

Vermont Agency of Human Services
Department of Mental Health

**QUALIFIED MENTAL HEALTH
PROFESSIONAL
MANUAL AND STANDARDS**

Revised
2017

**Department of Mental Health
Qualified Mental Health Professionals: Manual and Standards**

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1. Introduction

The purpose of this manual is to provide mental health practitioners with a guide to procedures for involuntary psychiatric evaluations in the State of Vermont. The protection of the civil rights of all persons is a priority in this process. The Vermont legislature has authorized a system in which involuntary psychiatric evaluations and treatment require timely judicial review to ensure that every effort is made toward the preservation of personal freedoms and rights under the law.

2. Definitions

The following are definitions found within this document:

2.1 Emergency Examination

Per Title 18 V.S.A. § 7504 (a): “Upon written application by an interested party made under the pains and penalties of perjury and accompanied by a certificate by a licensed physician who is not the applicant, a person shall be held for admission to a hospital for an emergency examination to determine if he or she is a person in need of treatment. The application and certificate shall set forth the facts and circumstances that constitute the need for an emergency examination and that show that the person is a person in need of treatment.”

2.2 Mental Illness

Per Title 18 V.S.A. § 7101 (14), “a substantial disorder of thought, mood, perception, orientation, or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but shall not include intellectual disability.”

2.3 Mental Health Professional

Per Title 18 V.S.A. § 7101 (13): “a person with professional training, experience, and demonstrated competence in the treatment of mental illness, who shall be a physician, psychologist, social worker, mental health counselor, nurse, or other qualified person designated by the Commissioner.” (i.e., a QMHP)

2.4 A Person in Need of Treatment

Per Title 18 V.S.A. § 7101 (17), “a person who has a mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment, or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, to herself, or to others:

- (A) A danger of harm to others may be shown by establishing that:
 - (i) he or she has inflicted or attempted to inflict bodily harm on another; or
 - (ii) by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or
 - (iii) by his or her actions or inactions he or she has presented a danger to persons in his or her care.
- (B) A danger of harm to himself or herself may be shown by establishing that:

- (i) he or she has threatened or attempted suicide or serious bodily harm; or
- (ii) he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration, or serious physical debilitation or disease will ensue unless adequate treatment is afforded.”

A Patient in Need of Further Treatment

- (A) a person in need of treatment; or
- (B) a patient who is receiving adequate treatment, and who, if such treatment is discontinued, presents a substantial probability that in the near future his or her condition will deteriorate and he or she will become a person in need of treatment.”

2.5 Interested Party

Per Title 18 V.S.A. § 7101 (9), “a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend, or person who has the individual in his or her charge or care. It also means a mental health professional, a law enforcement officer, a licensed physician, or a head of a hospital.” (Caution: The same physician cannot be both applicant and certifying physician).

*Interested party: Contractual agreement between DMH and the Designated Hospitals requires all involuntary psychiatric admissions be screened by a Qualified Mental Health Professional (QMHP).

2.6 Elopement Status

Elopement applies when an individual in lawful custody at VPCH or a designated hospital, leaves without permission. A law enforcement officer or hospital staff may arrest the individual who has eloped, and return him or her to the original hospital (Title 18 V.S.A. § 7105). There is no authority to take a non-hospitalized patient to a hospital without a warrant or Emergency Examination (EE).

2.7 Danger to Self

A person who has threatened or attempted suicide or serious bodily harm or has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration, or serious physical debilitation or disease will ensue unless adequate treatment is afforded (Title 18 V.S.A. § 7101(17)(B)).

2.8 Danger to Others

A person who has inflicted or attempt to inflict bodily harm on another, has made threats or shown actions placing others in reasonable fear of physical harm to themselves or has shown actions or inactions presenting a danger to persons in his or her care (Title 18 V.S.A. § 7101(17)(A)).

3. Becoming a Commissioner-Designated QMHP

By agreement with Vermont Psychiatric Care Hospital (VPCH) and designated general hospitals (DH), only QMHPs who are designated by the Department of Mental Health (DMH) Commissioner or designee and either employed by a Designated Agency (DA) or by the Department of Corrections (DOC), can screen and serve as the applicant for involuntary psychiatric admissions.

3.1 Qualifications

3.1.1 Education and Experience

1. **Master's degree in human services field (licensure preferred) and:**
 - a. Clinical exposure to populations with major mental illness, and
 - b. One to two years of experience in providing services for people with at least two of the following: mental illness, substance abuse, or serious emotional disorders; and
 - c. Appropriate experience and training in crisis evaluation and intervention as determined by the DA Emergency Services Director or designee, or DOC designee.

or
2. **Bachelor's degree in related human services field and:**
 - a. Clinical exposure to populations with major mental illness, and
 - b. Two to three years of experience providing services for people with at least two of the following: mental illness, substance abuse, or serious emotional disorders, and
 - c. Appropriate experience and training in crisis evaluation and intervention as determined by the DA Emergency Services Director or designee, or DOC designee.

or
3. **Bachelor's degree in a field unrelated to human services and:**
 - a. Clinical exposure to populations with major mental illness, and
 - b. Three to five years of experience providing services for people with at least two of the following: mental illness, substance abuse, or serious emotional disorders, and
 - c. Appropriate experience and training in crisis evaluation and intervention as determined by the DA Emergency Services Director or designee, or DOC designee.

or
4. If an applicant does not meet the qualifications, but meets other criteria and has experience in providing crisis services to severely mentally ill individuals, an application may be submitted for designation consideration. The application should include information that explains the reason(s) for the exception.

3.2 Demonstrated Knowledge of and Training

1. Vermont Mental Health Statutes
2. Emergency exam, warrant (process, observation and documentation)
3. Emergency exam admission criteria and procedures
4. QMHP-specific training
5. Familiarity with community resources (i.e., crisis beds, respite options, general hospitals, or other options for voluntary treatment)
6. Special needs and services of populations being served
7. Forensic screening at court

3.3 Documentation and Process for QMHP Designation

3.3.1 Step One: Submit Application for QMHP Designation

The DA or DOC will submit a completed and signed **Qualified Mental Health Professional Application** form, which can be found on the DMH website at <http://mentalhealth.vermont.gov/forms> to:

Vermont Department of Mental Health
280 State Drive NOB 2 North
Waterbury, VT 05671-2010

The application must be accompanied by:

- A letter of endorsement authored and signed by the DA's Executive Director or DOC designee.
- A mock Emergency Examination write-up of a clinical scenario of the DA's choosing. The write-up should clearly outline and document the client as being a person in need of treatment, meaning a person who is suffering from mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment or discretion in the conduct of his or her affairs and social relations is so lessened that s/he poses a danger of harm to him/herself or others.
- A copy of the applicant's resume (include current work experience with the DA that is related to the QMHP designation criteria).
- The QMHP Certification Form, included within the Application, signed by the applicant (the DA is responsible for ensuring that the relevant statutes and procedures are made available to the applicant).
- If the applicant is not an employee of the requesting DA, a copy of a contract describing the relationship and responsibilities of the applicant to the DA must be submitted. In addition, evidence must be provided that the individual will be available to the DMH Legal Division and to appear in court as needed.

3.3.2 Step Two: Review Application

The DMH Care Management Director and the DMH Mental Health Services Director will review the application form and supporting documentation. DMH will check with Office of Professional Regulation to ensure that there are no outstanding issues with an applicant's license or status.

- If additional information is needed, a request will be sent to the DA Emergency Services Director or designee, or DOC designee.

- If a request is denied, the applicant and DA Emergency Services Director, or DOC designee, will be notified in writing. This will include the reason(s) for denial, and the criteria the applicant must meet to be reconsidered for a QMHP Designation.

3.3.3 Step Three: Complete Designation

DMH sends copies of the designation as a QMHP, signed by the DMH Commissioner or designee, to the applicant and the DA Emergency Services Director, or DOC designee.

3.4 Training

Commissioner designated QMHPs must participate in QMHP-specific training provided by DMH every two years in order to retain this designation.

4. Legal Processes

4.1 Emergency Examination

This process is covered under Title 18 V.S.A. § 7504

4.1.1 Criteria

- Presence of mental illness as defined by Vermont Statute (Individual's behavior is not primarily the result of a developmental disability, intoxication or other non-psychiatric related conditions).
- Danger to self or others.
- Absence of less restrictive alternatives.

4.1.2 Process

- A QMHP and physician determine through face-to-face evaluation that the individual meets all above criteria and is deemed under the statute to be a person in need of treatment.
- A QMHP and physician complete the Application for Emergency Examination.
- Vermont Psychiatric Care Hospital (VPCH) admissions office is contacted by the QMHP for consultation and notification.
- A designated hospital (DH) is identified by the QMHP and the admission referral completed.
- Transportation is arranged by the QMHP.
- VPCH is contacted to advise of final disposition and, if VPCH is the end destination, estimated time of arrival.
- If the person is from a catchment area other than the applicant's, VPCH is further advised of the name of the screener consulted from the catchment area in which the person is currently receiving psychiatric treatment or currently resides.
- If no admission can be completed at the time of the Emergency Exam, and the individual needs to remain in the Emergency Department, a QMHP will need to reassess the individual twice a day (approximately 12 hours apart) until placement is secured or it is determined that the individual no longer meets the criteria of a person in need of treatment and can be discharged to a lower level of

care. During this period a QMHP must contact all designated hospitals once a day to re-refer the individual for admission.

In all instances, in the event a person is from another catchment area, the QMHP is mandated to contact the DA covering that catchment area for case consultation, exploration of available less restrictive alternatives, and notification that an application for Emergency Examination is being made. Failure to make this contact will result in the admission being attributed to the applicant's DA census should the person be sent to VPCH.

4.1.3 Documentation

Documentation for an EE serves several functions:

- Required by law
- It provides the foundation for the case
- It identifies potential witnesses

The QMHP completes the **Application for Emergency Examination** found on the DMH website at <http://mentalhealth.vermont.gov/forms>. In the narrative section, the QMHP supplies relevant historical information leading to the individual's current presentation, and provides current clinical justification that the individual meets the criteria of the statutory definition of a person in need of treatment. Information is obtained from either direct observation or reliably reported from an identified source.

The physician completes the **Physician's Certificate for Emergency Exam** (First Certificate) found on the DMH website at <http://mentalhealth.vermont.gov/forms>.

Applications should include the physician's signature, printed name, and the time and date that the application is being made.

4.1.3.1 Documentation Distribution for an Emergency Examination:

- Applicant faxes copy of EE paperwork to VPCH admissions office.
- Original EE paperwork accompanies individual to the hospital.
- Copy of EE paperwork is retained for DA records.

4.1.3.2 Documentation Guidelines for an Emergency Examination

- Be specific
- Use quotes
- Cite sources (specify names of witnesses)
- Describe direct observations and provide supporting observations
- Write legibly and sign form
- Do not use abbreviations, acronyms, or medical jargon that may not be familiar to those outside of the mental health field
- Use sequential narration and include:

- Brief demographic information (age, gender, race) and current treatment provider(s) (Note whether individual is connected with a community mental health center)
- History of mental illness (diagnosis, recent hospitalizations)
- Referral source requesting psychiatric screening and rationale (cite name, use quotes)
- Cite location and time of interview
- Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
- Relevant psychosocial history
- Assessment
- Less restrictive options considered and why ruled out
- Recommendation and justification for recommendation
- Disposition (ties to EE criteria being met in absence of less restrictive alternatives and final plan)

4.1.3.3 Second Certificate by a Psychiatrist

- Within 24 hours of the physician's completion of the First Certificate, a psychiatrist must complete a Second Certificate.
- The Second Certificate is intended to confirm that the individual continues to meet criteria for involuntary hospitalization.
- The Second Certificate authorizes the individual's involuntary hospitalization for an additional 72 hours.
- Hospital staff shall be responsible for faxing a copy of the Second Certificate to VPCH admissions office.

4.2 Warrant for Emergency Examination

This process is covered under Title 18 V.S.A. § 7505

4.2.1 Criteria (All conditions must be met):

- A physician is not available without serious or unreasonable delay.
- Presence of mental illness (developmental disability is NOT the primary diagnosis).
- Danger to self or others.
- Absence of less restrictive alternatives.

4.2.2 Process:

- A QMHP or interested party determines through face-to-face evaluation, that the individual meets all above criteria and is deemed by statute to be a person in need of treatment.
- Foundation of case is based on direct observation, or reliably reported observations of others, plus direct observation.
- Police may detain individual while application for warrant is being pursued.
- Applicant seeks authorization for the warrant from a judge (either by phone or in person) without delay.
- A QMHP (or interested party) completes the application for Warrant.

- If the individual is not from the catchment area where he/she is being screened, the QMHP consults with the DA from which individual receives services or in whose catchment area the individual resides.
- VPCH admissions office is contacted for consultation and notification.
- A DH is identified and admission referral completed.
- Once the judge's authorization for the warrant has been obtained, the person is transported by a law enforcement officer or the QMHP for the purpose of an emergency examination by a physician, which must occur without delay. If no hospital bed is available, the person is transported to the nearest hospital emergency room. If no admission can be completed at the time of the Emergency Exam, and the individual needs to remain in the Emergency Department, a QMHP will need to reassess the individual twice a day (approximately 12 hours apart) until placement is secured or it is determined that the individual no longer meets the criteria of a person in need of treatment and can be discharged to a lower level of care. During this period a QMHP must contact all designated hospitals once a day to re-refer the individual for admission.

Note regarding interested party: For the purpose of an emergency exam or warrant, contractual agreement between DMH and the designated hospitals mandates all involuntary psychiatric admissions be screened by a QMHP.

4.2.3 Documentation

- Required by law
- Provides the foundation for the case.
- Identifies potential witnesses, and
- Once approved by a judge, it provides the authority for involuntary transportation for the purpose of an emergency examination by a physician.

The applicant completes the **Warrant for Emergency Exam** found on the DMH website at: <http://mentalhealth.vermont.gov/forms>. The Warrant for Emergency Examination is completed and endorsed by a Judge.

The QMHP or Interested Party completes the **Application for Warrant for Emergency Exam**. It can be found within the Warrant for Emergency Examination on the DMH website at: <http://mentalhealth.vermont.gov/forms>

The physician receiving the individual on a warrant completes the **Physician's Certificate for Emergency Examination** (First Certificate). It can be found in the DMH website at: <http://mentalhealth.vermont.gov/forms>

4.2.3.1 Documentation Distribution for a Warrant for an Emergency Examination:

- Applicant faxes copy of warrant paperwork to VPCH admissions office.
- Original warrant paperwork accompanies individual to the hospital.
- Copy of warrant paperwork is retained for DA records.

4.2.3.2 Documentation Guidelines for a Warrant for an Emergency Examination:

- Be specific
- Use quotes
- Cite sources (specify names of witnesses)
- Describe direct observations and provide supporting observations (an example: “Mr. X appeared psychotic as evidenced by...”)
- Write legibly and sign form
- Use sequential narration and include:
 - Brief demographic information (age, gender, race) and current treatment provider(s) (Note whether individual is connected with a community mental health center)
 - History of mental illness (diagnosis, recent hospitalizations)
 - Referral source requesting psychiatric screening and rationale (cite name, use quotes)
 - Cite location and time of interview
 - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
 - Relevant psychosocial history
 - Assessment
 - Less restrictive options considered and why ruled out
 - Recommendation and justification for recommendation
 - Disposition (ties to EE criteria being met in absence of less restrictive alternatives and final plan)

4.2.3.3 Second Certificate by a Psychiatrist

- Within 24 hours of the physician’s completion of the First Certificate, a psychiatrist must complete a Second Certificate.
- The Second Certificate is intended to confirm that the individual continues to meet criteria for involuntary hospitalization.
- The Second Certificate authorizes the individual’s involuntary hospitalization for an additional 72 hours.
- Hospital staff shall be responsible for faxing a copy of the Second Certificate to VPCH admissions office.

4.3 Court Ordered Forensic Evaluation

This process is covered under Title 13 V.S.A. § 4815

The **purpose** of a forensic evaluation is to determine whether a person charged with a crime is competent to stand trial and/or whether he or she was sane at the time of the alleged offense. The Qualified Mental Health Professional (QMHP) is the mental health professional designated by the Commissioner of DMH to complete the mental health screening to determine whether the evaluation should occur on an in-patient basis or on an out-patient basis.

A request for a defendant to be evaluated is usually made to the court by the State’s Attorney or the defense attorney. The judge may make the request, too. The law requires that a mental health screening of the defendant be completed by a qualified mental health professional while the defendant is still at the

court, before the Court orders the evaluation. (If the screening cannot be completed within two hours from the defendant's appearance before the court, the court may forego consideration of the screener's recommendations.)

The **roles** of the DA QMHP are:

- To evaluate the defendant to determine if he/she is a person in need of treatment.
- To recommend the least restrictive setting in which the evaluation should be done (i.e., outpatient or inpatient).
- If inpatient setting is court-ordered, the QMHP coordinates with DMH Care Management to facilitate accessing an inpatient site.
- If outpatient setting is court-ordered, the QMHP has no coordination responsibilities.
- In either circumstance, inpatient or outpatient, the QMHP notifies VPCH of the outcome.

The DA QMHP should keep in mind the following:

- The court and the parties review the DA QMHP's recommendations and consider the facts and circumstances surrounding the charge, and observations of the defendant in court. The Court shall not order an inpatient examination unless the DA QMHP determines that the defendant is a person in need to treatment.
- If the DA QMHP determines that the defendant is a person in need of treatment, the court may order an inpatient examination upon the recommendation of the QMHP, and place the defendant in the custody and care of the Commissioner of DMH for no more than 30 days from the date of the order. The Commissioner, via the DA QMHP, has the authority to determine the most clinically appropriate designated hospital for the examination.

Who can perform a court-ordered screening?

Only DA QMHPs who are designated by the Commissioner of DMH can screen defendants, determine if a defendant is a person in need of treatment, and in which designated hospital the forensic examination will occur.

4.3.1 Criteria for an Inpatient Forensic Evaluation Recommendation

- Defendant meets person in need of treatment criteria; and
- A designated hospital (includes VPCH) is the least restrictive setting in which the examination may appropriately be conducted.

4.3.2 Process

- DA QMHP evaluates individual, completes court screening form and, when requested, provides verbal testimony to the court.
- DA QMHP contacts DMH Care Management to facilitate level of care assessment and potential placement.

- The DA QMHP contacts the VPCH admissions office to advise of the outcome of screening, recommendation provided and court ordered disposition. Further, the DA QMHP faxes a copy of the screening form to VPCH which gets forwarded to the DMH Legal Division.
- For court-ordered outpatient evaluations, the court rather than the DA QMHP contacts the DMH Legal Division to arrange a forensic evaluation.
- All inpatient and outpatient court-ordered forensic examinations for competency and/or sanity are arranged through the DMH Legal Division.

4.3.3 Documentation

Court Screening Form <http://mentalhealth.vermont.gov/forms>

4.3.3.1 Documentation Distribution for court ordered inpatient forensic evaluation:

- Original Court Screening Form is provided to the court.
- Copy of Court Screening Form is retained for DA records.
- Copy of Court Screening Form is faxed to VPCH admissions office if disposition is inpatient evaluation.

4.3.3.2 Documentation Guidelines for court ordered inpatient forensic evaluation:

- Describe direct observations and provide supporting observations (an example: “Mr. X appeared psychotic as evidenced by...”)
- Write legibly and sign form
- Remarks (include the following when known):
 - Brief demographic information (age, gender, race) and current treatment provider(s) (Note whether individual is connected with a community mental health center)
 - History of mental illness (diagnosis, recent hospitalizations)
 - Reason for referral for psychiatric screening
 - Cite location and time of interview
 - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
 - Relevant psychosocial history
 - Assessment
- Recommendation:
 - Whether the defendant is a person in need of treatment by statute definition
 - The least restrictive setting in which the evaluation should be done (inpatient or outpatient)
- Actual Outcome:
 - Court disposition, indicate judge’s ruling and any rationale provided

4.4 Emergency Examinations and Hospitalizations for Minors under Age 18

This process is covered under Title 18 V.S.A. § 7503

4.4.1 Criteria

All conditions must be met:

- Presence of mental illness (developmental delay is NOT the primary diagnosis).
- Danger to self or others.
- Absence of less restrictive alternatives.

4.4.2 Process

- Face-to-face evaluation of the individual to determine if he/she meets all the above criteria and is deemed by statute to be a person in need of treatment.
- A Qualified Mental Health Professional (QMHP) and physician complete application for Emergency Exam.
- Within 24 hours of the physician's completion of the First Certificate, a psychiatrist must complete the Second Certificate.
- Vermont Psychiatric Care Hospital (VPCH) Admissions Office is contacted for consultation and notification.
- Brattleboro Retreat admission referral is completed.
- Transportation is arranged if indicated (Sheriff's department, other law enforcement agency, ambulance or private vehicle when appropriate).
- VPCH is contacted to advise of the final disposition.
- If the person is from a different catchment area than the applicant's, VPCH is further advised of the name of the screener consulted from the catchment area in which the person currently receives psychiatric treatment or currently resides.

4.4.3 Quick Facts

- It is the policy of Vermont Department of Mental Health that:
 - The Brattleboro Retreat is the only hospital in Vermont that can accept involuntary psychiatric admissions of minors (under the age of 18).
 - A child does not need to be in Department of Children and Families (DCF) custody to be involuntarily hospitalized, nor does a child need to be in DCF custody if the parent does not agree with the initiation of the involuntary process.
 - If a child is in custody of DCF, then DCF acts as the parent for these purposes and should be treated as such. If the circumstances warrant parental contact, then the DCF caseworker should be notified.
 - Any minor not agreeing to be voluntarily admitted to a hospital must then meet involuntary hospitalization criteria in order to be admitted (Title 18 V.S.A. § 7503).

5. Assessing needs in Older Adults

By convention, "older adults" means adults over the age of 65. The emergency evaluation of older adults with cognitive impairments, problem behaviors, and diminished capacity can be especially challenging. This section reviews some commonly encountered dilemmas and addresses some of the most commonly asked questions about them.

Can a person who has a diagnosis of dementia be admitted on an emergency exam?

YES. As long as there is a co-occurring diagnosis of mental illness, and it is the mental illness that is resulting in the dangerous behavior, involuntary hospitalization MAY be necessary and appropriate.

Oftentimes, older adults with dementia are referred from long-term care settings such as nursing homes because of behavioral disturbances. Is an “EE” warranted in this situation if the facility feels it can no longer protect the patient or other residents?

MAYBE. As long as the behavior disturbances constitutes dangerous behavior and is related to a mental illness. In MOST instances, the preferred setting for treatment of behavioral disturbances that are not considered dangerous is in the setting in which they occur.

Can a person who has a diagnosis of delirium be admitted on an emergency exam?

NO. Delirium is a medical emergency and the primary intervention is to identify and treat the underlying medical cause. In general, a person with delirium may be best served by admission to a medical unit in a general hospital.

6. Transport Guidelines

State law requires that the Department of Mental Health ensures that all reasonable and appropriate measures are taken to best guarantee the safety of individuals and the public during transportation and escorts of people who are under the care and custody of the Commissioner of Mental Health. This includes transport to and from inpatient settings, medical appointments, and other instances where a person under the care and custody of the Commissioner is required to travel.

There are three primary guiding principles related to the safe and humane transportation and escort of individuals. Transports should be conducted in a way that:

- respects the privacy of the person in custody;
- is the least restrictive means necessary for safety; and
- reduces the likelihood of physical and psychological trauma.

The Commissioner has designated Sheriff Departments and Mental Health Transport Teams as the method of transportation for individuals under the commissioner’s custody. If the Sheriff or the Mental Health Transport Team decides that an individual is in need of transportation with mechanical restraints, the reason for such a determination shall be documented in writing. It is the policy of the state of Vermont that mechanical restraints are used as the last option when it is deemed that a person requires restraints for their transportation to be completed safely.

Please refer to the **Transportation Manual and Standards** document located on the DMH website at <http://mentalhealth.vermont.gov/manuals>

7. References

7.1 Acronyms

The following list contains acronyms and definitions found throughout this document.

AIT	Application for Involuntary Treatment
CAFU	Child, Adolescent and Family Unit at DMH
CRT	Community Rehabilitation and Treatment
CVMC	Central Vermont Medical Center
DA	Designated Agency
DCF	Department of Children and Families
DMH	Department of Mental Health
DOC	Department of Corrections
EE	Emergency Examination
IPE	Independent Psychiatric Evaluation
LRA	Least Restrictive Alternative
MMSE	Mini-Mental State Examination
OH	Order of Hospitalization
ONH	Order of Non-Hospitalization
QMHP	Qualified Mental Health Professional
UVM-MC	University of Vermont Medical Center
VPCH	Vermont Psychiatric Care Hospital
V.S.A	Vermont Statutes Annotated
§/§§	Section/Sections

7.2 Reference Materials

The following materials are referenced throughout this document or are beneficial to the process:

Vermont State Statutes

<http://legislature.vermont.gov/statutes>

A list of Designated Hospitals in Vermont can be found on the DMH website at:

<http://mentalhealth.vermont.gov/list-facilities-vermont>

A list of Crisis Beds in Vermont can be found on the DMH website at:

<https://bedboard.vermont.gov>

Psychiatric Hospital and Crisis Beds for Children and Adolescents

<https://bedboard.vermont.gov>

A list of Designated Agencies, including catchment areas and 24 Hour Emergency Service numbers, can be found on the DMH website at:

<http://mentalhealth.vermont.gov/individuals/designated-agencies>