

Vermont Agency of Human Services  
Department of Mental Health

**QUALIFIED MENTAL HEALTH  
PROFESSIONAL  
MANUAL AND STANDARDS**

Revised  
2023

**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 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**

If an individual who is waiting for voluntary hospitalization leaves the Emergency Department, then the departure would not be considered an elopement. If the EE process has been started then their departure is considered an elopement and law enforcement has the authority to return them to the Emergency Department. Elopement applies when an individual in lawful custody who is waiting in an Emergency Department or on a psychiatric inpatient unit leaves without having been discharged by the ED. A law enforcement officer or hospital staff may arrest the individual who has eloped, and return them 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 Hospitals (DHs), 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 work with individuals diagnosed major mental illness, and
- b. One year 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 work with individuals diagnosed with major mental illness, and
- b. Two 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 work with individuals diagnosed with major mental illness, and
- b. 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**

- 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, and a letter by the applicant's supervisor endorsing the applicant's ability and knowledge to become a QMHP. This supervisor must also be a QMHP.**

## 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 provided by DMH.
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. Court screening process

## 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 [Forms | Department of Mental Health \(vermont.gov\)](#) to:

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

Or emailed to Laura Lyford at [Laura.Lyford@vermont.gov](mailto:Laura.Lyford@vermont.gov).

The application must be accompanied by:

- A letter of endorsement authored and signed by the DA's Executive Director or DOC designee.
- A mock Application for Emergency Examination write-up of a clinical scenario of the applicant'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, their capacity to exercise self-control, judgment or discretion in the conduct of their affairs and social relations is so lessened that they pose a danger of harm to themselves or others.
- A copy of the applicant's résumé (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 applicant 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 Manager responsible for triaging referrals to inpatient psychiatric facilities, or, in their absence, the DMH Care Management Director, and DMH Legal Unit Director or designee, 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 written 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**

To retain their designation, commissioner-designated QMHPs must participate in QMHP-specific training provided by DMH every two years.

# **4. Legal Processes**

## **4.1 Emergency Examination**

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

### **4.1.1 Criteria**

- Presence of major mental illness as defined by Vermont Statute. An individual may also experience a comorbid condition, such as developmental disability, intoxication, neurocognitive disorder, or other non-acute psychiatric processes. Major mental illness should, to the best of the QMHP's knowledge and assessment, be attributable as the root cause of an individual's apparent symptoms.
- Danger to self or others due to major mental illness.
- Absence of less restrictive alternatives, including voluntary hospitalization or accessing a crisis bed.

### **4.1.2 Process**

- A QMHP and physician determine through face-to-face evaluation that the individual meets all above criteria and is deemed to be a person in need of treatment.
- A QMHP completes the Application for Emergency Examination and a physician or APRN completes the first certification for the Emergency Examination.
- The QMHP notifies the Vermont Psychiatric Care Hospital (VPCH) Admissions office when the EE process is started, and faxes VPCH all the associated paperwork as it is completed.
- The QMHP refers the individual to all Designated Hospitals (DH).
- In conjunction with VPCH Admissions, the QMHP arranges transportation.
- The QHMP notifies VPCH Admissions of the disposition location and time once the individual discharges from the Emergency Department.
- If the individual in need of treatment is from a catchment area other than the QMHP's employing Designated Agency (DA), the QMHP updates the applicant's DA about the EE, and seeks collateral information to aid in the assessment.
- If no admission can be completed at the time of the Emergency Exam, and the individual needs to remain in the Emergency Department (or in DOC) a QMHP will 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 discharge 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.

- If the individual in need of treatment is waiting in a hospital with on-site psychiatry, the second certification will be done by one of that hospital's psychiatrists. If that hospital does not have a psychiatrist, the QMHP will request a telepsychiatry evaluation through VPCH Admissions.

**In all instances**, in the event that the individual in need of treatment 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 if the individual is admitted to VPCH.

#### 4.1.3 Documentation

Documentation for an EE serves several functions:

- It is 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 [Forms | Department of Mental Health \(vermont.gov\)](#). The QMHP supplies relevant known historical information leading to the individual's current presentation, and provides a 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 or APRN completes the **Physician's Certificate for Emergency Exam** (First Certificate) found on the DMH website at [Forms | Department of Mental Health \(vermont.gov\)](#).

First Certificates should include the physician's or APRN'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:

- The QMHP faxes a copy of the EE paperwork to the VPCH Admissions office.
- A copy of the EE paperwork is retained for the DA's 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 (an example: "They appeared to be experiencing psychosis, as evidenced by...").
- Write legibly and sign form.
- Use sequential narration and include:



- Brief demographic information (age, gender, race) and current treatment provider(s), including information about whether the individual is a current or former CRT client).
- History of mental illness (diagnosis, recent hospitalizations).
- Referral source requesting psychiatric screening and rationale (cite name, use quotes).
- 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 those are not available or appropriate to meet the individual's needs.
- Recommendation for level of care 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 First Certificate, a psychiatrist must complete a Second Certificate.
- The Second Certificate is intended to determine whether or not 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 are responsible for faxing a copy of the Second Certificate to the 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 major mental illness as defined by Vermont Statute. An individual may also experience a comorbid condition, such as developmental disability, intoxication, neurocognitive disorder, or other non-acute psychiatric processes. Major mental illness should, to the best of the QMHP's knowledge and assessment, be attributable as the root cause of an individual's apparent symptoms.
- Danger to self or others due to major mental illness.
- Absence of less restrictive alternatives, including voluntary hospitalization or accessing a crisis bed.

### **4.2.2 Process:**

- A QMHP or law enforcement officer determines through 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.
- Police may detain individual while application for warrant is being pursued.
- A QMHP or law enforcement officer seeks authorization for the warrant from a judge (either by phone or in person) without delay. In this conversation, the QMHP or law enforcement officer summarizes the information as they would write it in the application for Warrant.
- 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.
- The QMHP notifies the VPCH Admissions office that the warrant is in process.
- Once the judge's authorization for the warrant has been obtained, the person is transported by a law enforcement officer or QMHP to the closest Emergency Department for the purpose of an Emergency Examination by a physician, which must occur without delay. If the First Certification is completed to attest that the individual is in need of treatment, then the standard EE process continues to a Second Certification exam by a psychiatrist and the QMHP follows the same steps as previously outlined.

*Note: For the purpose of an Emergency Exam or Warrant, contractual agreement between DMH and the Designated Hospitals mandates that QMHPs assess all individuals waiting for involuntary psychiatric admission. The QMHP will 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 discharge 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.*

#### 4.2.3 Documentation

- Required by law.
- Provides the foundation for the case.
- Identifies potential witnesses.
- 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: [Forms | Department of Mental Health \(vermont.gov\)](#). 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: [Forms | Department of Mental Health \(vermont.gov\)](#)

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: [Forms | Department of Mental Health \(vermont.gov\)](#)

##### 4.2.3.1 Documentation Distribution for a Warrant for an Emergency Examination:

- The applicant faxes a copy of the warrant paperwork to the VPCH Admissions office.
- The original warrant paperwork accompanies the individual to the hospital.
- A copy of the warrant paperwork is retained by DA for their 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: “They appeared to be experiencing psychosis, as evidenced by...”).
- If the QMHP did not personally observe the behaviors or incident giving rise to the warrant, document what behaviors the QMHP observed as well as the identity and contact information for a witness who did personally observe the behaviors or the incident.
- Write legibly and sign form.
- Use sequential narration and include:
  - Brief demographic information (age, gender, race) and current treatment provider(s), including information about whether the individual is a current or former CRT client).
  - History of mental illness (diagnosis, recent hospitalizations).
  - Referral source requesting psychiatric screening and rationale (cite name, use quotes).
  - 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 those are not available or appropriate to meet the individual’s needs.
  - Recommendation for level of care 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 determine whether or not the individual continues to meet criteria for involuntary hospitalization.
- The Second Certificate authorizes the individual’s involuntary hospitalization, or ongoing wait for placement at an inpatient psychiatric unit, for an additional 72 hours.
- Hospital staff are responsible for faxing a copy of the Second Certificate to the 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 they were 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 court screening to determine whether the evaluation should occur on an inpatient basis or on an outpatient 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 also make the request. The law requires that a mental health screening of the defendant be completed by a QMHP while the defendant is still at the court before the Court orders the evaluation. The QMHP completing the assessment is employed by the local Designated Agency in the county where the court is located. 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 **role** of the QMHP is:

- To evaluate the defendant to determine if the defendant is a person in need of inpatient psychiatric treatment. If so, the QMHP would recommend an inpatient evaluation. If not, the QMHP would recommend an outpatient evaluation.
- To recommend the least restrictive setting in which the evaluation should be done (i.e., outpatient or inpatient).
- Regardless of whether an outpatient or inpatient evaluation is court-ordered, the QMHP does not have additional coordination or placement responsibilities.
- The QMHP notifies VPCH Admissions of their recommendation and the outcome as soon as possible.

Important considerations for the QMHP:

- The Court and the parties review the 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 QMHP recommends an inpatient evaluation.
- If the QMHP determines that the defendant is a person in need of treatment, and recommends such, the court may order an inpatient examination 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 has the authority to determine the most clinically appropriate Designated Hospital for the examination.

Who can perform a court screening?

Only QMHPs who are employed by a Designated Agency and designated by the Commissioner of DMH as QMHPs can screen defendants and determine if a defendant is a person in need of treatment.

#### **4.3.1 Criteria for an Inpatient Forensic Evaluation Recommendation**

- Defendant is experiencing a major mental illness and is presenting as a danger to themselves or others due to mental illness.
- An inpatient evaluation should be recommended only if the QMHP believes that this is the least restrictive setting in which the evaluation can occur.
- The QMHP considers the same criteria as they would in an EE process, minus voluntary status.

#### **4.3.2 Process**

- The QMHP evaluates the individual, completes the court screening form and, when requested, provides verbal testimony to the court.

- The QMHP contacts the VPCH Admissions office to advise of the outcome of screening, the recommendation they provided, and the court-ordered disposition. The QMHP also faxes a copy of their screening form to VPCH, which is forwarded to the DMH Legal Division.
- If an inpatient examination is court-ordered and bail is not set, the defendant goes to the nearest Designated Hospital Emergency Department (RRMC, CVMC, UVMMC, or Springfield Hospital) for an evaluation by a psychiatrist to determine if the individual meets criteria for inpatient treatment.
- If bail is set, and the individual remains in Corrections, DMH Care Management will coordinate a telepsychiatry evaluation to determine if the individual meets criteria for inpatient treatment.
- For court-ordered outpatient evaluations, the Court 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** [Forms | Department of Mental Health \(vermont.gov\)](#)

#### 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.

#### 4.3.3.2 Documentation Guidelines for court ordered inpatient forensic evaluation:

- Describe direct observations and provide supporting observations (an example: “They appeared to be experiencing psychosis, 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), including information about whether the individual is a current or former CRT client.
  - 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.
  - 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 major mental illness as defined by Vermont Statute. An individual may also experience a comorbid condition, such as developmental disability, intoxication, or other non-acute psychiatric processes. Major mental illness should, to the best of the QMHP's knowledge and assessment, be attributable as the root cause of an individual's apparent symptoms.
- Danger to self or others due to major mental illness.
- Absence of less restrictive alternatives, including voluntary hospitalization or accessing a crisis bed.

### **4.4.2 Process**

- Face-to-face evaluation of the individual to determine if they meet all the above criteria and is deemed by statute to be a person in need of treatment.
- A Qualified Mental Health Professional (QMHP) completes the Application for Emergency Exam and a physician or APRN completes the First Certificate.
- Within 24 hours of the physician's completion of the First Certificate, a psychiatrist must complete the Second Certificate to determine whether or not the individual is still a person in need of treatment.
- QMHP notifies Vermont Psychiatric Care Hospital (VPCH) Admissions.
- QMHP completes referral to the hospital.
- Transportation is arranged with consideration of the least restrictive appropriate and available means (family, ambulance, Youth Transit Authority, sheriff).
- QMHP contacts VPCH Admissions advise of the final disposition.
- If the youth is from a different catchment area than the applicant's, the QMHP informs VPCH Admissions of the name of the screener consulted from the youth's home catchment area for collateral information.

### **4.4.3 Additional Information**

- A child does not need to be in the custody of the Department for Children and Families (DCF) 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 of any age not agreeing to be voluntarily admitted to a hospital must meet involuntary hospitalization criteria to be admitted (Title 18 V.S.A. § 7503).
- Beginning at age 14, a child may consent to voluntary admission. A child aged 13 or younger can consent along with their parent/guardian for voluntary admission.

## 5. Assessing needs in Older Adults

By convention, “older adults” means adults over the age of 65. The evaluation of older adults with cognitive impairments, challenging behaviors, and diminished capacity can be nuanced. This section reviews some commonly encountered dilemmas and addresses some of the most commonly asked questions.

### **Can a person who has a diagnosis of neurocognitive disorder be admitted on an emergency exam?**

**MAYBE.** As long as the individual has a diagnosis of major mental illness, and, to the best of the QMHP’s assessment and knowledge, their mental illness is causing the dangerous behavior, involuntary hospitalization may be necessary and appropriate.

**Oftentimes, older adults with neurocognitive disorders 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 constitute dangerous behavior and are 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.
- Reduces the likelihood of physical and psychological trauma.

The Commissioner has designated Sheriff Departments and Youth Transit Authority (YTA) as the methods of transportation for individuals under the Commissioner’s custody. If the Sheriff or YTA 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 [Manuals | Department of Mental Health \(vermont.gov\)](#)



## 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 / CSP	Community Rehabilitation and Treatment / Community Support Program
CVMC	Central Vermont Medical Center
DA	Designated Agency
DCF	Department for Children and Families
DH	Designated Hospital
DMH	Department of Mental Health
DOC	Department of Corrections
EE	Emergency Examination
OH	Order of Hospitalization
ONH	Order of Non-Hospitalization
QMHP	Qualified Mental Health Professional
RRMC	Rutland Regional Medical Center
UVMMC	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:

[Designated Hospitals | Department of Mental Health \(vermont.gov\)](#)

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:

[Designated and Special Services Agencies | Department of Mental Health \(vermont.gov\)](#)