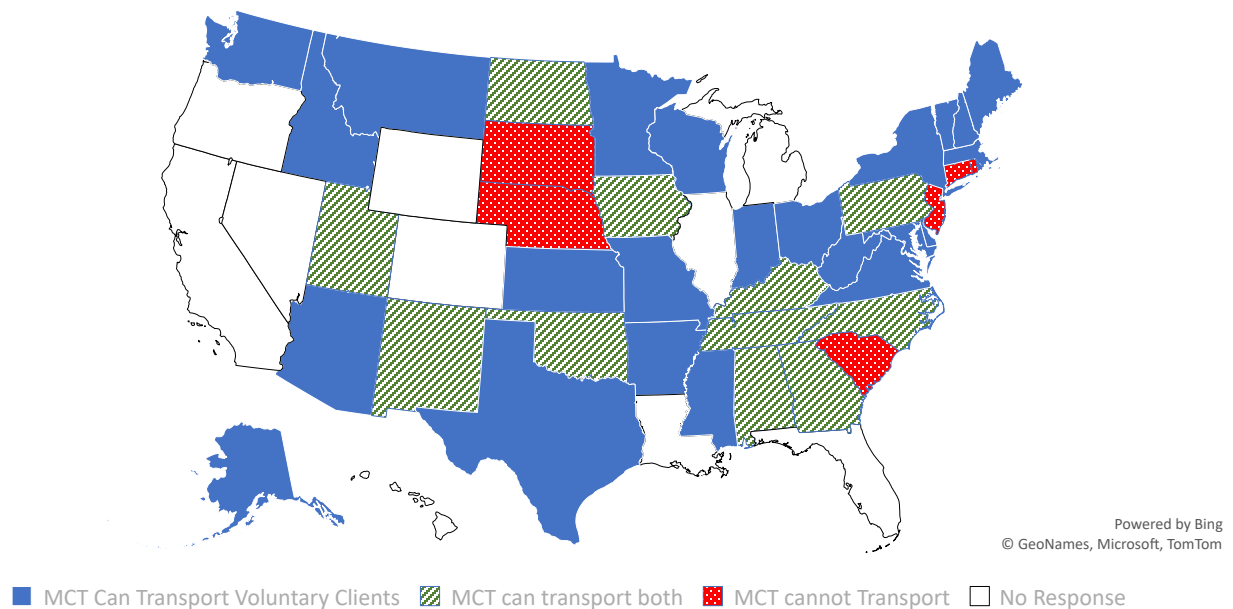
Transportation of Individuals Experiencing a Behavioral Health Crisis

Historically, people experiencing a behavioral health (BH) crisis have been transported to an emergency room or psychiatric hospital by law enforcement officers, often while restrained (i.e., in handcuffs). Having law enforcement (LE) transport people to BH services is both stigmatizing for those being transported and burdensome/costly to LE systems.

As states are implementing comprehensive BH crisis systems in accordance with the building on the pillars of “Someone to Contact” (988 and other Crisis Contact Centers), “Someone to Respond” (Mobile Crisis Teams and Outreach Services), and “A safe place for help” (Crisis Stabilization Services), many states are working to minimize the use of LE to routinely transport people to crisis services.

In 2023, 36 states allow Mobile Crisis Teams (MCTs) to transport individuals if they voluntarily agree to receive services (a voluntary legal status). Individuals who need to be transported for an involuntary treatment evaluation may be transported by MCTs in 12 states. In six states, MCTs are not allowed to transport individuals regardless of their voluntary/involuntary legal status. Ten states did not respond to transport questions (see Figure 1).

Figure 1: States Where Mobile Crisis Teams (MCTs) Can Transport Individuals Experiencing BH Crisis for Additional Care, 2023



14 States

Have Developed Alternatives to Law Enforcement/EMS Transport

36 States

Mobile Crisis Teams Can Transport Individuals in Crisis to Additional Care

14 States

Require Use of Restraints During LE Transport of Involuntary Clients

Table 1 shows that while MCTs are allowed to transport individuals in crisis for voluntary treatment in 36 states, Law Enforcement (LE) and Emergency Medical Services (EMS) are still often used to transport voluntary status clients for further crisis services. Law Enforcement is the primary source for transportation for involuntary crisis services in most states.

When LE is used for transport of voluntary status individuals, four states' rules require restraints (often handcuffs) be used, and 13 states' rules require the use of restraints when LE is transporting involuntary status individuals. The locations that LE can transport an individual in crisis also vary, and not all states permit LE to transport an individual in crisis directly to a Crisis Stabilization Program (CSU) or other Behavioral Health (BH) provider.

Table 1: States Allowing Transport for BH Crisis Services: What Programs Can Transport and to What Settings, by Legal Status, 2023

What Programs Can Transport Clients for BH Crisis Services, and to What Service Settings Can They Transport?	Number of States with Policy, by Client Legal Status	
<i>Who Can Transport for BH Crisis?</i>	<i>Voluntary Legal Status</i>	<i>Involuntary Legal Status</i>
Mobile Crisis Teams (MCTs)	36	12
Law Enforcement (LE)	27	37
Emergency Medical Services (EMS)	14	13
<i>States' Rules Regarding LE Transportation for BH Crisis:</i>	<i>Voluntary Legal Status</i>	<i>Involuntary Legal Status</i>
LE Must Transport (Instead of MCTs)	1	15
LE Required to Use Restraints During Transport	4	14
<i>LE Can Transport to These Service Settings:</i>	<i>Voluntary Legal Status</i>	<i>Involuntary Legal Status</i>
Crisis Stabilization Program (CSUs)	26	21
Emergency Departments (EDs)	33	32
Behavioral Health Providers	23	17
Jails	30	26

When EMS is involved in transporting an individual for crisis care, 21 states have limitations on where EMS can transport the individual to (usually to an Emergency Department / Emergency Room, ED/ER).

- **Alaska:** Bartlett's program in Juneau requires ambulance transport if the patient first arrives in the ED.
- **Arkansas:** Currently only to ERs. However, this will be changed in 2024.
- **Arizona** provided a link to their policy: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>.
- **District of Columbia:** When transported by District Fire & EMS, individuals must be transported to the nearest emergency department.
- **Kentucky:** Currently, per the Kentucky Board of EMS' Patient Care Guidelines there is no definitive guidance regarding the transport of patient's experiencing a behavioral health crisis. The current language addresses "agitated" patients and provides guidelines for both physical and medical restraint. The ability to transport a patient in behavioral crises would likely be limited by any number

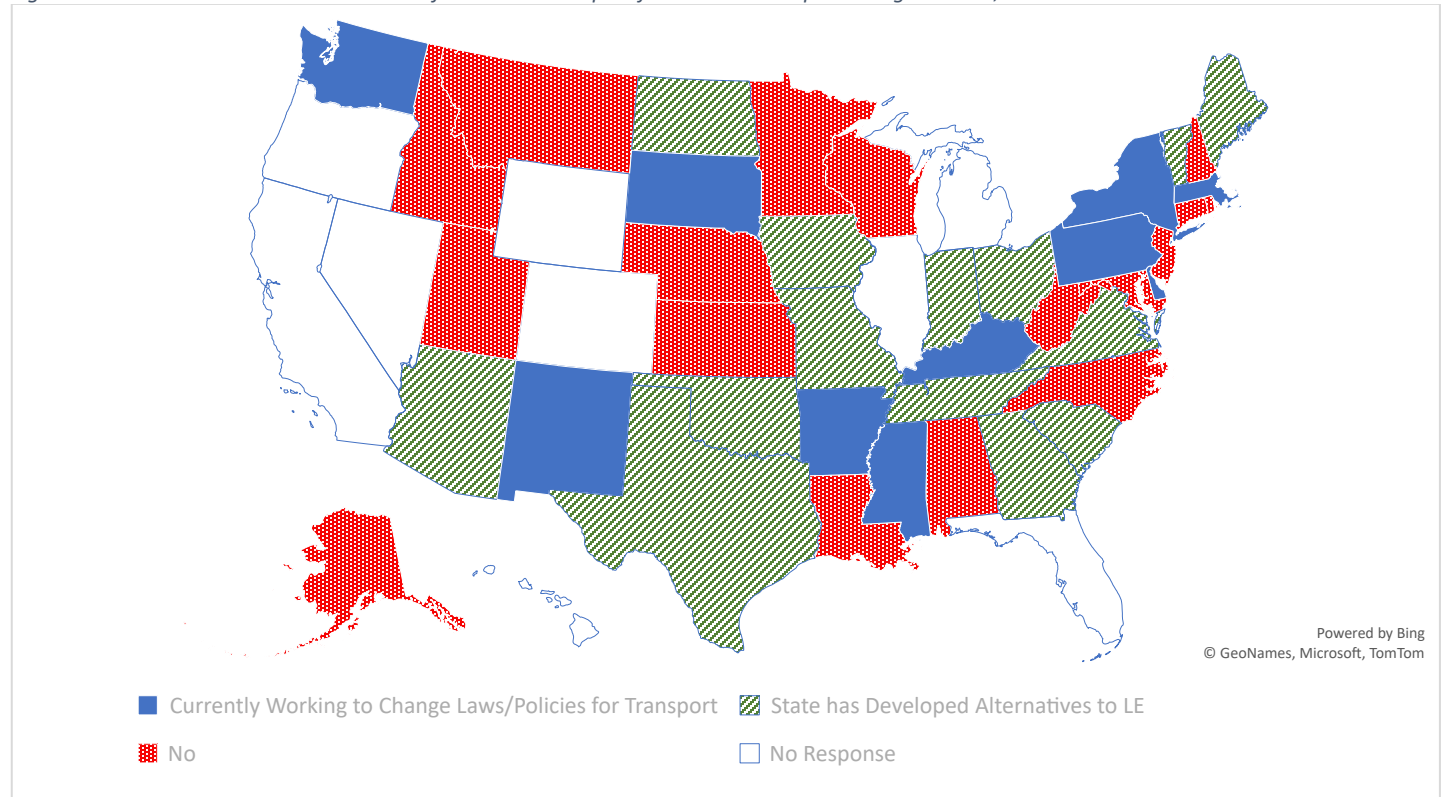
of factors within the agency including but not limited to: availability of units, availability of a behavioral health provider to receive patient, geographic location of facility, standing Memorandum of Understanding with receiving facility. Many agencies lack access to 24/7 behavioral care or crisis facilities, are hampered by the required time necessary to transport a patient lack Standard Operating Guidelines to determine the patient's eligibility and generally don't have a framework to make patient care decisions for these type of patients outside of transport to the Emergency Department.

- **Massachusetts:** Currently need to transport to ED.
- **Maryland:** Can only transport to EDs.
- **Maine:** EMS is able to transport from ED to crisis residential and back to ED however. EMS is not permitted to transport individuals from one crisis residential program to another.
- **Missouri:** DMH is collaborating with the Missouri Department of Health and Senior Services (DHSS) to update the code of state regulations (CSR) to allow for ambulance districts/EMS to transport voluntary individuals to BHCCs.
- **Mississippi:** EMS cannot transport to CSUs.
- **North Carolina:** OEMS can bring to CSUs.
- **New Jersey:** They can only transport clients to an ED or other medical facility at the current time.
- **New Mexico:** Transport can only go to a Higher level of care.
- **New York:** EMS is not reimbursed for transport to locations other than an ED unless they are part of the ET3 program.
- **Ohio:** EMS in some areas will only transport to a hospital or medical facility.
- **Pennsylvania:** Must meet Department of Health's definition of a "receiving facility" and receiving facilities must have an emergency department, as specified in PA 28 § 1029.21. Receiving facilities.
- **Rhode Island:** EDs and Crisis Receiving and Stabilization Facilities (CRSFs).
- **South Carolina:** EMS and LE transports clients to hospital Emergency Departments.
- **Texas:** Law Enforcement may execute a memorandum of understanding with EMS services and approved by the county in which the LE and EMS are employed. They may transport to the nearest appropriate inpatient mental health facility, a facility deemed suitable by the Local Mental Health Authority if the nearest appropriate mental health facility is unavailable, or in an extreme emergency to a jail or detention center. Policy:
<https://statutes.capitol.texas.gov/Docs/SDocs/HEALTHANDSAFETYCODE.pdf>

SMHA Support for Alternatives to Law Enforcement Transportation

Thirteen states have developed transportation alternatives to Law Enforcement (LE) for people in crisis and 10 states are working to change policies or statutes that require LE or Emergency Medical Services (EMS) to be the means of transportation for individuals experiencing behavioral health crises.

Figure 2: States with Alternatives to Law Enforcement Transport for Individuals Experiencing BH Crisis, 2023



Several states described their alternatives to LE/EMS transportation of individuals in BH crisis:

- **Arizona:** All covered transportation services are outlined in the AHCCCS Medical Policy Manual, here: <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>.
- **Georgia** is developing a program to allow non-Law Enforcement transportation for individuals on involuntary status. They hope to secure funding for this program in FY25.
- **Iowa:** Specially trained transport businesses.
- **Massachusetts** is currently working on changing policies or laws requiring LE or EMS for transportation.
- **Maryland:** Law enforcement is only used if a secure transport is necessary (such as in the case of an involuntary admission).
- **Missouri:** There is one pilot program in southwest Missouri to meet law enforcement at a scene to transport voluntary individuals in crisis to a BHCC. We do not have data on this pilot yet.
- **North Dakota:** LE is only used if a secure transport is necessary (such as in the case of an involuntary admission).
- **Pennsylvania:** Pennsylvania DHS is currently engaging in conversations with PA Department of Health around allowing EMS transportation to Emergency BH Walk-In Centers
- **Ohio:** We currently have an internal workgroup focusing on developing alternatives to LE transportation. We will begin an external stakeholder workgroup to begin identifying strategies to improve transportation.

- **Oklahoma:** The SMHA contracts for transportation for trips over 30 miles and can provide transportation for trips less than 30 miles. The consumer is not restrained unless necessary for their own safety.
- **South Carolina:** SCDMH is trialing a contract program for providing transportation services to clients from the ED to Inpatient treatment facilities if/when commitment is recommended.
- **Tennessee:** Through a secondary transportation funding. Sheriff's Departments can contract with independent agencies to provide this transportation.
- **Texas:** Law Enforcement may execute a memorandum of understanding that allows law enforcement to transfer clients to EMS services for transport to appropriate facilities. If it's reasonably expected that a patient will require emergency medication or might need to be restrained, a registered nurse must be there for the transport. A patient cannot be restrained during transport without a physician's order. In previous House Bills including HB 167 of the 82nd Legislature and HB 978 of the 83rd legislature created and amended set uniform standards for individuals transporting patients. The counties commissioner's court keeps a list of qualified transportation services that can be used in place of other entities. In order to be listed as a transportation provider, the service must meet set standards including: be over 19 years of age, have a valid driver's license in the state of Texas, undergo a criminal background check and not have been convicted of or received a referred or probated sentence for any crime, ensure passengers are protected from harm, abuse, self-abuse, neglect, sexual incidents, serious injuries, and other sources of immediate danger, be able to provide emergency care or have a plan established to get emergency care, be trained in effective communication skills with people who have a mental illness, recognize a plan for problematic behaviors in a therapeutic and safe manner, know the statutes and standards for transporting patients, and a vehicle that has a valid Texas inspection sticker, is in good mechanical condition, and a working air-conditioner, heater, and chemical type fire-extinguisher. All contractors must meet stated requirements in addition to completing a Mental Health First Aid training or similar program, vehicles have a safety partition, vehicle has safety locks while in motion, the vehicle or driver has a two-way radio or cellular phone that works during transport. If a contractor is to transport an individual in a wheelchair they must: have an electrical or hydraulically operated lift mechanism or ramp with non-skid surface, means of securing a wheelchair to the inside of the vehicle to prevent any lateral, forward, backward, or vertical motion of the wheelchair within the vehicle, a rear-view mirror, and an emergency exit at the back of the wheelchair.
<https://statutes.capitol.texas.gov/Docs/SDocs/HEALTHANDSAFETYCODE.pdf>;
[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=415&rl=264Uniform Transportation Standards | Texas Health and Human Services](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=415&rl=264Uniform Transportation Standards | Texas Health and Human Services).
- **Virginia:** DBHDS has a contract with a private security company to provide a less restrictive option for mental health crisis transports but it is only for individuals under a Temporary Detention Order, not voluntary patients.
- **Vermont:** Telemedicine with Vermont Emergency Services teams.

Other 2023-2024 NRI State Profile Reports on Crisis Services

This report on Behavioral Health Crisis Services is one of a series of reports that NRI is producing for states on Behavioral Health Crisis Services in 2023. Other Profile Highlight reports available at: www.nri-inc.org/profiles focus on:

- State Support for the Behavioral Health Crisis Continuum, 2023
- Support for Crisis Contact Centers (988 and other contact centers), 2023
- Support for Mobile Crisis Services, 2023
- Support for < 24 Hour Crisis Stabilization Programs, 2023
- Organization and Structure of State Mental Health Agencies, 2023
- How States Use State Psychiatric Hospitals, 2023
- State Psychiatric Hospital Workforce Shortages, Initiatives, and Salaries, 2023
- How SMHAs Organize and Manage Community Mental Health Services, 2023
- State Mental Health Agency IT Systems and Outcome Measurement, 2023
- SMHA Workforce Shortages and Initiatives, 2023
- SMHA Support for Peer Specialists, 2023

Please contact NRI at profiles@nri-inc.org with any questions or comments about this and other State Profiles reports.