



**Memorandum of Understanding**

Between

**Vermont Department of Mental Health**

And

**Vermont Department of Corrections**

Amended July 2021

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## **I. Purpose**

The Vermont Department of Corrections (DOC) and the Vermont Department of Mental Health (DMH) (collectively, the Parties) hereby enter into this Memorandum of Understanding (Memorandum) pursuant to Section 9(a) of Act 78 (S.61) signed by the Governor on June 13, 2017. The parties have mutually agreed to revise the original Memorandum that went into effect on June 28, 2017.

## **II. Principles**

This Memorandum is to be interpreted in accordance with the following principles:

### **A. Scope**

The scope of this Memorandum includes: 1) mental health services for inmates in DOC custody who have been identified by DOC as requiring a level of care that cannot be adequately provided by DOC; 2) placement of inmates coming into the custody of DMH pursuant to Titles 13 and 18; 3) inmates voluntarily seeking hospitalization who meet inpatient criteria; and 4) consultation regarding placement of inmates designated seriously functionally impaired (SFI) due to mental illness.

### **B. Common Interest**

DOC and DMH have a common interest in the provision of mental health services to inmates and the placement of inmates who meet clinical criteria for inpatient hospitalization.

## **III. Terms of Memorandum**

### **A. Inmates Identified by DOC as Requiring a Higher Level of Care**

1. If upon admittance to a correctional facility, or at any point during the inmate's stay, the inmate is identified by DOC as requiring a level of care that cannot be adequately provided by DOC:
  - i. DOC will create a treatment plan detailing the treatment that will be provided within DOC.
  - ii. If necessary, DOC Health Services will contact DMH's Care Management Team to schedule a consultation.
    1. The consultation shall discuss if augmentation of the treatment plan is needed or if one of the processes described below in (B) through (D) should be utilized.

**B. Inmates Coming into DMH Custody via Title 13**

If an inmate has been ordered by the criminal court to undergo an inpatient evaluation, DOC shall follow the procedure outlined in Appendix A, Inmates Coming into DMH Custody via Title 13.

**C. Inmates Coming into DMH Custody via Title 18**

If DOC Health Services staff, or DOC security staff, believe a person may meet criteria for involuntary psychiatric hospitalization, they shall follow the procedure outlined in Appendix B, Hospital Admission Process Initiated by DOC via Title 18.

**D. Inmates Voluntarily Seeking Hospitalization Who Meet Inpatient Criteria**

If DOC Health Services staff, or DOC security staff, believe a person may meet criteria for voluntary psychiatric hospitalization, they shall follow the procedure outlined in Appendix C, DOC-DMH Process for Voluntary Hospital Admission.

**E. Inmates Designated SFI Due to Mental Illness and Placed in Segregation**

1. DOC will consult with DMH when an inmate or detainee is placed in segregation longer than three (3) business days to prioritize transitioning the individual to another placement while maintaining safety and medically necessary care, if possible.
2. Such services will be provided in a dedicated section of each correctional facility and offer stabilization and programming as indicated for those who are psychotic, clinically unstable (including acutely suicidal or at imminent risk of serious self-harm) or waiting for community-based psychiatric hospital assessment and/or placement.
3. DOC will develop an individualized treatment plan for inmates and detainees designated SFI who are inappropriately placed in segregation that will decrease clinically significant symptoms, increase safety and wellbeing, and improve activities of daily living.

**F. Resources**

The parties mutually recognize that this Memorandum requires that each party devote appropriate personnel adequate to the task. To that end, the parties

agree that a priority for their joint effort shall be making available in a timely manner appropriate members of its staff and, if necessary, contractors.

#### **IV. Effective Date and Modification of Terms**

This Memorandum shall take effect on the date it is signed by all the Parties (Effective Date) and shall remain in effect until the establishment of a forensic center or access to one as required by S.61. This MOU shall be reviewed annually or as deemed necessary by DMH and DOC and may be altered by the mutual written agreement of the parties.

#### **V. Sovereign Immunity**

The State of Vermont, Vermont Agency of Human Services, Department of Mental Health, and the Department of Corrections do not waive their sovereign immunity by entering into this Memorandum, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this Memorandum.

E-SIGNED by James Baker  
on 2021-07-26 00:30:43 GMT

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James Baker, Commissioner  
Vermont Department of Corrections

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Date

E-SIGNED by Emily Hawes  
on 2021-07-20 19:50:38 GMT

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Emily Hawes, Commissioner  
Vermont Department of Mental Health

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Date

#### **VI. Appendix**

- A. Hospital Admission Process Pursuant to Inpatient Evaluation via Title 13
- B. Hospital Admission Process Initiated by DOC via Title 18
- C. DOC-DMH Process for Voluntary Hospital Admission
- D. Mobility Classification Codes

## Hospital Admission Process Initiated by DOC via Title 18

1. A member of DOC Contracted Health Services or DOC security shall inform a Health Services physician, psychiatrist, or provider if they believe an inmate may meet criteria for involuntary psychiatric hospitalization.
2. DOC Contracted Health Services shall email or call DMH Care Management that DOC has an inmate who may meet criteria for involuntary psychiatric hospitalization.
3. A certified DOC Contracted Health Services QMHP will screen the inmate using the DOC and DMH-approved form to determine if the inmate meets criteria for involuntary psychiatric hospitalization. If the DOC Contracted QMHP does believe the inmate meets criteria, the DOC Contracted QMHP must complete the QMHP portion of the *Application for Emergency Examination*.
  - The *Application for Emergency Examination* is configured as a form in DOC's electronic health record and can also be found at this link on the DMH website:  
[http://mentalhealth.vermont.gov/sites/dmh/files/documents/Forms/Application\\_EE\\_form\\_5-17\\_pdf.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/documents/Forms/Application_EE_form_5-17_pdf.pdf).
  - DMH shall notify DOC if the form is changed in any way to ensure that the current version is in use.
4. Upon completion, the DOC Contracted QMHP will provide the *Application for Emergency Examination* to a Health Services physician, psychiatrist, APRN, or NP. This medical professional will complete the *first certification* (also known as *Physician's Certificate – Emergency Exam*) which is a face-to-face or telemedicine assessment of the inmate. This assessment form is found within the *Application for Emergency Examination*. The *first certification* should be completed as soon as practicable after receiving the DOC Contracted QMHP's completed and documented portion of the *Application for Emergency Exam*.
  - The *first certification* form is configured as a form in DOC's electronic health record and can also be found at this link on the DMH website:  
[http://mentalhealth.vermont.gov/sites/dmh/files/documents/Forms/New\\_EEform\\_physician%27s\\_certification.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/documents/Forms/New_EEform_physician%27s_certification.pdf).
  - DMH shall notify DOC if the form is changed in any way to ensure that the current version is in use.

5. Once the *first certification* is completed, DOC Contracted Health Services will send it via fax (802-828-2455 for large records or 828-2587 for smaller records) to the VPCH admissions office as well as the request for a *second certification* assessment using the DMH request form.
6. VPCH admissions and DMH Care Management will then coordinate the *second certification*. The *second certification* must occur within 24 hours of the completed *first certification*. This timeframe begins when the first certification is signed and dated by the physician/psychiatrist/APRN/NP.
  - Should the 24-hour timeframe between *first certification* and *second certification* be exceeded, the entire process needs to be restarted (QMHP screening, *first certification*, and *second certification*).
7. DMH Care Management will start making referrals to all hospitals once an inmate has been found to meet inpatient criteria after completion of the second certification by the Daily contact will occur between DMH Care Management and DOC Contracted Health Services. Once the involuntary inmate has been accepted, DMH Care Management will ask DOC Contracted Health Services to send all records to the designated hospital.
  - DOC Contracted Health Services shall document all calls/contacts with the hospitals in the inmate's electronic health record.
  - When a bed is available, DOC Contracted Health Services will coordinate the safe and secure transfer of the inmate with DOC security. DOC security or EMS will transport the inmate to the hospital.
  - DMH Care Management is available to support or answer questions regarding transport and/or admissions.
8. If the psychiatrist performing the *second certification* determines that the inmate does not meet inpatient level of care, then the inmate will:
  - Remain housed in DOC.
    - If clinically indicated, DOC Contracted Health Services may initiate voluntary admission procedures.

- Health Services may consult with DMH to determine if augmentation of the treatment plan is needed.





**DOC QMHP SCREENING FORM**

Date: \_\_\_\_\_ DOC Facility: \_\_\_\_\_

Evaluation Requested By: Health Services \_\_\_\_\_ Security \_\_\_\_\_ Other \_\_\_\_\_

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility Address:  
\_\_\_\_\_

Substance Abuse History:  
\_\_\_\_\_  
\_\_\_\_\_

Prior diagnosis?  
\_\_\_\_\_

Followed by any Designated Agency?  
\_\_\_\_\_

Evidence today of a Major Mental Illness:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence today of Danger to Self or Others:  
\_\_\_\_\_  
\_\_\_\_\_

If suicidal ideation, can inmate be monitored or treated appropriately in the DOC setting?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

QMHP's Recommendation (e.g., "inpatient evaluation" or "Remain in DOC"):

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Actual Outcome:  Proceed with EE     Proceed with voluntary admission process     Remain in DOC     Remain in DOC, consult with DMH regarding necessity of augmented treatment plan

QMHP's Name: \_\_\_\_\_

Notifications:

DMH Legal Division Notified? Y N Tel: 241-0181 (Cheryl Goodwin-Abare (or) 241-0185 Carla Ryley/Katrina Guinan (or) 241-0182 Steve Kroll Fax: 241-0490	DOC Statewide Director of Psychiatry Notified? Y N
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**Request for Second Certification by a Psychiatrist**

The physician signing below hereby requests a telepsychiatry evaluation for determining if a patient held on an Emergency Examination at the physician's hospital meets the Vermont State statutory definition of a person in need of treatment.

By signing this requisition, the physician acknowledges the following:

- 1.) The telepsychiatry evaluation is limited to the determination of the legal status of the patient, and is limited to providing the second certification by a psychiatrist so that the patient can be held until a hospital bed is available.
- 2.) The telepsychiatry evaluation is not a general psychiatric consultation. The evaluation will not result in a full diagnostic assessment or treatment recommendations.
- 3.) The second certification does not constitute agreement to accept the patient for care at any other hospital.
- 4.) The DOC facility currently caring for the patient retains all responsibility for the care and safety of the patient.
- 5.) Should the person not be certified by the psychiatrist as a person in need of treatment, the DOC facility requesting this certification retains the responsibility for providing all necessary care and an appropriate discharge plan for the patient. By signing below, the requesting physician understands and agrees that the physician's hospital is assuming the responsibility to safely discharge the patient if the psychiatrist does not determine that the patient is a person in need of treatment.

The requesting hospital understands that it remains responsible for filing the Application for Involuntary Treatment in conjunction with DMH legal.

Patient name: \_\_\_\_\_

Patient date of birth: \_\_\_\_\_

Date of request: \_\_\_\_\_ Time: \_\_\_\_\_

Emergency Department requesting evaluation:  
\_\_\_\_\_

Physician requesting evaluation: \_\_\_\_\_

\_\_\_\_\_  
Please print name

Physician signature: \_\_\_\_\_

**Designated Hospital Contact Information**

<b>Name</b>	<b>Location</b>	<b>Service Level</b>	<b>Contact Info</b>
University of Vermont Medical Center (UVMCMC)	Burlington, VT	Non-Level 1 involuntary; Voluntary	Shepardson 3 Unit 111 Colchester Ave Main Campus, Shepardson 3 Burlington, VT 05401 Phone: (802) 847-4980 Fax: (802) 847-0242  Shepardson 6 Unit 111 Colchester Ave Main Campus, Shepardson 6 Burlington, VT 05401 Phone: (802) 847-4946 Fax: (802) 847-0242
Brattleboro Retreat (BR)	Brattleboro, VT	Level 1 involuntary; Non-Level 1 involuntary; Voluntary	Brattleboro Retreat 1 Anna Marsh Ln Brattleboro, VT 05302 Phone: (802) 257-7785
Rutland Regional Medical Center (RRMC)	Rutland, VT	Level 1 involuntary; Non-Level 1 involuntary; Voluntary	Rutland Regional Medical Center 160 Allen St Rutland, VT 05701 Phone: (802) 747-3715
Vermont Psychiatric Care Hospital (VPCH)	Berlin, VT	Level 1 involuntary; Non-Level 1 involuntary	Vermont Psychiatric Care Hospital 350 Fisher Road Berlin, VT 05633-7901 Main Line: 802-828-3300 Admissions: 802-828-2799 Fax: 802-828-2455 (large records) or 828-2587 (smaller records)

Central Vermont Medical Center (CVMC)	Berlin, VT	Non-Level 1 involuntary; Voluntary	CVMC 130 Fisher Rd, Berlin, VT 05602 Phone: (802) 371-4100
Windham Center	Bellows Falls, VT	Non-Level 1 involuntary; Voluntary	Windham Center 1 Hospital Ct #12, Bellows Falls, VT 05101

### **DOC-DMH Process for Voluntary Hospital Admission**

1. A member of Health Services or DOC security shall inform a Health Services physician, psychiatrist, or provider if they believe an inmate may meet criteria for voluntary psychiatric hospitalization.
2. DOC or Health Services shall email or call DMH Care Management that DOC has an inmate who may meet criteria for voluntary psychiatric hospitalization.
3. A Health Services staff member will screen the inmate using a DOC and DMH-approved form to determine if the inmate meets criteria for voluntary psychiatric hospitalization.
4. A Health Services staff member will provide the documented screening information to a Health Services physician, psychiatrist, APRN, or NP to determine if hospital level of care is indicated.
5. Should a Health Services physician, psychiatrist, APRN, or NP determine that hospital level of care is indicated then Health Services will review the bed board daily and call the Brattleboro Retreat, UVMHC, RRMC, CVMC, and Springfield/Windham Center (see attached for contact information) to inform them that an inmate requires voluntary psychiatric hospitalization. Health Services shall provide all requested records to the hospital to facilitate admission.
  - Health Services shall document all calls/contacts with the hospitals in the inmate's electronic health record.
6. Should a hospital accept the inmate, DOC/Health Services will coordinate the safe and secure transfer of the inmate. DOC or EMS will transport the inmate to the hospital.
7. If a bed is not immediately available, the inmate will remain in DOC custody. Health Services will maintain daily communication with the hospitals until the inmate is hospitalized or no longer meets hospitalization criteria. Health Services may communicate with DMH as needed. When a bed becomes available, DOC/Health Services will coordinate the safe and secure transfer of the inmate. DOC or EMS will transport the inmate to the hospital.

8. DMH Care Management is available to support, answer any questions, or help facilitate, if necessary, voluntary admissions.
9. Should a Health Services physician, psychiatrist, APRN, or NP determine that hospital level of care is not indicated then the inmate will remain in DOC custody. Health Services may consult with DMH if augmentation of the treatment plan is needed
10. Health Services may consult with DMH to determine if augmentation of the treatment plan is needed during any stage of the aforementioned process.

**Designated Hospital Contact Information**

<b>Name</b>	<b>Location</b>	<b>Service Level</b>	<b>Contact Info</b>
University of Vermont Medical Center (UVMCMC)	Burlington, VT	Non-Level 1 involuntary; Voluntary	Shepardson 3 Unit 111 Colchester Ave Main Campus, Shepardson 3 Burlington, VT 05401 Phone: (802) 847-4980 Fax: (802) 847-0242  Shepardson 6 Unit 111 Colchester Ave Main Campus, Shepardson 6 Burlington, VT 05401 Phone: (802) 847-4946 Fax: (802) 847-0242
Brattleboro Retreat (BR)	Brattleboro, VT	Level 1 involuntary; Non-Level 1 involuntary; Voluntary	Brattleboro Retreat 1 Anna Marsh Ln Brattleboro, VT 05302 Phone: (802) 257-7785
Rutland Regional Medical Center (RRMC)	Rutland, VT	Level 1 involuntary; Non-Level 1 involuntary; Voluntary	Rutland Regional Medical Center 160 Allen St Rutland, VT 05701 Phone: (802) 747-3715
Vermont Psychiatric Care Hospital	Berlin, VT	Level 1 involuntary; Non-Level 1 involuntary	Vermont Psychiatric Care Hospital 350 Fisher Road Berlin, VT 05633-7901 Main Line: 802-828-3300 Admissions: 802-828-2799 Fax: 802-828-2587



Central Vermont Medical Center (CVMC)	Berlin, VT	Non-Level 1 involuntary; Voluntary	CVMC 130 Fisher Rd, Berlin, VT 05602 Phone: (802) 371-4100
Windham Center	Bellows Falls, VT	Non-Level 1 involuntary; Voluntary	Windham Center 1 Hospital Ct #12, Bellows Falls, VT 05101

### Inmates Coming into DMH Custody via Title 13

1. DOC will be notified that a person was screened in court and the court has ordered an Inpatient Evaluation.
2. When the person arrives at a DOC facility, they will be designated as a Delayed Placement Person (DPP).
  - a. DOC Health Services Chief of Mental Health or designee will notify the Contractor's Director of Psychiatric and/or Behavioral Health of DPP status.
  - b. DOC Health Services Chief of Mental Health or designee will update the inmate's DPP designation in OMS and verify that the Mobility Classification code (M Code) status is M-3 or higher by using the most current Mobility Codes.
  - c. DOC Health Services Chief of Mental Health or designee will distribute DPP lists daily to designated DOC and Contractor staff.
  - d. Contractor's Director of Psychiatric and/or Behavioral Health or designee will enter the inmate's DPP designation into the "Problem List" in EHR and verify that the M-code status is M-3 or higher.
  - e. Contractor may request DMH Care Management help facilitate the provision of information from the DAs or psychiatric hospitals to assist in care planning.
  - f. Health Services may consult with DMH to determine if augmentation of the treatment plan is needed.
  - g. Except in emergent circumstances, use of force for individuals who are DPP will be avoided. Refer to the *Corkins* Settlement Agreement.
3. As soon as practicable, the person will be seen by a psychiatrist (via telepsychiatry coordinated through DMH Care Management) to confirm the need for inpatient hospitalization (Level of Care assessment).
  - a. Either the psychiatrist or DMH Care Management will communicate the results of the Level of Care assessment to DOC staff.
  - b. If the psychiatrist confirms that the inmate requires inpatient psychiatric treatment, the inmate will remain a DPP until they are placed in an inpatient psychiatric facility.

- i. DOC will communicate clinical information to DMH Care Management on a daily basis to help DMH appropriately triage the inmate for placement.
  - ii. Once an inpatient psychiatric bed is available, DOC/Health Services will complete the DMH transport checklist, [Transportation Supervision Checklist for Persons on Involuntary Status](#), and DMH and DOC/Health Services will coordinate the safe and secure transfer of the inmate. Sheriff or EMS will transport the inmate to the hospital. (<http://mentalhealth.vermont.gov/forms> )
- c. If the psychiatrist determines the inmate does NOT require inpatient treatment, then their Inpatient Evaluation is converted to an Out-patient Evaluation.
  - i. The person will no longer be designated as DPP at this point.
  - ii. DMH will no longer seek inpatient treatment for this person.
  - iii. DOC Health Services Chief of Mental Health or designee will update associated DPP status in OMS. She/he will also notify Contractor Director of Behavioral and/or Psychiatric Health of the changed DPP status, and clinicians will re-assess the patient's M-code level for updating in OMS.
  - iv. Contractor's Director of Psychiatry and/or Behavioral Health or designee, will update DPP status in Correctek and re-assess M-code to meet clinically indicated level. Documentation in Correctek will include start and end dates of DPP status as well as related M-code updates.