

Vermont Care Partners Input on S47

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Representing Vermont's Network of Designated Agency Crisis Programs

NCSS: Northwestern Counseling & Support Services www.ncssinc.org

NKHS: Northeast Kingdom Human Services www.nkhs.org

GMSS: Green Mountain Support Services www.gmssi.org

LCMHS: Lamoille County Mental Health Services www.lamoille.org

CCS: Champlain Community Services www.ccs-vt.org

HC: Howard Center www.howardcenter.org

NFI: Northeastern Family Institute, NFI Vermont, Inc. www.nfivermont.org

WCMHS: Washington County Mental Health Services www.wcmhs.org

CSAC: Counseling Service of Addison County www.csac-vt.org

CMC: Clara Martin Center www.claramartin.org

UVS: Upper Valley Services www.uvs-vt.org

LSI: Lincoln Street, Inc. www.lincolnstreetinc.org

RMHS: Rutland Mental Health Services / Community Care Network www.rmhsccn.org

HCRS: Health Care & Rehabilitation Services www.hcrs.org

UCS: United Counseling Service of Bennington County www.ucsvt.org

FFSV: Families First in Southern Vermont www.familiesfirstvt.org





Inaccuracies and inconsistencies in the current mental health warrant statute have created confusion among providers and first responders, and as a result have delayed care for Vermonters.

Our goal:

- To clean up language to prevent confusion in the field

Our goal is not:

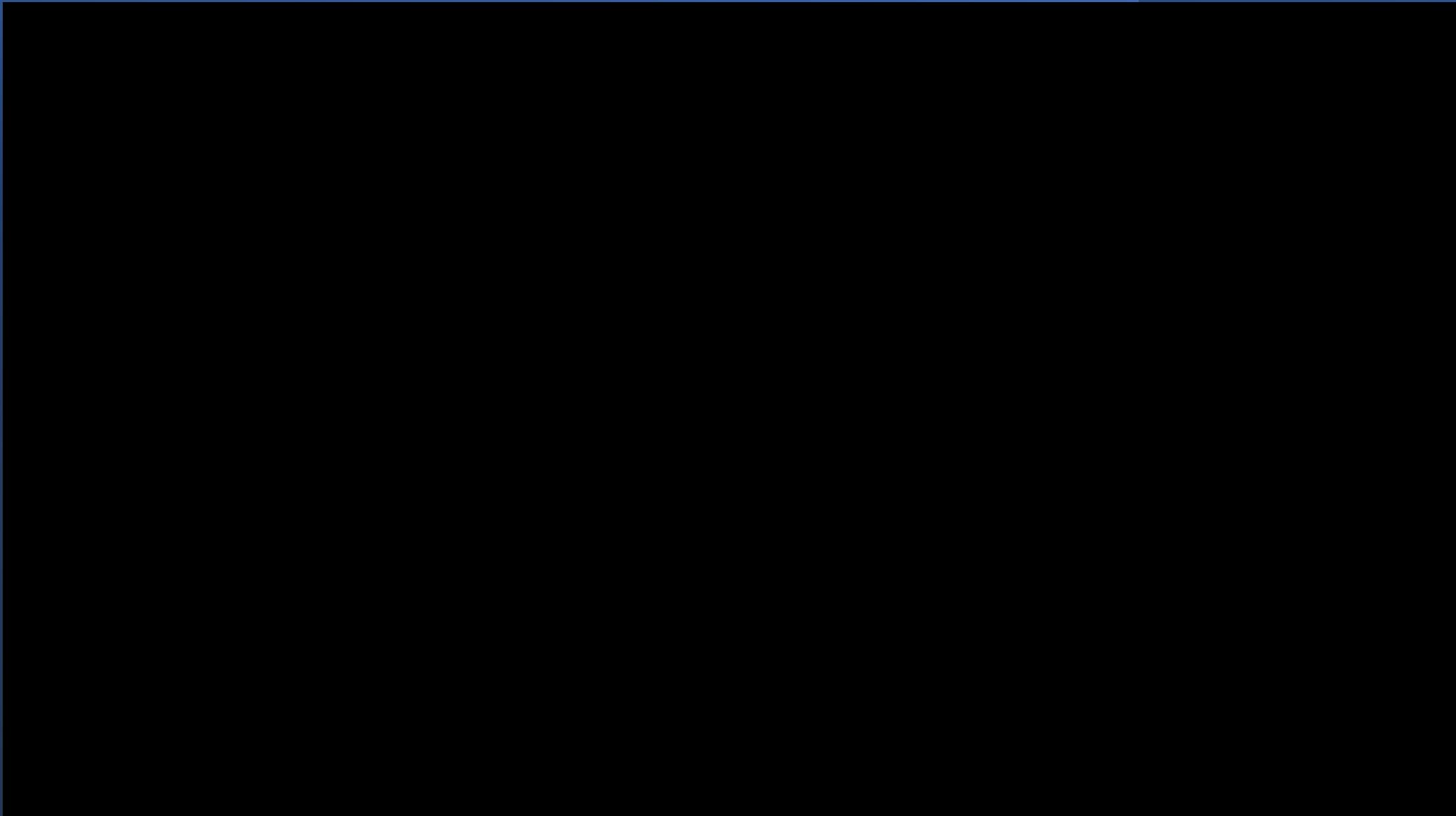
- To alter the rights of any Vermonter subject to this statute
- To assign additional expectations of law enforcement, judiciary or any other party

History:

The current warrant statute was written in 1967 in the context of no-refusal system with a state hospital. Since 2011, Vermont's mental health system for inpatient care has evolved to a decentralized system, with the Emergency Department operating as the site for assessment and medical clearance.

Problem:

- The language in the current statute does not reflect current practice and fails to outline clearly who has the authority and/or responsibility to provide transportation for patients needing involuntary treatment and to which locations.
- This has resulted in situations where warrants or Emergency Examinations [EEs] have not been actioned, adding unnecessary delays in care for people in need of treatment, and unnecessary trauma for their families and communities.
- It has also led to unsafe situations for mental health providers practicing in the community.



VCP convened a workgroup between March and September of 2022.

Workgroup attendees included representatives from the Department of Mental Health, the Department of Public Safety, Team Two, VT Psychiatric Survivors, Mad Freedom, NAMI-VT, Disability Rights VT, VT Mental Health Law Project, the Vermont State's Attorneys' Association, the Vermont Judiciary and two designated agencies, Clara Martin Center and Howard Center. We also invited input from the Vermont Association of Hospitals and Health Systems [VAHHS].

We also held an open stakeholder meeting this fall.

- The group worked through sections 7505 and 7511 to revise the warrant statute. Some of the changes we offered are included in S47.
- As a group, we also discussed the term “warrant” and the potential for replacing it with “Emergency Transport Order,” due to the criminal association of the word “warrant,” and the confusion that surrounds it for providers and people and families in acute distress.

7505(b):

- We support this revision that indicates that only law enforcement, not Qualified Mental Health Professionals, can take a person into temporary custody.

7505(d):

- *If necessary, the court may order the law enforcement officer ~~or mental health professional~~ to transport the person, in accordance with section 7511 of 16 this title, to a hospital for an evaluation.....*
- We support this revision as it would be extremely rare for a QMHP to transport a person. The workgroup discussed an edit like this, but workgroup members wanted to leave the language open for QMHP transport. It should be noted that S47 does not preclude QMHPs from transporting, but it limits a judge from ordering a QMHP to transport.

7511(a):

- Clearer language here is helpful

7511(d)

- Soft restraint language came from workgroup discussion
- Suggested revision to make it clear that QMHPs are not using soft restraints:
 - ~~If a law enforcement officer or mental health professional deems it necessary to use restraints, soft restraints shall be considered as a first option.~~ A law enforcement officer and mental health professional shall have soft restraints available for use **as a first option**, and mechanical restraints shall not be used as a substitute for soft restraints if the soft restraints are otherwise deemed adequate for safety.

Revised language will help us in the field

An updated warrant statute is needed for clarity in the field and to support training. In addition to the warrant language itself, there are numerous supporting documents that flow from the warrant statute:

- Warrant for Emergency Examination Form
- Emergency Exam Application
- Physician's Certificate
- DMH QMHP Standards and training materials

Thank you!