

VERMONT2008

Transportation of Individuals in the Custody of the Commissioner of Mental Health

Report to the Legislature on **Act 180 2006 (ADJ) Session**
Section 3 - 18 V.S.A. § 7511
January 15, 2008

Department of Mental Health
P.O. Box 70
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802-652-2000

Introduction

The Commissioner of the Department of Mental Health is required to report to the House Committee on Human Services and the Senate Committee on Health and Welfare data for the preceding year regarding the transportation of persons in accordance with 18 V.S.A. § 7511.

18 V.S.A. § 7511 states:

The Commissioner of the Department of Mental Health shall ensure that all reasonable and appropriate measures consistent with public safety are made to transport or escort a person subject to this chapter to and from any inpatient setting, including escorts within a designated hospital to the Vermont state hospital, or otherwise being transported under the jurisdiction of the commissioner in a manner which:

- 1. prevents physical and psychological trauma;*
- 2. respects the privacy of the individual; and*
- 3. represents the least restrictive means necessary for the safety of the patient.*

The commissioner shall have the authority to designate the professional who may authorize the method of transport of patients under the commissioner's care and custody.

When a professional decides an individual is in need of secure transport with mechanical restraints, the reasons for such determination shall be documented in writing.

It is the policy of the state of Vermont that mechanical restraints are not routinely used on persons subject to this chapter unless circumstances dictate that such methods are necessary.

The reports that follow include the number, method and location of all adult and child transports. Secure transports are those provided by a sheriff in a marked vehicle, most often with restraints. Non-secure transport refers to those arrangements that use civilian vehicles and escorts; although in some instances sheriffs may provide support and/or accompaniment.

There is a new initiative underway involving alternative transportation that was developed this year. In June, 2007, two Designated Agencies (DA's), Washington County Mental Health (WCMH) and HowardCenter (HC) put forth a joint proposal for the development of alternative involuntary transportation options in the northern and central portions of the state. The two DA proposals agreed to develop and implement alternative involuntary transportation services available to Washington, Lamoille,

Orange, Chittenden, Franklin, and Grand Isle Counties for transport to receiving hospitals, including the Brattleboro Retreat. Grant awards were provided to both designated agencies with funding allocated by the legislature in FY 08. Each DA subsequently developed and trained transport teams and implemented transportation options for individuals who can be involuntarily transported by means other than secure transport. The first alternative transport for WCMH occurred on September 8, 2007 with a transport team member accompanying an individual by ambulance to a receiving hospital. HC's first alternative transport took place on Sept 11, 2007 with their transport team transporting an individual from an adjoining county by car to hospital. Alternative transport data is being compiled by each DA as part of the grant award and will be available in subsequent transportation reports.

Please note that DMH began tracking type of restraint (metal or polyurethane) in July 2007 and the data collected through November 2007 is included as a separate report. Additionally, it should be noted that the reporting time frame on this report differs from last year's report. The time frame for this report (and future reports) is December 1st through November 30th.

The Department of Mental Health instituted a significant policy change in this reporting period. Effective December 2007 the transportation of children age 10 and younger will occur by means other than marked sheriff's transport, and without mechanical restraint. Exception to this may only be made by Commissioner or designee approval. Addendum I is a copy of the December memo verifying this agreement with referring agencies.

**Vermont Department of Mental Health
YOUTH INVOLUNTARY TRANSPORTATION
One Year Overview (December 2006 - November 2007)
(43 Transports of 41 Children)**

	<u>Total Transports</u> #	<u>Type of Transport</u>			
		<u>Secure</u>		<u>Non-Secure</u>	
		#	%	#	%
<u>Total</u>	43	15	35%	28	65%
<u>Gender</u>					
Male	23	6	26%	17	74%
Female	20	9	45%	11	55%
<u>Age</u>					
5-9	10	2	20%	8	80%
10-14	13	4	31%	9	69%
15-17	20	9	45%	11	55%
<u>Type of Transport Decided by:</u>					
Community Agency	43	15	35%	28	65%
HCHS - (Chittenden)	14	5	36%	9	64%
HCRS - (Southeast)	11	1	9%	10	91%
WCMH - (Washington)	5	2	40%	3	60%
CSAC - (Addison)	4	2	50%	2	50%
RMHS - (Rutland)	4	4	100%	0	0%
UCS - (Bennington)	2	1	50%	1	50%
LCMH - (Lamoille)	1	0	0%	1	100%
NCSS - (Northwest)	1	0	0%	1	100%
NKHS - (Northeast)	1	0	0%	1	100%
<u>Transport From:</u>					
Hospital	32	10	31%	22	69%
Other	11	5	45%	6	55%
<u>Transport To:</u>					
Brattleboro Retreat	43	15	35%	28	65%

Number of Involuntary Transports per Client:

(Transports during December 2006 through November 2007)

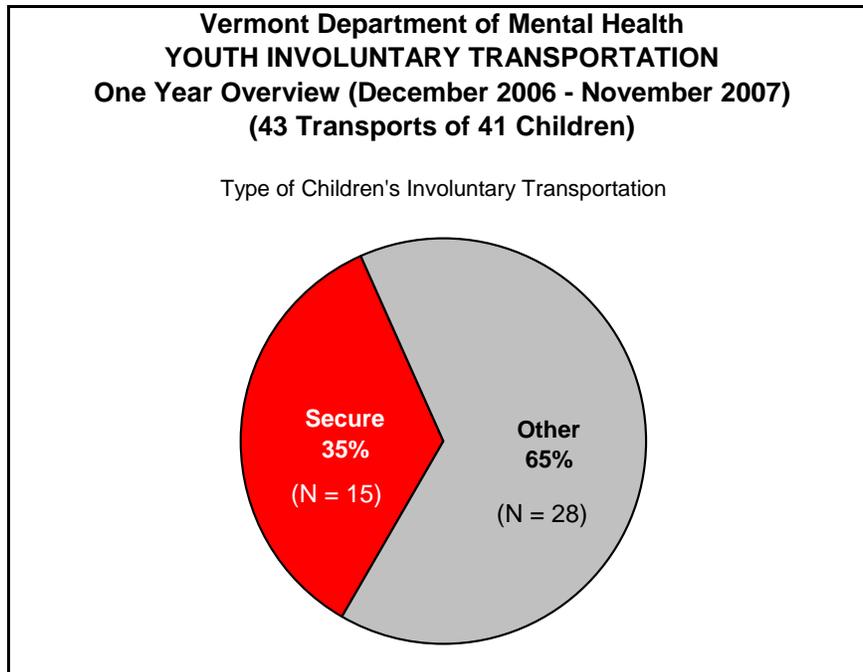
Number of Transports	Number of Clients
1 Transport	40
3 Transports	1
TOTAL CLIENTS	41

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
YOUTH INVOLUNTARY TRANSPORTATION
Type of Secure Transport Restraint
3 Secure Transports by Sheriff during July 2007 - November 2007**

Total Transports by Sheriff	3
Data Available	3
Type of Restraint	
Metal	3
Polyurethane	0
No Restraint	0

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.



**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
One Year Overview (December 2006 - November 2007)
(918 Transports of 260 Adults)**

	<u>Total Transports</u> #	<u>Type of Transport</u>			
		<u>Secure</u>		<u>Non-Secure</u>	
		#	%	#	%
<u>Total</u>	918	284	31%	634	69%
<u>Gender</u>					
Male	544	151	28%	393	72%
Female	374	133	36%	241	64%
<u>Age</u>					
18-34	214	109	51%	105	49%
35-49	348	114	33%	234	67%
50-64	323	55	17%	268	83%
65+	33	6	18%	27	82%
<u>Type of Transport Decided by:</u>					
Vermont State Hospital	653	64	10%	589	90%
Community Agency	208	167	80%	41	20%
WCMH - (Washington)	51	33	65%	18	35%
HCHS - (Chittenden)	49	47	96%	2	4%
HCRS - (Southeast)	38	34	89%	4	11%
UCS - (Bennington)	18	7	39%	11	61%
CSAC - (Addison)	12	11	92%	1	8%
NKHS - (Northeast)	11	11	100%	0	0%
RMHS - (Rutland)	9	9	100%	0	0%
CMC - (Orange)	8	8	100%	0	0%
NCSS - (Northwest)	7	6	86%	1	14%
LCMH - (Lamoille)	4	1	25%	3	75%
Other Hospital	57	53	93%	4	7%
Fletcher Allen Health Care	26	23	88%	3	12%
Central Vermont Medical Center	14	14	100%	0	0%
Rutland Regional Medical Center	9	9	100%	0	0%
Brattleboro Retreat	5	4	80%	1	20%
Windham Center	3	3	100%	0	0%

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
One Year Overview (December 2006 - November 2007)
(918 Transports of 260 Adults)**

	<u>Total Transports</u> #	<u>Type of Transport</u>			
		<u>Secure</u>		<u>Non-Secure</u>	
		#	%	#	%
<u>Transport From:</u>					
Vermont State Hospital	641	56	9%	585	91%
Other Hospital	198	163	82%	35	18%
Emergency Department	24	21	88%	3	13%
CMHC	17	16	94%	1	6%
Criminal Justice	9	8	89%	1	11%
Other	29	20	69%	9	31%
<u>Transport To:</u>					
Vermont State Hospital	192	165	86%	27	14%
Other Hospital	163	78	48%	85	52%
Other (including short visits)	563	41	7%	522	93%
<u>Reason:</u>					
Short Visit	411	3	1%	408	99%
Emergency	238	200	84%	38	16%
Medical	109	20	18%	89	82%
Preplacement Visit	99	19	19%	80	81%
Court	36	32	89%	4	11%
Other	25	10	40%	15	60%

Number of Involuntary Transports per Client:

(Transports during December 2006 through November 2007)

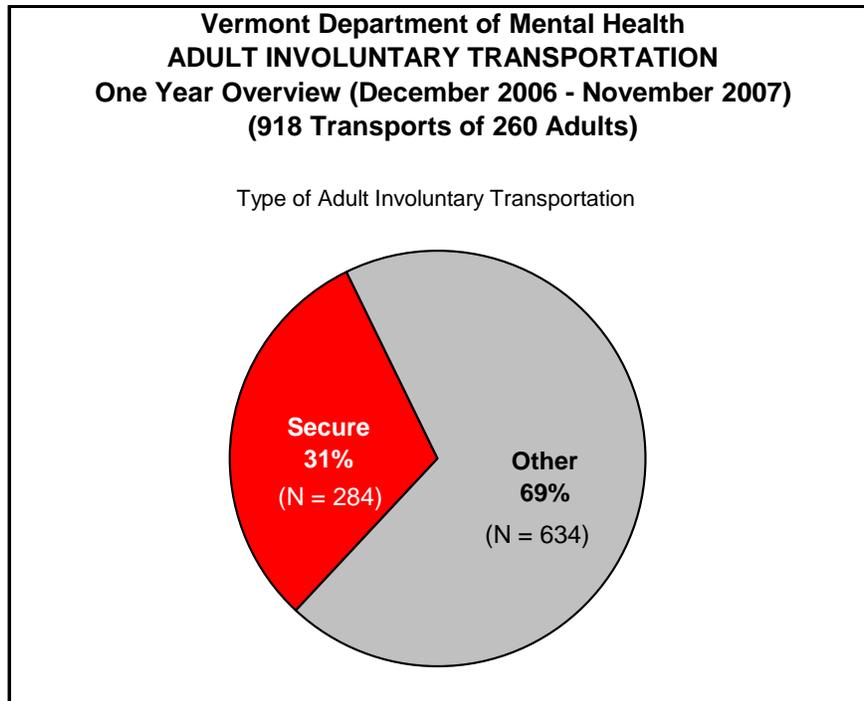
Number of Transports	Number of Clients
1 Transport	152
2 to 5 Transports	69
6 to 9 Transports	22
10+ Transports	17
TOTAL CLIENTS	260

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.

**Vermont Department of Mental Health
ADULT INVOLUNTARY TRANSPORTATION
Type of Secure Transport Restraint
108 Secure Transports by Sheriff during July 2007 - November 2007**

Total Transports by Sheriff	108
Data Available	81
Type of Restraint	
Metal	74
Polyurethane	0
No Restraint	7

Analysis conducted by the Vermont Performance Indicator Project (PIP). Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health.



Addendum I

MEMORANDUM

TO: DA Children and ES Directors, DMH Directors, VDH Commissioner's Office, VSH Admissions Office

FROM: Michael Hartman, Commissioner, DMH

DATE: December 6, 2007

SUBJECT: Transport of Children under 10 and under

First, I want to thank all of the DA staff involved in dramatically changing the transportation options for children who are deemed to need involuntary treatment. In just two years you all have made significant progress in this area and we now are able to transfer 63% of all children proposed as involuntary patients by means other than secure transport—i.e. in shackles with law enforcement.

In recent discussions regarding the transport of children who are being proposed as involuntary patients DMH requested DA's commit to no further transport of children 10 years of age or younger by Sheriff's Department staff in marked vehicles and in shackles. This request was made with the understanding that adequate financial resources have been made available to the DA's in regards to transportation of children in these situations to allow for this to be a successful effort.

I have been informed this agreement is found reasonable by the DA Children's Directors and is now engaged as standard practice. Thus, by this memo, I am establishing this expectation on all DA transports of children age 10 and younger to be done by parents or guardians, ambulance, or DA arranged safe transport. I also understand that in some areas Sheriff Departments are willing to transport in unmarked vehicles without restraint. These transports are included as DA arranged safe transport.

Should the need for secure transport for children age 10 and younger be deemed necessary by Sheriff Departments after December 5, 2007, it is understood that approval of such transport be requested to the Commissioner of Mental Health. I can be consulted as needed for this via the DMH Central office in Burlington during normal business hours and through the Vermont State Hospital Admissions office otherwise. These numbers are 802 951-1258 for DMH and 802 241-1000 for VSH Admissions.

It is expected that DMH will thoroughly review and report to the Commissioner any transport by sheriff for children 10 and younger should it occur. As well, I am hopeful we can continue to extend this practice to children ages 12 and younger by July 1, 2008. I thank all of you for your continued cooperation in this area.