

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

Policy: 305

Subject: Coordination With Vermont State Hospital
Effective Date: September 23, 1974 **Review and Re-Issue Date:**
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Recommended for approval by:		Authorized By:	
_____	_____	_____	_____
Signature	Date	Signature	Date

1. Authority:

INTRODUCTION

The Department of Corrections deals, at times, with clients who require mental health services. Such clients are found at all points in the system, and a variety of treatment options are available for meeting their needs. Consistent with the Department's goals to maximize the use of community services, community mental health programs should be utilized whenever they are appropriate. When hospitalization is required, the Vermont State Hospital is an appropriate referral.

Meeting the treatment needs of patients who are also sentenced or detained by the courts raises special problems--rehabilitation from both the mental health and the corrections viewpoint must be pursued. The Department of Corrections has a special level of concern for the treatment of such patients, as they often return to our care. A coordinated approach to a client's problems will occur only when there is full sharing of program and treatment concerns between the staff of the two departments.

In order to achieve effective coordination, it is essential that efforts be made to share information, both about the client and about the programs and expectations of both departments. This policy is aimed at clarifying the requirements of both departments, and laying down guidelines for achieving effective communication.

2. Purpose:

To provide guidelines for making referrals to VSH, and for providing ongoing program coordination for mutual clients.

3. Applicability/Accessibility

Department of Corrections staff, Vermont State Hospital staff.

4. Policy

Policy 305 Coordination With Vermont State Hospital

POLICY DESCRIPTION

4.1. Coordination Mechanisms.

The following two mechanisms will be used to ensure communication and coordination between the Vermont State Hospital and the Department of Corrections.

4.1.1 An officer from the Division of Probation and Parole permanently assigned to the Hospital.

4.1.2 A Mutual Case Conference Committee (MCCC). This committee will be made up of: The probation and parole officer at the Vermont State Hospital, security unit Social Worker at the Vermont State Hospital, and the Assistant Director of Community Correctional Centers. In addition other correctional facility personnel from the Correctional Diagnostic Treatment Facility - St. Albans, the Residential Treatment Facility, Weeks School, or State Correctional Facility will participate if they have a resident who will be considered at that meeting. Other staff from either of the departments who are involved in particular cases will attend as needed.

The mechanisms for coordination will, in many cases, provide all the case planning and management for mutual clients. These mechanisms do NOT, however, change the ultimate responsibility for a client's program. The Superintendent of the correctional facility or, in the case of clients transferred under 28 VSA 703, the Superintendent of the Vermont State Hospital, bears ultimate responsibility for a clients program or treatment. .

4.2 Coordination of Placements

In non-emergencies; when identification of a candidate for placement at the Vermont State Hospital is possible, the case should be reviewed by the Mutual Case Conference Committee so that case planning can begin before placement.

In all cases whether a voluntary, involuntary, or emergency commitment, the referring agent (Superintendent, Classification Committee, probation and parole officer, etc.) must contact the probation and parole officer at the Hospital. This officer should be given basic information about the case, so that he can determine whether the clients needs can be met by the programs at the Hospital. In the case of emergency commitments, this call will provide basic information and notification of when the client will arrive at the Hospital. If the probation and parole officer cannot be reached in an emergency situation, the social worker for the security unit should be contacted. If contact must be made outside normal working hours, the admissions office should be called.

4.3. Required Case Information.

The needed information should be prepared and forwarded, if possible, BEFORE the client is actually moved to the Hospital. With both voluntary and non-emergency involuntary commitments, this material must be available to the Hospital staff at the time of placement, if it can not be forwarded earlier. In emergency admissions, basic case information should be provided over the phone; if possible, full information should be forwarded with the

Policy 305 Coordination With Vermont State Hospital

client to the Hospital. If this is impossible, it should be forwarded as soon as possible, and in all cases be sent no longer than one working day after placement is made. The following information is required in all cases:

Unsentenced Clients

- Copies of all documents authorizing you to hold him.
- All medical information you have pertaining to him, together with a short history of the case and his behavior while in your custody.
- Amount of bail.
- Name of court.
- Name of attorney.
- Name of closest relative or guardian to correspond with.
- Address of last residence.

Sentenced Clients

- Charge.
- Copy of mittimus, probation warrant, parole agreement.
- Latest sentence computation.
- Presentence investigation, if available - counselor's reports.
- Release of termination date.
- Name of court.
- Evaluation and program recommendation from Classification Committee if available.
- Name of attorney, or statement that client has no attorney.
- Address of last residence.
- All medical information you have pertaining to him together with a short history of the case and his behavior while in your custody or under your supervision.
- Any other treatment materials likely to be useful to the VSH staff.

Policy 305 Coordination With Vermont State Hospital

NOTE: Unlike intra departmental transfers, the resident's entire file should NOT be sent to the Vermont State Hospital. A special file should be constructed, made up of the materials listed above. The basic case file should be retained by the sending facility.

4.4. Types of Commitments

There are three types of admissions to the Hospital: voluntary, involuntary, and emergency.

Voluntary

Voluntary admission may be used, even in the case of sentenced clients. With voluntary admissions the mechanism exists to maintain custody of a Hospital patient, as they must give four days notice of their intent to leave, and the Hospital may ask for a legal commitment during that period, or return them to the sending facility. Clients seeking voluntary admission must demonstrate sufficient insight and capability to make a voluntary application.

Involuntary Non-Emergency

Vermont statutes require that involuntary commitment may only be used when someone "is mentally ill and presents substantial risk of injury to himself or others...and is in need of immediate custody, care, or treatment..." Where a client is in need of hospitalization, and a voluntary commitment is impossible and / or undesirable, the following steps should be followed, in addition to those outlined above in section II Coordination of Placements.

- The Superintendent should complete Form MH-10.
- Have the client examined by a psychiatrist as soon as possible.
- If the psychiatrist agrees that the individual does require hospitalization and that there is no immediate problem, he will complete MH-11 sections 1 and 2.
- Contact the Vermont State Hospital probation and parole officer.
- Call the Department of Corrections Assistant Attorney General and inform him of the move, and of pertinent background information.
- Send the completed forms to the central office, retaining a copy for your files.
- legal action required for commitment will be handled by the Department attorney.

Involuntary Emergency

Policy 305 Coordination With Vermont State Hospital

This may only be used when there is "reasonable belief that he (the client) is mentally ill ... and poses immediate risk of substantial injury to himself or others..." Where emergency commitment is necessary, the following steps should be taken:

- The Superintendent should fill out Form MH-10.
- Call a psychiatrist, or if a psychiatrist is unavailable, a physician licensed in this state.
- Have the individual examined.
- If the doctor recommends that the person should be hospitalized immediately, the doctor should complete form MH-11, sections 1 and 3.
- The doctor should contact directly the admitting officer at the Hospital before the client is moved.
- Contact the Vermont State Hospital probation and parole officer.
- The originals of Forms MH-10 and MH-11 must accompany the patient to the hospital.
- Notify the central office, in writing, of the placement and send a copy of Forms MH-10 and MH-11. Keep a copy of these forms for your file.
- Everything else necessary to have the individual judicially committed will be done by staff at the Hospital and the Corrections central office.

4.5 . Referral Sources

In addition to the general information and procedures outlined above, which are required in all cases, the following are specific considerations for clients according to referral source.

Correctional Facilities

The flow chart included as part of this policy shows the decision process for commitments. Two processes are available to the Department of Corrections for placing residents at Vermont State Hospital.

4.5.1. Extended furlough--all emergency commitments will be furloughed to the Vermont State Hospital; non-emergency commitments will be furloughed if the Mutual Case Conference Committee feels the client should not be eligible for immediate movement toward community oriented programming. If the Mutual Case Conference Committee is uncertain whether the client is ready for community programming, furlough will be used. The Mutual Case Conference Committee, in coordination with the client and his counselor will develop a furlough agreement which lays out the expectations of both the client and the hospital. The initial furlough will be granted by the Superintendent of the sending facility. For correctional clients at Hospital, the authority to grant furloughs is delegated the Probation

Policy 305 Coordination With Vermont State Hospital

and Parole Officer assigned there. Clients who are furloughed remain in the custody of the Commissioner of Corrections, and all major program decisions and plans will be made by the Mutual Case Conference Committee.

When the Vermont State Hospital is considering the return to the Department of Corrections of a furloughed client, the case should be brought before the Mutual Case Conference Committee if possible. In an emergency situation, the client will be accepted without question at the sending facility. In emergency situations, the Hospital should notify the Vermont State Hospital probation and parole officer and the receiving facility as far ahead of the client's return as possible. The client's VSH records should, where possible accompany him when he leaves the hospital. When this is impossible they must be forwarded within one working day of the move.

4.5.2 Transfer--when the Mutual Case Conference Committee determines before commitment that a client is eligible for community programming the client will be transferred in accordance with 28 VSA, Sec. 703. (See attached form and glossary) An agreement between the Hospital and the client should be developed, clearly stating the expectations of both. Clients who are transferred are under the custody of the Commissioner of Mental Health, and all program decisions and planning will be done by the Vermont State Hospital staff. The Mutual Case Conference Committee will review the program and progress of transferred clients regularly.

Change of Status

While at the Vermont State Hospital a client may change from furlough to transfer status or vice versa, An inmate on furlough may have his status changed to transfer via a Mutual Case Conference Committee decision that he is eligible for community programming. The usual transfer form (attached) will be used.

If a transferred resident who is involved in community programs begins to encounter serious difficulty, the Mutual Case Conference Committee can reverse their decision that he is eligible for Community programming, and return him to furlough status. This requires using the transfer form (attached) to transfer the resident back to the Department of Corrections, and the issuing of a furlough

from the referring facility.

Transfers Back to Department of Corrections from Vermont State Hospital

Occasionally, a resident at VSH on transfer status will be returned to the Department of Corrections. In non-emergency situations, the MCCC will make this decision. Such returns will ordinarily be for program reasons.

A resident may be transferred back to the Department of Corrections in an emergency situation, through the decision of the Commissioner of Corrections. When return transfer to the Department of Corrections is being considered, the VSH unit staff will raise and answer the following questions for the Commissioner.

Policy 305 Coordination With Vermont State Hospital

- Have all reasonable alternatives at Vermont State Hospital been tried?
- What will happen if the transfer is denied?
- What specific program steps are recommended following transfer?

Whenever a client is returned to the Department of Corrections, the VSH records should, is possible, accompany him. If an emergency makes this impossible, they should be sent within one working day of the client's return.

If a resident goes to the Hospital on furlough status, conversion to a transfer may be made whenever the Mutual Case Conference Committee decides that he meets the criteria for community programming. The same transfer form should be used.

4.6 . General

When hospitalization is being considered as part of release planning, the Classification Committee should attempt to make the referral while the client is still at the facility, with parole consideration to come while at the Hospital. The Vermont State Hospital probation and parole officer will be responsible for keeping track of parole eligibility, and for making arrangements for clients at the Vermont State Hospital to appear before the Board when recommended and for statutory reviews. This is more likely to achieve treatment goals than direct parole to the Hospital, although this may be appropriate in some unusual circumstances.

In situations where detentioners are sent to the Hospital with charges still pending, coordination should be through the VSH probation and parole officer. The sending facility must also coordinate any action being considered with the court which issued the detaining order.

Prior to the community release of a detentioner, the Hospital will contact the appropriate court. It is the responsibility of the Department of Corrections to inform the Hospital if a referred client is a detentioner or is in dual status. For all clients placed at the VSH from correctional facilities, coordination will be done through the VSH probation and parole officer. All sentenced clients will be added to his caseload. .

Probation Cases

Any person on probation referred to the Vermont State Hospital will have his case reassigned to the Vermont State Hospital probation and parole officer with prior clearance by him. The Vermont State Hospital probation and parole officer will also supervise any voluntary or walk-in correctional clients detected by the intake personnel at the Hospital. In such cases he will notify the assigned officer and arrange to reassign the case to his caseload. When, the client is ready to leave the hospital, the Vermont State Hospital probation and parole officer will arrange for reassignment back to the appropriate field office.

Weeks School

Policy 305 Coordination With Vermont State Hospital

The probation and parole officer at the Hospital, the Superintendent and staff at Weeks School, and Mental Health and Hospital staff will develop a process for the coordinating on Weeks School commitments, and for planning and aftercare for Weeks School students leaving the Hospital.

4.7. Program and Management Coordination

The Mutual Case Conference Committee will meet monthly to provide continuous coordination and case planning for mutual clients. The Committee's responsibilities will include:

- Making initial judgment at time of admittance of whether client
- patient is eligible for community programs at Vermont State Hospital.
- Sharing of treatment and management information on mutual clients.
- Development of specific conditions or program elements for inmate/patient contracts.
- Review and coordination of medication and medical programs to ensure continuity.

Written minutes of each meeting will be kept and distributed to the members of the Committee and others as needed. In addition a summary of action taken on specific cases will be distributed to all concerned parties including the client. These documents will be developed and distributed by the Vermont State Hospital probation and parole officer.

4.8. Vermont State Hospital Program Eligibility Criteria for Correctional Clients:

Both the Department of Corrections and the Department of Mental Health are committed to finding appropriate programming for mutual clients. Generally, Vermont State Hospital programs are geared for community reentry consistent with a patient's progress and the availability of community resources.

In many cases such a re-entry program is consistent with the goals of both Departments. However, experience has shown that some correctional clients view such programs at the Vermont State Hospital as a way to circumvent their sentence and program obligations to the Department of Corrections toward the goal of earlier release to the community that would be possible through Department of Corrections programming. In essence some clients are "using" the Vermont State Hospital programs simply to get out of the correctional system and not, to get help solving their problems.

Due to a lack of information regarding program eligibility on the part of both staff and clients of the Department of Corrections in some cases clients have been allowed to build up unrealistic expectations. The failure of the Vermont State Hospital to meet these unreasonable expectations can result in increasing a client's personal problems instead of reducing them.

Policy 305 Coordination With Vermont State Hospital

An inmate/patient must have less than 15 months remaining of his minimum sentence and must be considered (by the Mutual Case Conference Committee) ready for community level programming before he is considered eligible for the full range of programs at the Vermont State Hospital, including community release programs. .

Inmate/patients with more than 15 months remaining to serve on their minimum sentence will NOT be eligible for community programs at the Vermont State Hospital. They will remain at the hospital in the maximum security ward only until the Vermont State Hospital staff feels the individual can be appropriately returned to the Department of Corrections.

Inmate/patients with less than 15 months remaining on their minimum but who are NOT considered by the Mutual Case Conference Committee to be ready for community programming will also be considered ineligible for programs outside of the maximum security ward. The primary role of the Vermont State Hospital-in such cases is to alleviate the patient's acute mental disturbance.

4.9. Elopement of Clients Furloughed from Department of Corrections to VSH:

The following coordination steps will be taken in the case of an elopement while on furlough status:

4.9.1 The State Hospital determines that the man is missing.

4.9.2 The Vermont State Hospital will notify law enforcement agencies of the elopement and give them the sending correctional facility as the place of return.

4.9.3 Vermont State Hospital staff notifies the Vermont State Hospital probation and parole officer.

4.9.4 The Hospital notifies the Supervising Officer of the sending facility to give known details of the elopement.

4.9.5 The Supervising- Officer of the sending facility then has a responsibility to continue decision making where needed concerning the next course of action.

4.9.6 Following apprehension the furloughed inmate should be returned to the sending correctional facility.

4.9.7 Normal processes for movement back to the Vermont State Hospital, consistent with the intent and provisions of this policy, will then be employed.

4.10 Elopements of Clients Transferred from Department of Corrections to VSH

4.10.1 State Hospital determines that the man is missing.

4.10.2 The Vermont State Hospital makes the determination as to what immediate law enforcement activity is required.

Policy 305 Coordination With Vermont State Hospital

4.10.3 The Superintendent of the correctional facility will be notified of the elopement as courtesy.

4.10.4 Following apprehension the patient will be returned to the State Hospital.

4.10.5 This case will then be considered by the next regularly scheduled Mutual Case Conference Committee to determine if a change in location or status is warranted. If the client's return causes acute difficulties, the emergency procedure outlined above for returning transferred clients may be employed.

4.11 Release

Wherever possible, release decisions should be discussed by the Mutual Case Conference Committee, to ensure timely release and continuity of program.

Individuals who are sentenced under the Defective Delinquent or Psychopathic Personality Statutes, or are sent to the hospital for observation, go directly to Vermont State Hospital from the court. Often such individuals become Department of Corrections clients. In such cases the hospital staff should notify the Vermont State Hospital probation and parole officer as far in advance as possible. The officer will be responsible for developing plans and for coordinating the movement to the Department of Corrections if it's ordered by the court.

When clients are involved in community programming and are to be released or recommended for parole directly from the Hospital, the Vermont State Hospital probation and parole officer should be brought into the process when release planning begins, so that he can begin to coordinate with the probation and parole district which will provide supervision.

5. Training Method

5.1.

6. Quality Assurance Processes

6.1.

7. Financial Impact:

8. References

18 VSA, 179. Esp. Sac. 7504 on Emergency & Involuntary Commitments

18 VSA, 8001

28 VSA, 701 - 704

9. Responsible Director and Draft Participants