

# ***VERMONT2013***

*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, 2013**



**Department of Mental Health**

**AGENCY OF HUMAN SERVICES**

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## 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**. This is the sixth year of data collection and reporting by the Department of Mental Health on youth and adult involuntary transports.

### **18 V.S.A. § 7511 states:**

- (a) The commissioner 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 or the Vermont State Hospital, or its successor in interest, 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.*
- (b) The commissioner shall have the authority to designate the professional or law enforcement officers who may authorize the method of transport of patients under the commissioner's care and custody.*
- (c) When a professional or law enforcement officer designated pursuant to subsection (b) of this section 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 Vermont Department of Mental Health (DMH) that soft restraints should be used during transport, for children and adults, unless there is an immediate reason presented for a sheriff to utilize metal shackles. The use of metal shackles during transport had remained static over the past few years at nearly 60 percent. The view of DMH is that progress can be made toward reduction of this method with partnering and training transportation teams.

Beginning in April 2012, DMH developed an aggressive implementation plan to affect the desired changes of reduction in trauma for the patient in transport. The steps include:

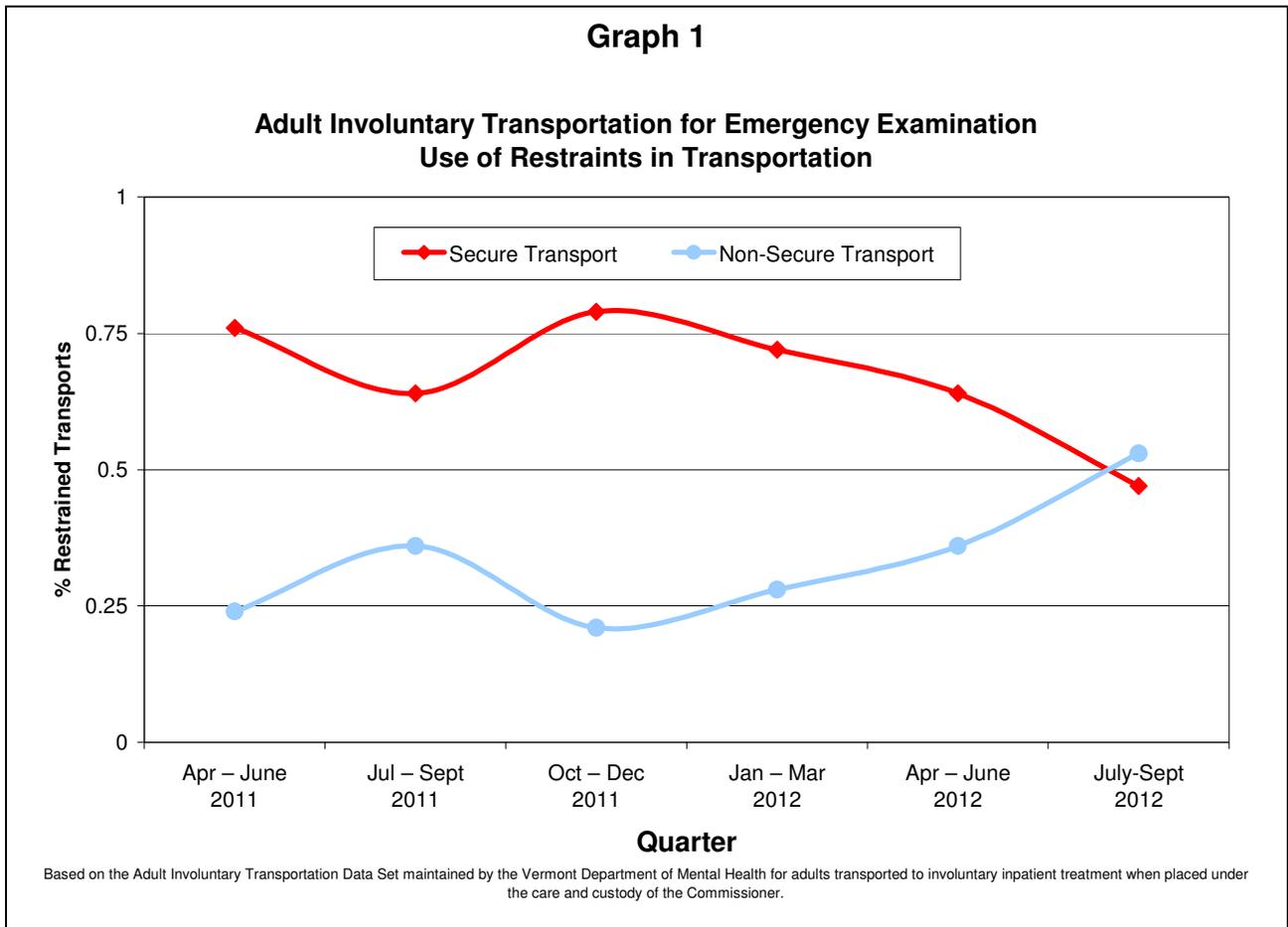
- Development of a Transportation Work Group to outline the issues, establish and support a plan, and provide input on definitions, data collection, and training
- Development of a transport protocol
- Revision of Transport checklist, documenting recommended transport and identifying those involved in making that recommendation as indicated by signature
- Examination of transport practice patterns throughout the state by sheriffs and ambulance
- Promotion of a policy for utilization of soft restraints in transport when restraints are necessary
- Delivery of training for sheriffs regarding “Building Rapport with People in Mental Health Crisis” and “Safe Transport Strategies”
- Support of a pilot program with sheriffs in Lamoille County using a least-restrictive approach by deputies in plain clothes with unmarked van. Progression to some type of restraint is utilized only when a no-restraint approach fails
- Windham County Sheriffs Department has also been a leader in the development of a policy that requires soft restraints during transport with exception only being made when the sheriff is called

Over the past three years, secure transport has been defined as utilization of restraints, either soft or metal. Non-secure is defined as not using restraints. This same definition was agreed upon by this year’s work group. However, it is also recognized that an ambulance and sheriff vehicle has secure components. In an ambulance, a person is strapped to the gurney. With sheriffs’ transport, even when in an unmarked van, the door is locked for safety and security. While this report will continue with the definition of secure and non-secure for purposes of maintaining integrity in reporting, the report also presents data elements which reflect type of vehicle, type of restraint (if any), and transportation service.

DMH approach to this initiative has proven to be effective in that there is a marked decrease in restraints used since April of 2012. The drop in secure transport is directly attributable to the Lamoille County pilot as it responds to the entire northern tier of the state, an area where metal restraints continue to be used by Chittenden, Franklin/Grand Isle, Orleans, and Caledonia sheriffs as a matter of policy. All other Sheriffs’ Departments have transitioned to soft or no restraints. There will be on-going training, evaluation, and follow-up regarding ambulance and sheriff transport in the coming year.

## Adult Transports

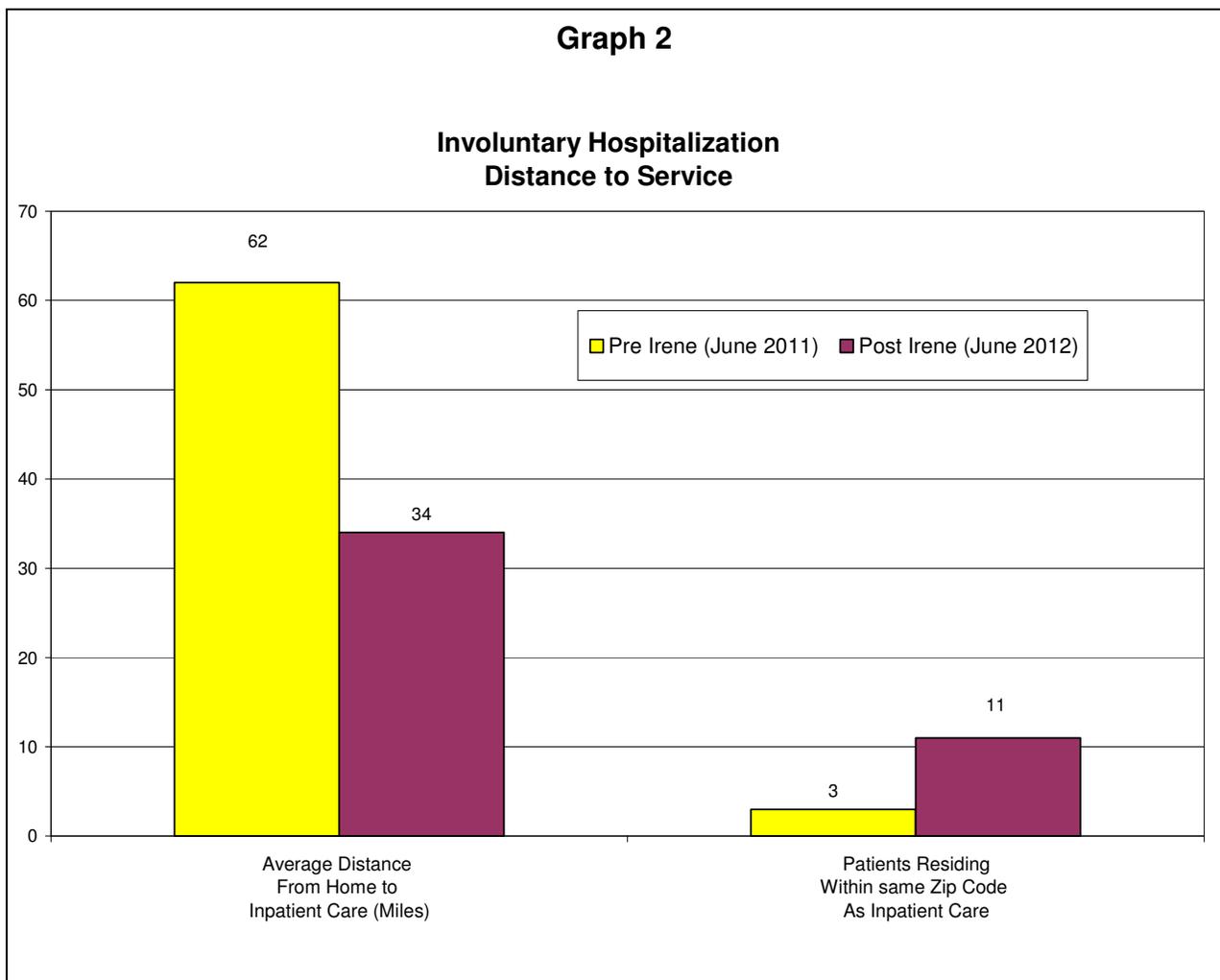
DMH's aggressive plan to address the mode of transportation has been effective in reducing the number of adult transports which use restraints. The rollout of a new transportation collection procedure, as well as numerous rapport and safety trainings across the state, have resulted in non-secure transportation methods being used more frequently than secure methods in July-Sept 2012 (Graph 1). DMH is continuing this effort to reduce the number of secure transports overall, unless circumstances require an individual to be transported securely.



Ambulance transport is required by Rutland and Bennington counties, and all sheriffs now ride in ambulances, as requested by DMH. DMH encourages use of ambulance as an option and especially for those individuals who have received medication in the emergency room requiring monitoring. This latest recommendation is noted on the Transport checklist used by emergency services clinicians and emergency room staff in making a recommendation for mode of transport. In 2012, 30% of emergency examination transports used an ambulance and 80% of ambulance rides had an accompanying sheriff. Additionally, 61% of all ambulance rides had sheriff accompaniment with no restraints for patients.

Due to the flood of 2011, there is now a de-centralized system of Level I involuntary care beds. Act 79, an act relating to reforming Vermont's mental health system states: *Resources shall be distributed based on demographics and geography to increase the likelihood of treatment as close to the patient's home as possible.*

The closure to the Vermont State Hospital (VSH) had a major impact on the number of vehicle transportations of involuntary emergency examinations to inpatient care. In 2012, 187 emergency transports required vehicle transportation to inpatient care, a 34% decrease from 2011. However, overall admissions for involuntary emergency examinations remain stable at 273 admissions, which is less than a 5% decrease from 2011. The decrease in vehicle transportation is apparent in the distance adults travel to involuntary inpatient care (Graph 2).



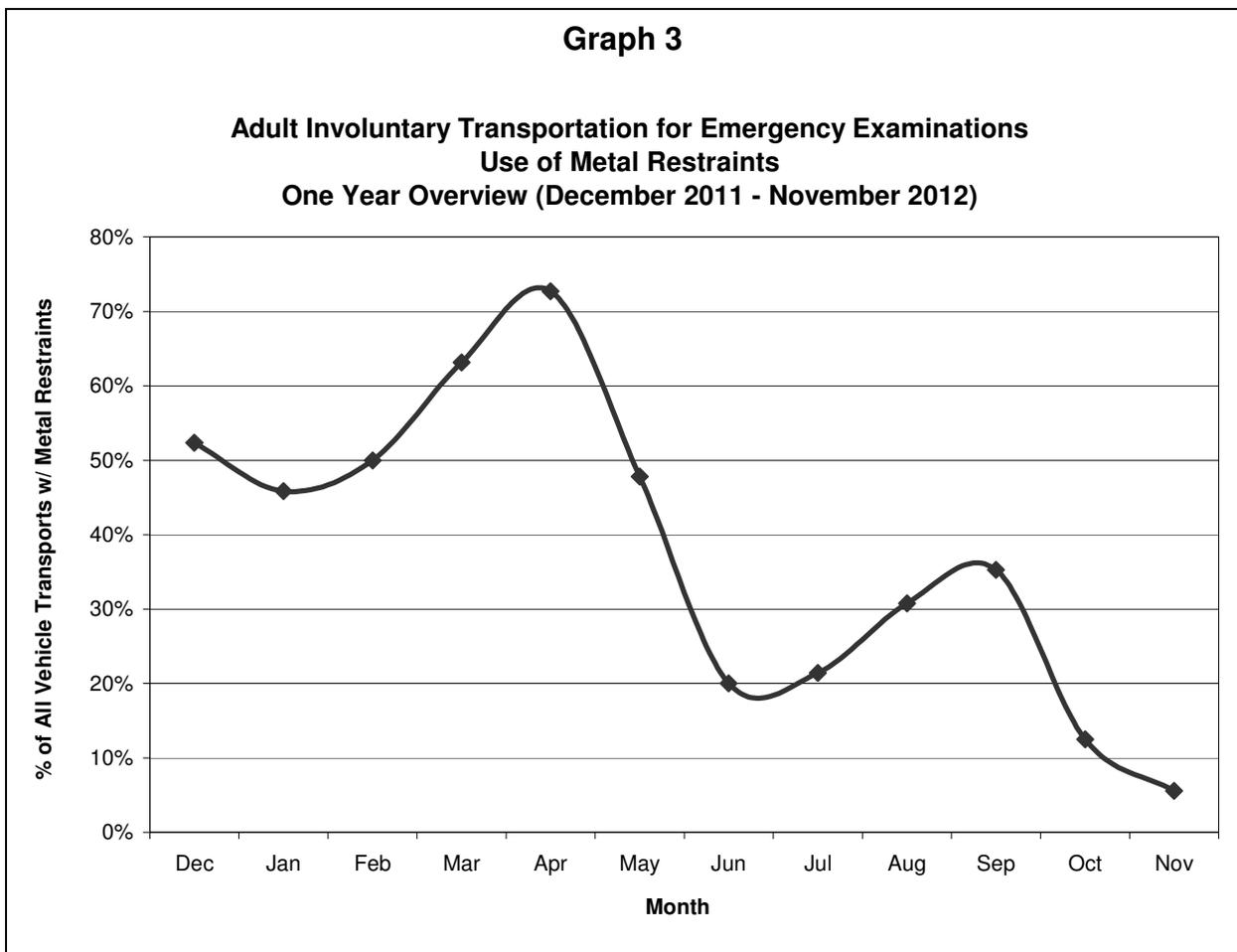
The closing of VSH resulted in an increased use of beds in designated hospitals for involuntary psychiatric hospitalizations. The decreased distance required to travel to an

inpatient bed post-Irene, as demonstrated in Graph 2, reflects the greater use of beds at nearby designated hospitals.

The closure of VSH also had an impact on the total number of transportations for adults in 2012. In 2011, emergency examinations comprised 49% of all transports. In 2012, 69% of all adult transports were for emergency. This change is directly attributable to the decrease in transportations for VSH patients for medical care, short visits, pre-placement visits, and other reasons.

With the closure of VSH prior to the 2012 transportation reporting period and the limited use of transportation by patients formerly assigned to VSH, this year's report focuses on transportations for emergency involuntary inpatient care.

Starting in 2009, DMH introduced soft restraints as an alternative to metal or polyurethane restraints. In 2012, 40% of emergency transports for 2012 utilized metal restraints. Examining the use of metal restraints by month, there are marked decreases in June and October, reflecting the effort of DMH to ensure transportations use metal restraints as only when other means have been exhausted .

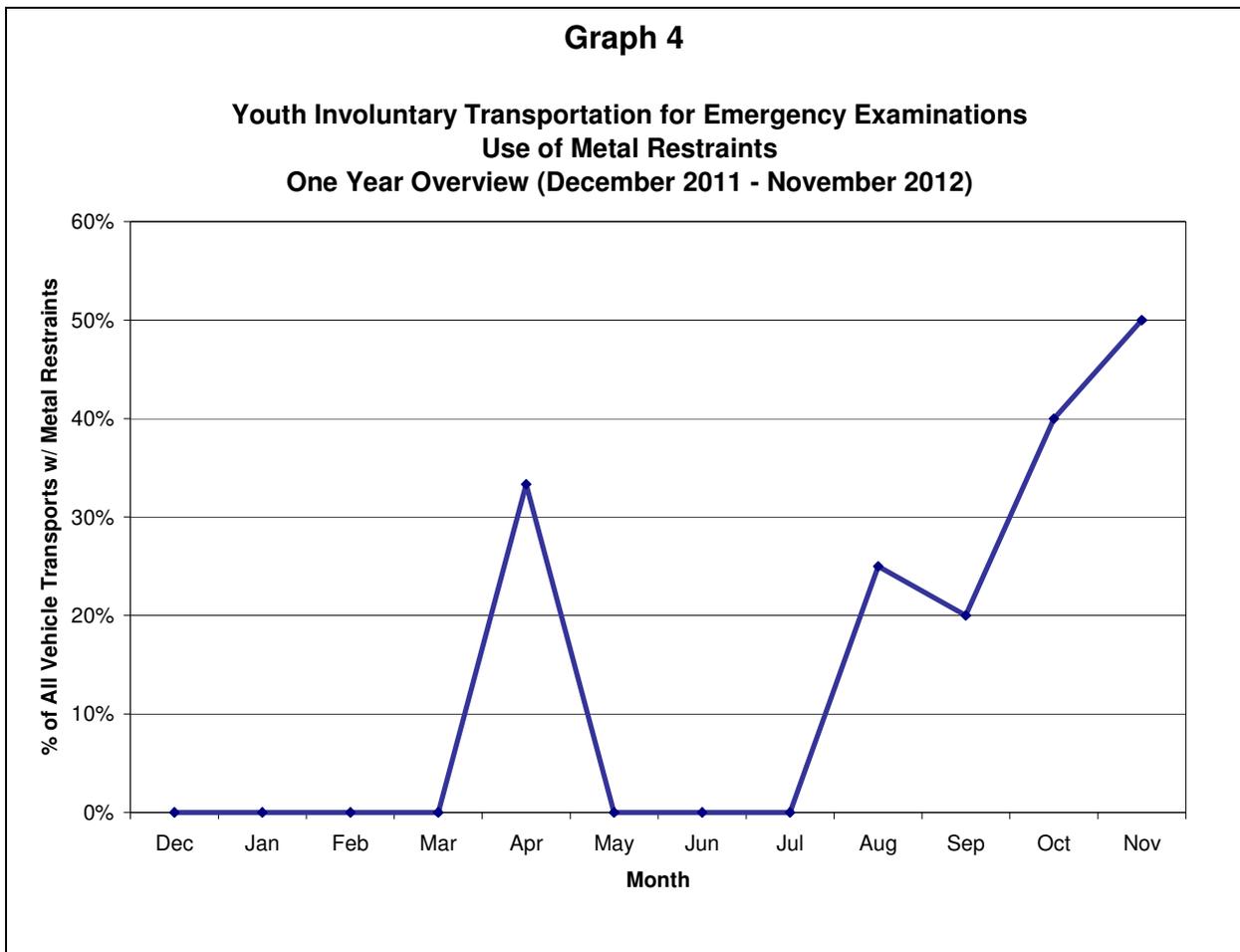


## Youth Transports

Transporting children by uniformed sheriff's services occurs only when an emergency exam necessitates the transport of a child to the Brattleboro Retreat. Most children go to the retreat voluntarily. Secure transports of youth is used only after a checklist of things are considered and a determination is made that the person presents a risk of harm to self or others and no less restrictive alternative is available.

There were 62 transports of children in 2012, continuing the downward trend of youth involuntary transportation from 2010. Consistent with previous years, secure transport of children under the age of 10 requires the approval of the Commissioner of the Department of Mental Health. In 2012, no children under the age of 10 were transported using restraints.

Designated agencies in the system of care have developed ways to transport children, using families, escorts, ambulances, or any other transport short of law enforcement personnel. Almost 50% of children were transported to the Brattleboro Retreat using an ambulance and 32% are transported using a sheriff's cruiser.



There has been progress in reduction of the use of restraints in transportation. A majority of youth (56%) were transported without restraint, a marked improvement from 42% of transports in 2011. A small percentage of transports in 2012 used metal restraints (15%). This is an improvement from 2011, where 27% of youth transports used metal restraints. The drop in secure transport is directly attributable to the efforts of Lamoille County sheriffs to transport persons in northern tier of the state. Efforts are on-going to emphasize to emergency screeners, designated agencies, and hospitals to contact Lamoille County sheriffs as the first call for transportation to ensure transportation without metal restraints.

Attachment A Youth Involuntary Transport 2012

Vermont Department of Mental Health  
 Youth Involuntary Transportation for Emergency Examinations  
 One Year Overview (December 2011 - November 2012)

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
<b>Transportation Type</b>													
Restrained	0	1	0	1	5	0	1	1	1	3	3	3	19
Non-Restrained	3	3	1	1	3	5	5	7	3	2	2	0	35
Walk-up	0	0	0	0	0	0	0	0	0	0	0	0	0
Missing	2	0	1	1	1	0	2	0	0	0	0	1	8
<b>Restraints Used in Transport</b>													
None	3	3	1	1	3	5	5	7	3	2	2	0	35
Metal	0	0	0	0	3	0	0	0	1	1	2	2	9
Soft	0	1	0	1	2	0	1	1	0	2	1	1	10
Missing	2	0	1	1	1	0	2	0	0	0	0	1	8
<b>% All vehicle transports that use Metal</b>	0%	0%	0%	0%	33%	0%	0%	0%	25%	20%	40%	50%	15%
<b>Vehicle Used in Transport</b>													
Ambulance	3	3	1	1	2	3	6	6	2	1	2	0	30
MH Van Alternative	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Transport	0	0	0	0	1	2	0	1	0	1	0	0	5
Sheriff Alternative	0	0	0	0	0	0	0	0	0	0	1	0	1
Sheriff Cruiser	0	1	0	2	6	0	0	1	2	3	2	3	20
Other	0	0	1	0	0	0	0	0	0	0	0	0	1
Not Applicable ("Walk Up")	0	0	0	0	0	0	0	0	0	0	0	0	0
No Data	2	0	0	0	0	0	2	0	0	0	0	1	5
<b>%Vehicle Transports that use Ambulance</b>	60%	75%	50%	33%	22%	60%	75%	75%	50%	20%	40%		48%
<b>%Vehicle Transports that use MH Van Alternative</b>													
<b>%Vehicle Transports that use Private Transport</b>					11%	40%		13%		20%			8%
<b>%Vehicle Transports that use Sheriff's Alternative</b>											20%		2%
<b>%Vehicle Transports that use Sheriff's Cruiser</b>		25%		67%	67%			13%	50%	60%	40%	75%	32%
	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Annual</b>
<b>EE's with Sheriff Involvement</b>	1	1	0	2	6	0	1	5	2	4	5	3	30
<b>TOTAL EE's</b>	5	4	2	3	9	5	8	8	4	5	5	4	62
<b>TOTAL EE Transports</b>	3	4	1	2	8	5	6	8	4	5	5	3	54

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.

Based on the Youth Involuntary Transportation Data Set maintained by the VT Department of Mental Health for transports to involuntary inpatient treatment when an individual is placed under the care and custody of the Commissioner. Walk-up includes individuals who are admitted to involuntary treatment at the same hospital as their emergency evaluation and do not require vehicle transport.

Date of Report: 1/3/2013

Attachment A Youth Involuntary Transport 2012

Vermont Department of Mental Health  
 Youth Involuntary Transportation for Emergency Examinations  
 One Year Overview (December 2011 - November 2012)

Vehicle Used in All Emergency Examination Transports

Vehicle Used in Transport	Restraints	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
Ambulance	None	3	3	1	1	2	3	5	6	2	1	2		29
	Metal													0
	Soft							1						1
	No Data													0
MH Van Alternative	None													0
	Metal													0
	Soft													0
	No Data													0
Private Transport	None					1	2		1		1			5
	Metal													0
	Soft													0
	No Data													0
Sheriff's Alternative	None													0
	Metal													0
	Soft											1		1
	No Data													0
Sheriff's Cruiser	None									1				1
	Metal					3				1	1	2	2	9
	Soft		1		1	2			1		2		1	8
	No Data				1	1								2
Other	None													0
	Metal													0
	Soft													0
	No Data			1										1
Walkup	None													0
	Metal													0
	Soft													0
	No Data													0
No Data	None													0
	Metal													0
	Soft													0
	No Data	2						2					1	5

**Attachment A Youth Involuntary Transport 2012**

**Vehicle Transports with Sheriff Involvement**

Vehicle Used in Transport	Restraints	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
Ambulance	None	1						1	4		1	2		9
	Metal													0
	Soft													0
	No Data													0
MH Van Alternative	None													0
	Metal													0
	Soft													0
	No Data													0
Private Transport	None													0
	Metal													0
	Soft													0
	No Data													0
Sheriff's Alternative	None													0
	Metal													0
	Soft											1		1
	No Data													0
Sheriff's Cruiser	None									1				1
	Metal					3				1	1	2	2	9
	Soft		1		1	2		1			2		1	8
	No Data				1	1								2
Other	None													0
	Metal													0
	Soft													0
	No Data													0
Walkup	None													0
	Metal													0
	Soft													0
	No Data													0
No Data	None													0
	Metal													0
	Soft													0
	No Data													0

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.

Based on the Youth Involuntary Transportation Data Set maintained by the VT Department of Mental Health for transports to involuntary inpatient treatment when an individual is placed under the care and custody of the Commissioner. Walk-up includes individuals who are admitted to involuntary treatment at the same hospital as their emergency evaluation and do not require vehicle transport.

Date of Report: 1/3/2013

Attachment B Adult Involuntary Transport 2012

**Vermont Department of Mental Health  
Adult Involuntary Transportation for Emergency Examinations  
One Year Overview (December 2011 - November 2012)**

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
<b>Transportation Type</b>													
Restrained	16	16	8	17	8	17	6	6	7	11	5	3	120
Non-Restrained	5	8	5	2	3	5	7	8	6	6	3	9	67
Walk-up	0	0	0	0	0	0	0	21	13	10	15	17	76
Missing	0	0	1	0	0	1	2	0	0	0	0	6	10
<b>Restraints Used in Transport</b>													
None	5	8	5	2	3	5	7	29	19	16	18	26	143
Metal	11	11	7	12	8	11	3	3	4	6	1	1	78
Soft	5	5	1	5	0	6	3	3	3	5	4	2	42
Missing	0	0	1	0	0	1	2	0	0	0	0	6	10
<b>% All vehicle transports that use Metal</b>	52%	46%	50%	63%	73%	48%	20%	21%	31%	35%	13%	6%	40%
<b>Vehicle Used in Transport</b>													
Ambulance	5	8	4	3	2	11	5	7	3	5	2	5	60
MH Van Alternative	0	0	0	0	0	0	0	0	0	1	0	0	1
Private Transport	0	0	0	0	0	0	0	0	0	0	0	0	0
Sheriff Alternative	0	0	0	0	0	0	0	0	0	0	2	4	6
Sheriff Cruiser	16	16	7	15	9	9	7	7	10	11	4	6	117
Other	0	0	1	1	0	2	1	0	0	0	0	0	5
Not Applicable ("Walk Up")	0	0	0	0	0	0	0	21	13	10	15	17	76
No Data	0	0	2	0	0	1	2	0	0	0	0	3	8
<b>%Vehicle Transports that use Ambulance</b>	24%	33%	29%	16%	18%	48%	33%	50%	23%	29%	25%	28%	30%
<b>%Vehicle Transports that use MH Van Alternative</b>										6%			1%
<b>%Vehicle Transports that use Private Transport</b>													
<b>%Vehicle Transports that use Sheriff's Alternative</b>											25%	22%	3%
<b>%Vehicle Transports that use Sheriff's Cruiser</b>	76%	67%	50%	79%	82%	39%	47%	50%	77%	65%	50%	33%	59%
	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Annual</b>
<b>EE's with Sheriff Involvement</b>	19	23	10	18	11	20	11	12	13	13	8	14	172
<b>TOTAL EE's</b>	<b>21</b>	<b>24</b>	<b>14</b>	<b>19</b>	<b>11</b>	<b>23</b>	<b>15</b>	<b>35</b>	<b>26</b>	<b>27</b>	<b>23</b>	<b>35</b>	<b>273</b>
<b>TOTAL EE Transports</b>	<b>21</b>	<b>24</b>	<b>13</b>	<b>19</b>	<b>11</b>	<b>22</b>	<b>13</b>	<b>14</b>	<b>13</b>	<b>17</b>	<b>8</b>	<b>12</b>	<b>187</b>

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.

Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health for transports to involuntary inpatient treatment when an individual is placed under the care and custody of the Commissioner. Walk-up includes individuals who are admitted to involuntary treatment at the same hospital as their emergency evaluation and do not require vehicle transport.

Attachment B Adult Involuntary Transport 2012

Vermont Department of Mental Health  
 Adult Involuntary Transportation for Emergency Examinations  
 One Year Overview (December 2011 - November 2012)

Vehicle Used in All Emergency Examination Transports

Vehicle Used in Transport	Restraints	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
Ambulance	None	4	7	3	2	2	4	5	7	3	5	1	3	46
	Metal	1	1	1			4							7
	Soft				1		3					1		5
	No Data												2	2
MH Van Alternative	None										1			1
	Metal													0
	Soft													0
	No Data													0
Private Transport	None													0
	Metal													0
	Soft													0
	No Data													0
Sheriff's Alternative	None											2	4	6
	Metal													0
	Soft													0
	No Data													0
Sheriff's Cruiser	None	1	1			1	2	1	3				2	11
	Metal	10	10	6	11	8	6	1	3	4	6	1	1	67
	Soft	5	5	1	4		3	3	3	3	5	3	2	37
	No Data							1					1	2
Other	None			1			1							2
	Metal				1		1	1						3
	Soft													0
	No Data													0
Walkup	None								21	13	10	15	17	76
	Metal													0
	Soft													0
	No Data													0
No Data	None			1										1
	Metal							1						1
	Soft													0
	No Data			1			1	1					3	6

## Attachment B Adult Involuntary Transport 2012

### Vehicle Transports with Sheriff Involvement

Vehicle Used in Transport	Restraints	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Annual
Ambulance	None	2	6	3	2	2	4	4	5	3	2	1	3	37
	Metal	1	1				4							6
	Soft				1		3					1		5
	No Data													0
MH Van Alternative	None													0
	Metal													0
	Soft													0
	No Data													0
Private Transport	None													0
	Metal													0
	Soft													0
	No Data													0
Sheriff's Alternative	None											2	4	6
	Metal													0
	Soft													0
	No Data													0
Sheriff's Cruiser	None	1	1			1		2	1	3			2	11
	Metal	10	10	6	11	8	6	1	3	4	6	1	1	67
	Soft	5	5	1	4		3	3	3	3	5	3	2	37
	No Data							1					1	2
Other	None													0
	Metal													0
	Soft													0
	No Data													0
Walkup	None												1	1
	Metal													0
	Soft													0
	No Data													0
No Data	None													0
	Metal													0
	Soft													0
	No Data													0

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit.

Based on the Adult Involuntary Transportation Data Set maintained by the VT Department of Mental Health for transports to involuntary inpatient treatment when an individual is placed under the care and custody of the Commissioner. Walk-up includes individuals who are admitted to involuntary treatment at the same hospital as their emergency evaluation and do not require vehicle transport.

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