

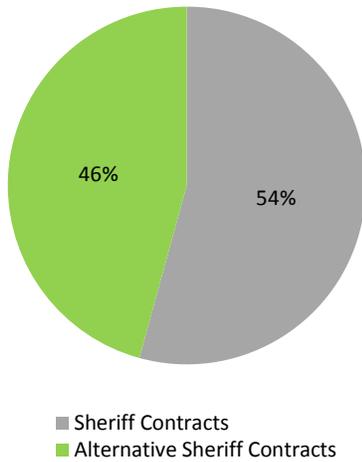
All Involuntary Transports under the Care and Custody of the Department of Mental Health

Includes transports to inpatient care, medical appointments, court hearings, discharge planning, etc.

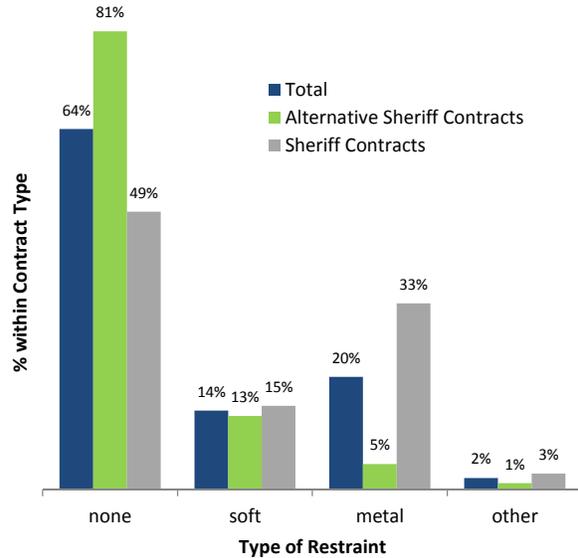
n = 385

Transports by Contract Type

Total Count	
Lamoille	96
Windham	80
Washington	40
Chittenden	33
Rutland	33
Windsor	32
Bennington	22
Caledonia	18
Addison	14
Franklin	5
Orleans	5
Orange	4
Essex	2
Windham	1



Restraints by Contract Type



Restraints by Sheriff Department

Contract Type	Sheriff Department	Total Transports	Type of Restraint		
			metal	none/soft	other*
Alternative Contract	Lamoille	96	6%	93%	1%
	Windham	80	3%	96%	1%
Sheriff Contract	Addison	14	14%	79%	7%
	Bennington	22	14%	86%	0%
	Caledonia	18	56%	39%	6%
	Chittenden	33	55%	45%	0%
	Essex	2	0%	100%	0%
	Franklin	5	80%	20%	0%
	Orange	4	50%	50%	0%
	Orleans	5	80%	20%	0%
	Rutland	33	3%	97%	0%
	Washington	40	40%	55%	5%
Windham	1	0%	100%	0%	
Windsor	32	28%	66%	6%	
Grand Total		385	20%	78%	2%

As of March 2015, there have been no metal restraints
 DMH has worked with Chittenden extensively, and as of March 2015, there have been no metal restraints
 Metal restraints were used in the earlier half of the year. Restraints for most recent transports have been soft.

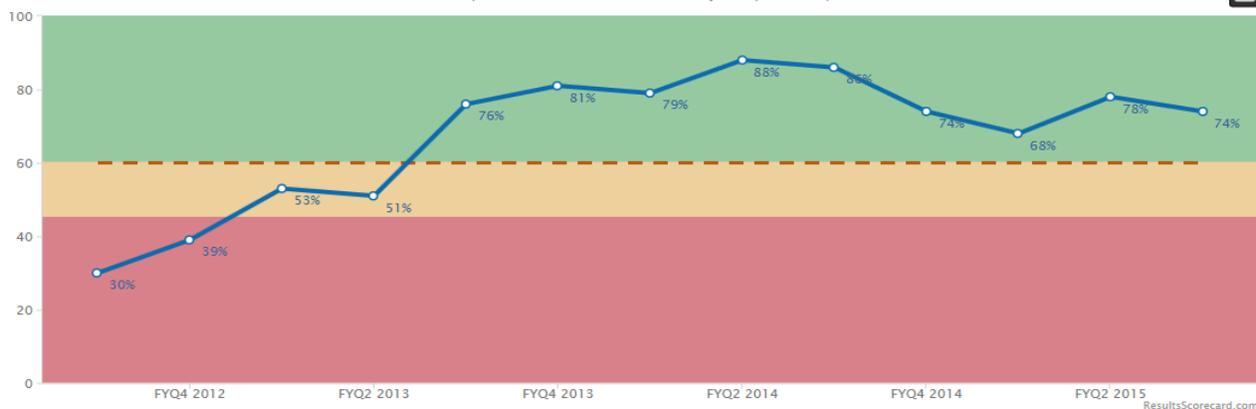
*includes invoices with missing restraint information or errors in entry

Involuntary Transports to Involuntary Hospitalization

Includes transports to involuntary hospitalization for those under the care and custody of the Department of Mental Health

Percent of people transported to psychiatric inpatient care without physical restraint

Data Source: Department of Mental Health Involuntary Transportation Spreadsheet



Standards for Transport Reimbursement

Payment Levels

Standard Transport versus Alternative Transport Contracting

<u>Standard Transport Contracts</u>	<u>Alternative Sheriff Contracts</u>
<ul style="list-style-type: none">• AHS Contract with the Sheriff Depts.• Minority are DMH trained• Standard rate of reimbursement (\$37.50 FY16)	<ul style="list-style-type: none">• Separate contracts with DMH• All are DMH trained• Higher rate of reimbursement (\$59 FY16)• Incentive Bonus if 90% of transports are non-metal• Reimbursements for vehicles

DMH Training

- Review statutory requirements (Title 18)
- Review DMH/ Sheriffs Protocol, Review transportation checklist
- Overview issues related to stigma
- Matching Presenting Behaviors to Mode of Transport & Level of Support or Restraint
 - Discuss Sheriff's mandates
 - Ambulance policies/procedures
 - Identify concerns/law related to patient transport, Sharing experiences in transport
- **Improvements: add cumulative data to the training to encourage data-based discussion**

Authorization Process

- Transports are ordered through the Department of Mental Health
- Invoices are approved by the care management director or the clinical director
- **Improvements: quicker submission of invoices, currently 6-8 week delay**

Required Documentation

- Transport authorization checklist
- Sheriff Invoice form
- Additional verification to DMH for children's transports for under age 10
- **Improvements: DMH follow up on all metal transports**
- **Improvements: modify forms to specify sheriff decision for transport restraints**

Reports

- Annually: Quality review reports on involuntary transports for those transported to inpatient care are included in the *Act 79 Report to the legislature*
- Quarterly: Percentage of transports to inpatient care without restraint are reported on *RBA scorecard* (in development)
- Monthly: Percentages of transports to inpatient care by restraint type and age are included in the *DMH System Snapshot*
- Monthly: Internal reports to the quality management director, the care management director, and the clinical director