TRANSPORTATION STUDY

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

JANUARY 15, 1982

Summary

The Department of Mental Health and Mental Retardation was charged by the 110th Legislature (S.P. 310 - L.D. 866) to study (in consultation with county officials) the feasibility and costs of various plans for transporting mentally ill persons to the Augusta and Bangor Mental Health Institutes.

In order to get a complete picture of the issues and problems which affect each county's system of transporting the mentally ill, the Department conducted structured interviews with County Sheriffs and deputies, Community Mental Health Center personnel, local hospital emergency workers, ambulance service employees, and admission personnel at the Augusta and Bangor Mental Health Institutes. Three major problems with the transportation process were identified: 1) difficulty in obtaining judicial review and authorization for the transportation; 2) need for training; and 3) issues around the use of restraint, including training and equipment used for restraint.

A review of the legislative history around this issue showed that transportation has always been the responsibility of county or municipal law enforcement agencies, or of the families of patients. Current law provides for judicial designation of any health officer, police officer, or other person to provide such transportation. The statute specifies further that the county in which the person is found is responsible for the expense of transportation. The process of involuntary hospitalization requires both an applicant and an examiner to document mental illness and dangerousness and to consider least restrictive alternatives to involuntary hospitalization. The application also requires judicial review and authorization for transportation to a mental health institute. Proposed patients must then be examined at the Institute for admission. This process takes an average of five hours statewide.

Specific costs of transportation, and the number of individuals transported are also included. In counties where specific cost data was not available, costs were calculated on the basis of hourly wages, time involved, and mileage.

Four alternative models for transportation were considered, three of which would require additional resources. One model would simply transfer the cost of transportation from county government to state government.

The Department concludes that while the present system of transportation of mentally ill persons to the mental health institutes is not ideal, no better method exists that would be both as responsive and as cost-effective as the present system. The Department concludes that the cost of transportation must continue to be a public responsibility, but leaves it to the Legislature to determine what level of government should bear this cost.

While no specific recommendations are made regarding statutory changes, the results of the study indicate that several issues must be addressed:

1. Judicial Review: Availability of this review should be improved either by additions to the number of complaint justices who perform this review, or by modifying the statute to include Justices of the Peace, or by requiring such review or probable cause hearings at the institutes shortly after admission.

2. Other legal issues: This study identified several legal issues which require further exploration including personal observation, authority to hold individuals, and liability (See Addendum for discussion). The Department recommends that the Attorney General's office fully research these issues and recommend statutory changes for consideration during the next regular legislative session.

3. Training: Training must be improved and should include a review of the process of involuntary hospitalization, the roles and responsibilities of the parties involved, criteria for admission and methods of restraint. Based on the results of this study, the Department is in the process of developing a plan for such training to meet the needs identified in each region.

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Page 5. Total number of people interviewed should read 50.

Page 13. Androscoggin County's Cost should read

$7,328.88 (1872 mi. @ 20¢ mi. = $374.40)

Cumberland County's statistics covered the period January 1, 1981 - September 30, 1981

Hancock County's cost should be $1,323.18 (162 manhours @ $5.59 = $905.58 + 1044 mi. @ 40¢ mi. = $417.60)

Page 12, 14. Total costs should read $60,652.10

Appendix C

Several Deputy Sheriffs interviewed were inadvertently omitted:

George Derrah, Delmont Cummings and Edgar Wheeler, Aroostook County (Area I); Charles Wietzke, Somerset County (Area III); Bill Cade and Fred Davis, Lincoln County (Area VII).

INTRODUCTION

Involuntary hospitalization of the mentally ill is a complex social issue which requires a careful balancing of individual constitutional rights and the State's responsibility to protect the public. This study concerns the methods and costs of emergency transportation of the mentally ill.

With allowance for some minor variations in statutory language, there has been no significant change in the method of transportation of the mentally ill. Such transportation has always been considered a responsibility of county or municipal law enforcement agencies, or of the patients family. The present statute controlling this matter (34 M.R.S.A. Section 2333 (1.D.)), which was passed into law by P.L. 1973 Chapter 716 Section 6, states that

> "upon the endorsement by the judge or justice of the application and certificate, any health officer, police officer or other person designated by the judge or justice shall be authorized to take the person into custody and to transport him to a hospital as designated in the application."

The statute is thus not specific regarding the particular agency responsible for transportation of the mentally ill but rather leaves this designation to the endorsing judge or justice. Nevertheless, the statutory language tracks that of previous statutes in suggesting the transportation is the responsibility of reasonably local law enforcement officials (that is, health officers or police officers) rather than placing the responsibility on the "state" or "department".

Although there is no recent statutory evidence of a state-wide or regional method of emergency transportation of the mentally ill, the Legislature has prescribed different methods of funding such transportation. Prior to 1961, financial responsibility for the expenses of commitment were primarily borne by the municipality in which the proposed patient resided. By P.L. 1961, Chapter 407, Section 2, the Legislature established a complicated state-wide system of funding such transportation. This system charged the then Department of Institutional Services with the cost of commitment, examination, and transportation in the first instance; but allowed the Department to recover such costs a) from the patient himself, if able to pay, or b) from persons liable for the patient, if any, or c) from the town of legal settlement of the patient, or d) if no town of legal settlement, from the state via the Department of Health and Welfare. These charges were paid by the Department from the unexpended balance of the "Working Capital Reserve for Institutional Farms." The intent of the Legislature was to establish a revolving fund maintained by reimbursements received from the parties described above. This funding method, which must have been extremely complicated in its administration, was replaced by P.L. 1973 Chapter 716, Section 6, which contained the present statutory language establishing responsibility for any expenses of transportation with the county in which the person is found.

In the First Regular Session of the One Hundred and Ninth Legislature a bill (No. 1066) was introduced to amend 34 MRSA, Section 2333 (1.D.), to make the Department of Mental Health and Mental Retardation (then the Department of Mental Health and Corrections) responsible for any expenses of transportation. A similar bill (No. 866) was introduced during the first session of the One Hundred and Tenth Legislature. This bill also required the Department to develop a regional plan for the transportation of the

mentally ill, and to present this plan to the Joint Standing Committee on Health and Institutional Services at the beginning of the second regular session.

As a result of hearings on this bill, the Joint Standing Committee charged the Department to study the feasibility and costs of various plans for transporting mentally ill persons to the Augusta and Bangor Mental Health Institutes in conjunction with county officials from each county (S.P. 310 - L.D. 866). In addition to meeting the charge of the Legislature, the Department also wanted to use this study to investigate the structure of emergency mental health services throughout the State in order to improve current services.

METHODOLOGY

In order to get a complete picture of the issues and problems which effect each county's system of transportation of the mentally ill, it was necessary to look at the entire process of involuntary hospitalization, up to the point of admission. Bureau of Mental Health staff reviewed the process and developed a key informant survey approach in order to elicit the greatest scope of information.

It was noted that County Sheriffs and their deputies, Community Mental Health Center emergency workers, general hospital emergency room staff, and admission personnel at Augusta Mental Health Institute and Bangor Mental Health Institute were the people most directly involved in involuntary hospitalizations.

Questionnaires were developed addressing the various elements of the process and targeted to the experiences of the person being interviewed. Letters were sent to each County Sheriff which outlined the procedure for the study. Each was asked to identify for interview purposes at least one deputy who regularly transported people to the state mental health institutes. The letter requested that he also be interviewed and supply the following data:

1. For a year, the number of times a sheriff was involved in transporting a mentally ill person to a hospital, AMHI or BMHI.

2. For a year, the number of times when a person transported was not admitted.

3. The times of day that these trips were made.

4. For the year, the cost in dollars to the County for this service, and

5. Policies regarding transportation of the mentally ill, both formal and informal.

In addition to the 16 County Sheriffs, letters were sent to other specific individuals enlisting their cooperation in the study, and requesting that they submit names of their staff members to be interviewed for the study. Letters went out to:

1. The 8 Community Mental Health Center Directors.

2. 7 selected General Hospital Administrators.

3. AMHI and BMHI Superintendents.

Bureau staff and five Regional Planners from the Department's Community Support Systems Project contacted the identified individuals and conducted the interviews. They submitted the completed questionnaires and related information to the Bureau. A total of 46 people were interviewed over a five week period.

The appendix includes a complete list of the people interviewed, copies of the questionnaires used for interviews, the letters sent to County Sheriffs, and related documents.

Additional information was gathered through review of the mental health statutes, contacts with ambulance companies, contacts with New Hampshire and Vermont officials, and from materials prepared for other purposes.

FINDINGS

Time of Psychiatric Crisis

Many sheriffs and deputies indicated that psychiatric crises necessitating involuntary hospitalization may occur at anytime. Some counties indicated that these situations seem to occur either predominately on weekends, in the evening, or both evening and early morning hours (Androscoggin, Franklin, Hancock, Knox, Penobscot, Sagadahoc, Waldo). In York County, involuntary hospitalization was initiated sixteen out of 87 times on Saturday or Sunday, and 32 out of 87 times during the evening or early morning hours. Kennebec County statistics show that half of the occurrences were during the evening or night shifts. In Somerset County, 55 out of 136 transports occurred during evening, night or weekend hours. Cumberland County Sheriff's situation is different, in that they transport at a specific time, three times a week.

A few counties indicated that, at times, it is impossible for them to respond immediately, and thus the hospitals or community mental health centers must wait for a period of time. In Knox County there is only one patrol on duty four nights a week. Kennebec County Sheriff Bazinet recommended that the Thayer Unit designate space to hold individuals, so that they could be transported between 8:00 a.m. and noon.

Several emergency workers complained of the long wait for a law enforcement official, and some were concerned about their authority or ability to hold someone against their will. St. Mary's Hospital said there is a one to four hour wait for the sheriffs to respond, especially late at night. Webber Hospital indicated it is sometimes a 4 - 5 hour wait for the police to arrive, and saw this as neither good nor safe. Mid-Coast Mental Health Center cited short staffing of Sheriffs Department. Community Health and Counseling Services indicated that police outside of Bangor are very uncooperative, and plead ignorance of the law. Community Health and Counseling Services reported that it has sometimes taken 30 - 60 phone calls to arrange transportation. Tri-County Mental Health Center complained of the time it takes for the Sheriff's Department to respond and have called local police to detain people until the sheriffs arrive. Kennebec Valley Mental Health Center's weekend emergency worker indicated that, on occasion, especially at night, they must wait long hours for the Kennebec County Sheriff's Department, and that Emergency Room staff do not have the facilities or staff to detain or supervise people.

Policy on Transporting Proposed Patients

Sheriffs were asked what their policies were regarding transportation of proposed patients. Washington County has a policy which outlines their procedure, and Penobscot and Hancock Sheriff Departments indicated that they are in the process of revising their policies. All other counties have no formal policiens, although Cumberland has an agreement with Maine Medical Center to hold people for transport.

Most counties have the unwritten policy that transport usually be done by two officers, and that a matron be used in transporting females. Sagadahoc County Sheriffs also indicated that they never transport criminals with the mentally ill, males and females together or juveniles with adults, and provide matrons when transporting juveniles as well as females.

York County suggested the possibility of developing a state-wide policy to assure uniformity.

Refusal to Transport

When sheriffs and deputies were asked whether or not they had ever refused to transport proposed patients, most indicated they had not. Three counties (Kennebec, Knox and Waldo) indicated they have refused to transport individuals who are not from their jurisdiction.

The Franklin County Sheriff's Department has not refused, but attempts to get families or local police to transport if possible; Lincoln hasn't refused, but wants the paperwork completed; one Cumberland County Sheriff initially refused to transport because a physician wouldn't give him information, but the doctor changed his mind. Piscataquis County Sheriff Murch has refused to become involved in domestic situations in which he felt commitment was inappropriate.

Problems with jurisdictional disputes were mentioned by Mid-Coast and Kennebec Valley Mental Health Center and Community Health and Counseling Services.

Concerns regarding possible liability were expressed by several Sheriff's Departments. Androscoggin was concerned regarding liability if an officer was injured, or if the proposed patient harmed him or herself, and about liability for the "failure to train officers". Oxford and Kennebec were also concerned about liability if injury occurred, and the Washington County Sheriff was concerned about being sued due to the fact that no crime had been committed.

Application for Involuntary Hospitalization

The first step in the "paperwork" associated with involuntary hospitalization is for a concerned individual to begin an application for emergency involuntary admission. This section of the application may be completed by anyone, but is most commonly done by family members, emergency room and emergency services personnel, and sometimes by police. Hancock, Washington, Somerset and Oxford Counties cite lack of aid, support, outreach or follow-up from community mental health clinics or mental health workers as a problem when law enforcement personnel initiate the application.

The applicant must indicate that he believes the proposed patient to be mentally ill, and that the individual poses a likelihood of serious harm, describing the basis for his belief.

Initial Evaluations

Persons proposed for involuntary hospitalization must then be examined by a physician or licensed clinical psychologist who determines and documents the individual's mental illness and likelihood of serious harm, and the lack of less restrictive community alternatives. This evaluation most often is conducted by mental health center or hospital emergency room staff, although local physicians sometimes will act as examiners.

Police involvement in this portion of the process may entail transporting the individual to the site of the evaluation or they may be called in while this examination is being conducted. Others (i.e. Cumberland) may be called after the commitment paper is completed.

Some counties (Lincoln, Oxford, Sagadahoc, Washington, York) indicate that this process usually takes an hour or less, others (Androscoggin, Aroostook, Franklin, Hancock, Knox, Penobscot, Piscataquis, Waldo) indicate that one to two or three hours is common. Aroostook, Kennebec and Lincoln Counties feel they should be involved only after the commitment paper is completed. Lincoln, Piscataquis, and Waldo county personnel indicate that local physicians should take a more active role in doing the initial examination.

Information Needs

Sheriffs and deputies were asked the source and content of information which they receive regarding the proposed patient, as well as whether more information is needed.

In most cases information is received from community mental health center staff or emergency room physicians or staff. In five counties (Androscoggin, Franklin, Oxford, Sagadahoc, and Washington) this information is adequate, although Androscoggin would like more communication especially regarding the potential for dangerous behavior. In Piscataquis, Cumberland and York Counties basic behavioral information is given, with Piscataquis feeling the need for more information from the hospital, and Cumberland and York indicating that a lack of information on the medical condition of the proposed patient has caused problems. In six counties (Aroostook, Kennebec, Knox, Lincoln, Waldo, Somerset) sheriffs and deputies indicate that little or no information is given, with most indicating they need, at least, basic information on the individual's condition and behavior and an indication of how many officers will be needed to transport.

In a smaller number of instances the law enforcement officers are the front line during the psychiatric crisis and receive most of their information from family members and neighbors as was mentioned by Hancock, Penobscot, Oxford, and Washington Counties.

Aroostook and Kennebec County Sheriffs complained that emergency room or mental health clinic staff do not inform clients that they are being committed to the mental health institutes, leaving that up to the transporting officer.

AMHI admission personnel, and one ambulance service also cited the problem of lack of adequate information given to those transporting.

Judicial Review

Once both the applicant and examiner have completed the application for emergency involuntary admission, it must then be reviewed and endorsed by a Complaint Justice or District Court or Probate Judge, or Justice of the Superior Court, who indicates that the forms are regular and in accordance with law. This individual authorizes a named individual (usually a sheriff or deputy) to transport the proposed patient to a named facility (Augusta or Bangor Mental Health Institute or Togus). Sometimes family members are named, and ambulance services are sometimes used to transport (perhaps two to three times a year in some counties). The high cost of using ambulances was cited as a deterent to their use by the Sagadahoc County Sheriff and by St. Mary's Hospital, Kennebec Valley Medical Center and Kennebec Valley Mental Health Center.

Law enforcement officials in nine counties (Aroostook, Franklin, Kennebec, Knox, Lincoln, Piscataquis, Waldo, Oxford, Washington) indicate that there are problems with this process. The primary problems cited are lack of judicial officers (Aroostook, Knox), difficulty in locating a judicial officer, especially at night (Kennebec, Lincoln, Piscataquis, Waldo), extensive travel or time required to obtain signature (Oxford, Washington, Franklin, Lincoln).

A few of the county sheriffs (Lincoln, Waldo) specifically recommend either revising or dropping this step in the process.

Hospital emergency room staff and directors identified problems in obtaining judicial review and endorsement at Aroostook Medical Center--Gould and Webber Hospital. Aroostook Medical Center-Gould recommended an increase in the number of Complaint Justices or an on-call roster.

The following community mental health centers' emergency services staff also identified this as a problem: Aroostook Mental Health Center, Mid-Coast Mental Health Center, Bath-Brunswick Mental Health Center, and Kennebec Valley Mental Health Center.

Restraint of Proposed Patients

Physical restraints are commonly used in transporting proposed patients, most commonly handcuffs, although leather straps, leg irons, camisoles, and, rarely straight jackets.

York County, Sagadahoc, and Lincoln Counties mandate the use of handcuffs in every case, but in Lincoln some deputies take the responsibility and don't use them. In seven counties (Aroostook, Cumberland, Franklin, Kennebec, Knox, Oxford, Waldo) the use of restraints is left up to the discretion of the individual officer. Piscataquis and Washington Counties indicate they try to use the least restraints possible, and Kennebec states they use restraints in about 25% of cases. Cumberland, Androscoggin, Aroostook, Oxford, Kennebec and Hancock specifically indicated that they need more appropriate equipment and/or training in regard to restraint. Kennebec and Franklin Counties have used ambulances in cases where people were extremely violent.

The Androscoggin County Sheriff characterized handcuffing a mentally ill person who has committed no crime and transporting them in a marked cruiser as humiliating, degrading and inhumane, and recommended that each department have an unmarked padded van for transporting proposed patients. Kennebec, Oxford, and Washington County Sheriffs also felt that restraint or use of uniformed officers is inappropriate or created problems.

Eastern Maine Medical Center emergency staff indicated that using police complicates the situation, and though St. Mary's Hospital Emergency Room staff feel it is necessary to use the police due to the danger inherent in the situations, they feel their methods of restraint are inappropriate and inhumane.

Mid-Coast Mental Health Center and Kennebec Valley Medical Center felt that there are problems with restraints and the "criminalization" of mental illness. Mid-Coast Mental Health Center pointed out that confidentiality is lost due to the use of police radios. Tri-County Mental Health Center emergency workers were unhappy with the way some law enforcement officers use restraints. Police use of restraint was also mentioned as a problem by one ambulance service.

Evaluation at the State Mental Health Institutes

Mental health institutes conduct an evaluation of the proposed patient prior to admission, and the law enforcement officials remain at the institutes during this period.

Most of the sheriffs and deputies indicated that these evaluations usually take one hour or less (Aroostook, Cumberland, Franklin, Hancock, Kennebec, Knox, Lincoln, Penobscot, Piscataquis, Waldo, Washington, York). Others (Androscoggin, Oxford, Sagadahoc) indicate that the evaluation usually lasts at least an hour. Kennebec, Piscataquis, and Sagadahoc indicated that in unusual circumstances this procedure may take two, three or up to four or five hours (Kennebec). In the case of Cumberland County, where three persons are usually transported at a time, and evaluations done in sequence, the times adds up.

Hancock and Waldo indicate that these evaluations are now being conducted in a much more timely fashion than had been true in the past.

The mental health institutes may decline or refuse to admit the proposed patient at this point in the process; in this case the individual designated to transport must return the proposed patient to the point of origin.

This occurs about twice a month in Cumberland County, about six times a year in Aroostook County, four or five times in a year in Androscoggin, less than five times a year in York County, one or two times out of forty in Knox County, once in the past year in Kennebec and Hancock County and less than once a year or never in Franklin, Lincoln, Oxford, Penobscot, Piscataquis, Sagadahoc, Waldo, and Washington Counties. Three counties indicate that this situation has improved in the last few years.

Four county sheriffs (Aroostook, Cumberland, Kennebec, Penobscot) felt that the institutes should not have the right to refuse to admit the proposed patients, and Cumberland, Franklin and Washington County Sheriffs mentioned that involuntary admissions are released too soon.

It is the policy of the institutes not to admit alcoholics or substance abusers. Finding appropriate alternatives for these individuals when they are upset or dangerous was cited as a problem by Hancock and York County Sheriffs Departments, as well as by St. Mary's Hospital (Lewiston), Kennebec Valley Medical Center and Webber Hospital emergency personnel, and the Kennebec Valley Mental Health Center weekend emergency worker. The Institutes do not admit persons who are suffering from major medical problems. This was mentioned as a problem by Webber Hospital, Mid-Coast and Tri-County Mental Health Centers.

The Maine Medical Center Chief of Psychiatry felt that the criteria for admission should be more flexible.

The Augusta Mental Health Institute does not admit voluntary patients during evening and weekend hours, and there is no provision for transporting voluntary patients to the institutes. This policy was mentioned as creating problems by St. Mary's Hospital, Kennebec Valley Medical Center, and Kennebec Valley Mental Health Center, who indicated that flexibility in after hours voluntary admissions would cut down on involuntary admissions.

Total Duration

The total time of the Sheriff's involvement in an instance of involuntary hospitalization is usually a minimum of three hours, with five hours the most commonly mentioned duration, Oxford and Piscataquis counties indicate that commitments may take all day; and in Washington County travel time alone is often seven hours. Cumberland County's system is different, with scheduled transports three times per week.

Training Regarding Commitment Statutes

Sheriffs and deputies were asked what training they had received regarding the commitment statutes. Most indicated they had had none or at most the subject had been covered briefly at the police academy. Aroostook and Knox counties had attended a workshop sponsored by mental health centers. Hancock had attended a panel discussion, Piscataquis had attended a seminar at the mental health institute, and Penobscot has inservice training.

Androscoggin, Cumberland, Kennebec, Oxford, Piscataquis, Sagadahoc, Somerset, Washington, and York County sheriffs and/or deputies indicated the desire or need for more information or training regarding commitment laws and procedures; Franklin indicated local and state police need such information. Knox, Penobscot and Waldo indicate they have an adequate or good understanding of the law.

Aroostook Medical Center - Gould, Webber, St. Mary's, and Kennebec Valley Medical Center emergency room personnel requested additional training regarding commitment laws. St. Mary's and Webber would like to see a meeting or seminar including all sectors involved in involuntary hospitalization. Kennebec Valley Medical Center suggested guidelines on what situations are committable, and information on laws and procedures, especially for people who are "unable to care for themselves." Eastern Maine Medical Center has developed a manual and conducts their own inservice training. Several mental health center emergency workers wanted more training on the mental health law. Aroostook Mental Health Center wanted training on law, interpretation of patients rights, process in other states, discussion of options and meeting with all sectors involved. Mid-Coast Mental Health Center suggested a state-wide conference of all sectors involved and would like firmer guidelines on who is committable (i.e. case examples) and felt police should have training and knowledge of mental health resources. Community Health and Counseling Services suggested training for staff, emergency room personnel, private practitioners and police including law, criteria, interpretation, roles of people involved, what happens at each stage and after commitment, and crisis intervention techniques. Tri-County Mental Health Center indicated a need for training on the criteria for admission. Kennebec Valley Mental Health Center suggested the development of a document which discusses law, criteria for admission, and current practice which would be used by emergency workers and outpatient clinic staff.

Training Regarding Mental Illness

Sheriffs and deputies were questioned about the training they had received regarding mental illness. Most had had no training, or a few hours at the police academy. Aroostook has had one workshop with the mental

health center, and one individual had attended a training session at AMHI. Penobscot and Lincoln have inservice training, and the Lincoln County Sheriff has attended three or four workshops.

Seven counties (Aroostook, Androscoggin, Franklin, Oxford, Piscataquis, Somerset, York) indicated that they need additional training regarding mental illness, with suggestions including basic information on mental illness, evaluating, understanding and interpreting behavior, especially dangerousness, how to handle psychiatric crises, and what is needed for commitment. In Androscoggin County, the sheriffs thought that at least one person should have extensive training. They further suggested that the Sheriff's department should meet with representatives of the mental health system.

Webber Hospital emergency room staff felt they needed more training in evaluating acute psychiatric problems, especially with uncommunicative persons. Other emergency rooms and clinic emergency service providers did not mention a need for further training regarding mental illness.

Additional Recommendations for Change

The Androscoggin County Sheriff thought that it was appropriate for the Sheriffs department to be involved in transporting the mentally ill but would like a cosponsored system with support from the mental health system as well as unmarked padded vans. The Kennebec County Sheriff indicated that he does not dispute the job but needs help, cooperation and understanding. The Knox County Sheriff does not dispute doing the job if the situation calls for a "police environment", but would like to see more emphasis on voluntary admission or transportation provided by families or the Mid-Coast Mental Health Center. The Somerset County Sheriff recommended that deputies should be trained and supported by the mental health center. The Washington County Sheriff thought that uniformed police should be involved only if violence is threatened; otherwise it should be viewed as an illness and Blue Cross/Blue Shield or Medicaid should pay or a response team should be developed for each county out of BMHI. Cumberland County recommended more cooperation and coordination and York County wanted to stop transportation during the evening or limit to three times a week. The Oxford County sheriff thought that law enforcement personnel should not be involved at all, rather that the Rescue Units or a unit be developed out of Tri-County Mental Health or AMHI to provide outreach and to transport proposed patients in crisis.

Other suggestions made by mental health clinic and hospital emergency workers include: more authorization of families to transport (Webber); better follow-up so that crises do not occur (St. Mary's); quiet room or facility for holding someone during psychiatric emergnecy (KVMC-Augusta, Thayer Unit); psychologist in Washington County (CHCS).

Cost of Transportation

The expense to Sheriffs departments in both manhours and money was cited as a problem by Franklin, Kennebec, Oxford, and Washington Counties.

Some Sheriffs were able to cost out transportation, others made estimates, and in several instances cost figures were unavailable and are presented as extrapolations of known or estimated data. In the cases where hourly salary costs were not given, Knox County's figure of $7.43 hr. which includes fringe, was used, in the cases where mileage rates were not given, a figure of 40¢ a mile was used. Total, though approximate, costs were $61,438. for a one year period.

COSTS

Androscoggin	Two to three trips per week. Approximate Cost: (1,872 mi. @ 20¢ mi. = $1,872.00 Manhours - 936 hrs @ $7.43 hr. = $6,954.48)	$ 8,826.48
Aroostook	One year period # of people transported - 95 Approximate Cost:	$11,000.00
Cumberland	January 1, 1980 - June 30, 1981 # of people transported - 155 Approximate Cost: (3/5th cost of full time transportation officer @ $267.20 per wk x 52 = $8,336.64 2nd officer if needed at night $5.10 hr. x 50 hrs. = $255.00 3 trips wk x 100 mi. x 40¢ mi. = $6,240.)	$14,831.64
Franklin	Approximately 25-30 in a 1 year period Franklin County encourages local police and families to transport proposed patients, and keep no centralized statistics. Estimated Cost: (Approximately 280 manhours @ $7.43 hr. = $2,080.40 Mileage 28 x 80 mi. @ 40¢ mi. = $896.	$ 2,976.40
Hancock	July 1, 1980 - September 30, 1981 # of people transported - 18 Not an identifiable budget item. Approximate Cost: (manhours - 72 - 2 officers x ave. 2 hrs. x 18 x $5.59 hr. = $402.48 1044 mi. @ 40¢ mi. = $209.)	$ 611.48
Kennebec	July 1, 1980 - June 30, 1981 # of people transported - 94 Approximate Cost: (manhours 192 = $1,109.76 2480 mi. @ 20¢ mi. = $496.)	$ 1,605.76
Knox	Calendar year 1981 through 11/30/81 # of people transported - 36 Cost: (average cost = $59.58 manhours 216 @ $7.43 hr. including fringe ave. 3 hrs. 3600 mi. @ 10 mi/gal. x $1.30 gal)	$ 2,144.88

Lincoln	July 1, 1980 - June 30, 1981 # of people transported - 23 Cost: (manhours - 128 @ $6.40 hr. = $819.20 ave. 4 hrs. 1352 mi. @ 40¢ mi. = $540.80)	$ 1,360.00
Oxford	# of people transported - 10 Approximate Cost: (manhours - 140 @ $7.43 = $1,040.20 1400 mi. @ 40¢ mi. = $560.)	$ 1,600.20
Penobscot	# of people transported - 27 cost part of transportation budget Approximate Cost: (manhours approx. 108 x $7.43 = $802.44 approx. mileage 810 mi. @ 40¢ mi. = $324.)	$ 1,126.44
Piscataquis	# of people transported - 18 (est.) cost not a separate budget item Estimated Cost:	$ 2,000.00
Sagadahoc	Estimated # per year - 8 Approximate Cost: (approx. manhours = 32 @ $7.43 hr. = $237.76 approx. mileage - 70 x 8 = 560 @ 40¢ mi. = $224.)	$ 461.76
Somerset	July 1, 1980 - June 30, 1981 # of people transported = 136 Approximate Cost: (manpower - approx. $2,000 2500 mi. @ 20¢ mi. = $500.)	$ 2,500.00
York	July 1980 - June 1981 # of trips - 75 # of people transported - 87 Cost: (average cost = $93.89 manhours - 377 Ave. - 5 hours FY 80)	$ 7,042.50
Waldo	# of people transported - 19 Estimated Cost: (Average cost -$80.00 manpower$50. Mileage $30.)	$ 1,900.00 - $2,000.00
Washington	Approximately 18 trips per year Estimated Cost: (ave. cost $63.30 Transport about 50. gasoline $13.30 if female must hire matron @ $3.35 hr.)	$ 1,350.45
	TOTAL	$61,438.00

ADDITIONAL INFORMATION

Increased Resources

The Department of Mental Health and Mental Retardation increased funding to Community Health and Counseling Services on October 28, 1981. The majority of this money is earmarked to improve emergency services in Washington, Hancock, Piscataquis and Penobscot Counties.

Community Health and Counseling Services is currently involved in developing regional plans for emergency services in those counties.

The Department also awarded a grant to the Crisis and Counseling Centers on December 18, 1981 to provide emergency crisis intervention workers in Somerset County. This new service will fill an existing gap in the ability to intervene and evaluate psychiatric emergencies in that area. In most cases, crisis workers and law enforcement personnel will work together in initial communication, intervention, and transportation. Data from this grant will be closely analyzed by the Department to evaluate the effectiveness of the mobile crisis intervention model.

New Hampshire and Vermont Statutes

In both New Hampshire and Vermont, the local County Sheriffs are responsible for the transportation of the mentally ill for involuntary hospitalization. The New Hampshire law states that the Division of Mental Health will pay transportation costs, but the legislature did not appropriate money for this purpose. The costs are therefore absorbed by the individual counties. In Vermont, the Department of Mental Health pays the cost of transportation. The mechanism involves a fixed rate for mileage and hourly wage for personnel. A receipt is issued at the mental health hospital upon arrival, and expense account forms are submitted. This process is written into the statute.

ALTERNATIVE SYSTEMS OF TRANSPORTING PROPOSED PATIENTS

Crisis Teams Based at Mental Health Institutes

Advantages - This opion would avoid using law enforcement personnel, would allow for a concentration of resources, and would provide well trained staff.

Disadvantages - At times this team would be idle. In other cases it would be impossible for such a team to respond to simultaneous crises in scattered areas. Such a team would not be able to respond quickly to distant locales. This option would damage the community mental health model and would discourage local linkages and responsibility (i.e. between mental health centers, private practitioners, law enforcement personnel, hospital, etc.), and would be expensive.

Cost - The Department developed costs for transporting individuals from each Institute's service area. Such a service would not be geared for crisis intervention but rather would pick up proposed patients from mental health centers or general hospitals during two shifts. The budget for this service in one service area was placed at $97,330 per year, broken out as

follows:

Personnel Services	$77,245	(six mental health workers)
All Other	$11,085	($9,600 gasoline)
Capital	9,000	(1 vehicle annually)

The statewide cost for this service would equal approximately $200,000.

Crisis Teams based at Community Mental Health Centers

Advantages - This option would avoid using law enforcement personnel, would provide trained mental health staff, and would maintain local linkages.

Disadvantages - This option would require special training and purchase of equipment and vehicles, as well as the addition of personnel; mental health centers would not likely choose to provide this service. The use of private nonprofit agencies to enforce the State's power to take proposed patients into custody is questionable at best. Resources would be unavailable to handle multiple crises and administrative mechanisms for funding would need to be developed.

Cost - Crisis teams would each require vehicles and equipment, gasoline as well as staff. While cost modeling was not conducted, costs would certainly exceed the other options already discussed.

Use of Ambulances

Advantages - This option would avoid using law enforcement personnel and would provide well trained staff with adequate equipment, most of whom would be in touch with local resources.

Disadvantages - Ambulance services are scarce resources in many parts of the state. Many localities would not support having their equipment and personnel out of the area for several hours at a stretch. The use of ambulance services to take individuals into custody is questionable and might raise issues of liability. Costs would be high and administrative structures would have to be developed.

Cost - Several ambulance companies were contacted to ascertain costs. Base rates ranged from $60 to $85, with each mile, round trip, costing an additional $1.50 to $2.00. In addition some ambulance services charge an additional fee, of up to $50, if they must wait.

Some of the cost of transportation could be recovered through Medicaid (Title XIX). Reimbursement is $35 and $1 per mile, if the proposed patient were Medicaid eligible. Despite the possible Medicaid reimbursement, the costs for this option would be at least two to three times current costs.

State Reimbursement of Transportation Costs

This option would entail continuing the use of the current structure for transporting proposed patients to the institutes, but would transfer costs from the County to the State level of government. Hourly rates and mileage costs would have to be negotiated and an administrative structure developed to provide reimbursement.

A P P E N D I X

A. LETTERS

B. QUESTIONNAIRES

C. LIST OF INDIVIDUALS INTERVIEWED
AND LIST OF MENTAL HEALTH CATCHMENT AREAS

D. APPLICATION FOR EMERGENCY INVOLUNTARY ADMISSION
TO A MENTAL HOSPITAL

E. S.P. 310 - L.D. 866 - AN ACT RELATING TO THE
COSTS OF TRANSPORTING PERSONS TO HOSPITALS
FOR THE MENTALLY ILL STUDY ORDER

F. M.R.S.A. 34, CHAPTER 189, SUBCHAPTER III, § 2331, et. seq.
INVOLUNTARY HOSPITALIZATION

A. LETTERS

Maine Department of Mental Health and Mental Retardation
Bureau of Mental Health
411 State Office Building, Station 40, Augusta, Maine 04333 (207) 289-2711

JOSEPH E. BRENNAN
Governor

KEVIN W. CONCANNON
Commissioner

MICHAEL J. DeSISTO
Director

Dear General Hospital Administrator:

I am writing to ask your assistance in studying the circumstances relating to the transportation of mentally ill persons to hospitals, especially Bangor and Augusta Mental Health Institute.

As you may know, during the First Regular Session of the 110th Legislature, the Health and Institutional Services Committee issued a study order regarding the proposed LD 866 which would have made the Department of Mental Health and Corrections, now Mental Health and Mental Retardation, responsible for the cost of transporting the mentally ill for involuntary hospitalization and called for the development of a regional plan for this transportation. The Bureau of Mental Health is now looking at the entire system which effects transportation of the mentally ill. Your emergency room staff deals regularly with psychiatric emergencies which often lead to involuntary hospitalization and has knowledge in this area which is essential to the study.

Please give us the name of a person in the Emergency Room who regularly is involved in psychiatric emergencies, and a staff person from this Department will arrange to meet with that person to talk about how he/she views the transportation process and what may be problems with it.

In addition, any suggestions, comments or impressions which you may have would be valuable to study.

The report must be ready for the Committee by the beginning of January. The interviews should be completed by December 18, 1981. Please contact me at your earliest convenience. Your cooperation in this important study is greatly appreciated.

Sincerely yours,

Michael J. DeSisto, Ph.D.
Director
Bureau of Mental Health

MJD/lyl

Maine Department of Mental Health and Mental Retardation

Bureau of Mental Health

411 State Office Building, Station 40, Augusta, Maine 04333 (207) 289-2711

JOSEPH E. BRENNAN
Governor

KEVIN W. CONCANNON
Commissioner

MICHAEL J. DeSISTO
Director

Dear Community Mental Health Center Director:

I am writing to ask your assistance in studying the transportation of mentally ill persons to hospitals, especially Bangor and Augusta Mental Health Institutes.

As you may know, during the First Regular Session of the 110th Legislature, the Health and Institutional Services Committee issued a study order regarding the proposed LD 866 which would have made the Department of Mental Health and Corrections, now Mental Health and Mental Retardation, responsible for the cost of transporting mentally ill for involuntary hospitalization and called for the development of a regional plan for this transportation. The Bureau of Mental Health is now looking at the entire system which effects transportation of the mentally ill. Your emergency service staff deals regularly with psychiatric emergencies which often lead to involuntary hospitalization and has knowledge in this area which is essential to the study.

Please identify one person who is frequently involved in psychiatric emergencies so that a staff person from this Department can arrange to meet him/her and talk about impressions and experiences in this transportation process. Any suggestions, comments, or impressions which you can provide would also be valuable to the study.

The report must be ready for the Committee in January. The interviews will be done during December, so please contact me at your earliest convenience. Your contribution to this important study will be greatly appreciated.

Yours truly,

Michael J. DeSisto

Michael J. DeSisto, Ph.D.
Director
Bureau of Mental Health

MJD/lyl
cc: Board President

Maine Department of Mental Health and Mental Retardation
Bureau of Mental Health

411 State Office Building, Station 40, Augusta, Maine 04333 (207) 289-2711

JOSEPH E. BRENNAN
Governor

KEVIN W. CONCANNON
Commissioner

MICHAEL J. DeSISTO
Director

Dear Sheriff

I am writing to ask for your assistance in studying the circumstances relating to the transportation of mentally ill persons to hospitals, especially Bangor and Augusta Mental Health Institutes.

As you may know, during the First Regular Session of the 110th Legislature, the Health and Institutional Services Committee issued a study order regarding the proposed LD 866 which would have made the Department of Mental Health and Corrections, now Mental Health and Mental Retardation, responsible for the cost of transporting the mentally ill to hospitals and called for the development of a regional plan for this transportation. The Bureau of Mental Health is now looking at the entire system which effects transportation of the mentally ill. You have information and knowledge in this area which is essential to the study. A staff person from this Department would like to meet with you and one of your deputies who is involved in the transportation process to talk about how you view it and what you see as problems. It would be very helpful if you could give certain information to the staff person at the time of the meeting.

The information which is important to this study includes the following:

1. In the period July 1, 1980 through June 30, 1981, how many times was a sheriff or deputy involved in transporting a mentally ill person to a hospital, AMHI, or BMHI.

2. During this period, in how many instances of transportation to AMHI or BMHI was the person not admitted and had to be returned home?

3. During this period, when were you called on to transport? During business hours, after business hours, on weekends?

4. During this period, what was the cost in dollars to the County for this service?

5. What are your policies regarding transportation of the mentally ill? Are they formal or informal?

Someone will be calling you soon to arrange this meeting at a time that will be convenient for you and your deputy.

If you have any suggestions, comments or questions prior to that time, please feel free to call me. I appreciate your time and effort in helping with this study. Thanking you in advance.

Sincerely yours,

Michael J. DeSisto

Michael J. DeSisto, Ph.D.
Director
Bureau of Mental Health

MJD/lyl

B. QUESTIONNAIRES

Interview with County Sheriff _____

of _____ County Date: _____

Interviewer will pick up the information requested in Michael DeSisto's letter to the Sheriff. (See copy of letter) In addition, ask about problems with the way the law is written.

Ask about problems with the system for transportation.

Ask about training needs for deputies.

If the County Sheriff currently does transportation, include him in Deputy interview.

Interview with County/Deputy Sheriff _____

of _____ County Date: _____

What is your role in the transportation of mentally ill persons to the mental health institutes?

When a person needs to be transported to AMHI/BMHI, how do you find out about it?

Under what circumstances do you take someone into protective custody? Will you do so on someone else's report, or do you have to make a first hand observation?

After you have picked someone up, and taken him/her into custody, what do you do next?

Where do you take them? Whom do you contact?

How long do you have to wait for the person to be initially evaluated for admission?

When the evaluation indicates that an involuntary admission is necessary, how and by whom does the blue paper get signed/completed? The third part of the paper.

How long does this process take?

What is the policy in your county about transporting people to the mental health institute?

What is the policy on restraining a person for the trip?

Do you get any information about the person you are transporting from the emergency worker? Anyone else? What kind of information do you get? Do

you need more?

Has lack of information ever caused a problem for you? If so, please explain.

Have you ever refused to transport someone? Why?

When you get to AMHI/BMHI, how long do you have to wait there?

What is the time of day when these situations usually occur?

Do you ever have to bring back someone who has not been admitted? How often?

What kind of training have you had to help you know how to deal with mentally ill people when you transport them or take them into custody?

What kind of training have you had about the commitment law?
What kind would you like?

Overall, how could the process be improved?

Is there anything else you would like to add? Any examples, anecdotes, specific situations?

Interview with CMHC Emergency Worker _____
(Name)

_____ Date: _____
(Position)

How are you notified of a possible admission to an inpatient setting?

How do you determine if an involuntary commitment is necessary?

What do you do then?

Where do you go to evaluate a person who may need to be hospitalized?

If there is a need for involuntary commitment, who initiates the process? Who completes the commitment paper?

CMHC Emergency Worker _____

How does the person get transported to the Institute? Are Law Enforcement personnel always involved? Have you experienced any problems in this process?

If the person needs to be committed, do you contact the Institute directly? With whom do you talk?

Are there ever problems in getting the Institute to agree to evaluate and/or admit the person you referred? What kind of problems?

At what time of day do these circumstances usually occur?

Do you always have to evaluate someone through a face-to-face contact? How long does this process usually take?

Crisis Emergency Worker_____

If a face-to-face is not required, what is the process?

When are your responsibilities in the process over?

What kind of training have you had regarding the commitment process? What kind would you like?

Overall, how could the process be improved?

Is there anything else you would like to add?

Hospital Emergency Room Worker _____
(Name)

_____ _____
(Position) (Hospital)

Date: _____

What role does the emergency room play in psychiatric emergencies?

Who determines if involuntary hospitalization is necessary?

At what point are law enforcement personnel involved in this process?
At what point are community mental health center staff involved?
What is their role?

If involuntary hospitalization is necessary, what is the process?

Who completes the commitment paper?

If the person needs to be committed, do you contact the Institute directly? With whom do you talk?

Are there ever problems in getting the Institute to agree to evaluate and/or admit the person you referred? What kind of problems?

At what time of day do these circumstances usually occur?

What kind of training have you had regarding the commitment process? What kind would you like?

Overall, how could the process be improved?

Is there anything else you would like to add?

How is the person in need of hospitalization transported to the mental health institutes?

If an ambulance service is used, which one is it?

Are you aware of any problems in this process?

Admission Personnel: _____ Date: _____
(Name)

_____ _____
(Position) (Hospital)

Are you always notified of impending involuntary admissions?
Who notifies you?

Are there problems in assuring timely assessment of the need for admission?

How often are admissions refused? Why do you think this occurs?

About how long, would you say, do law enforcement officials and ambulance attendants spend waiting for assessments to be done?

What ambulance services bring people here for involuntary hospitalization?

Are you aware of specific problems encountered by those who provide transportation?

Any examples or incidents which illustrate problems in involuntary admissions?

Are you aware of any training needs regarding involuntary hospitalization which exist in the system?

Overall, how could the process be improved?

Is there anything else you would like to add?

Ambulance Worker _____ Date: _____
(Name)

_____ _____
(Position) (Company)

What is your role in the transportation of mentally ill persons to the mental health institutes?

When a person needs to be transported, how do you find out about it? Who pays for it?

Have you ever refused to transport someone? Why?

Do you get any information about the person you are transporting from the emergency worker? Anyone else? What kind of info do you get? Do you need more?

Ambulance Worker _____

Has lack of information ever caused a problem for you? If so, please explain.

When you get to AMHI/BMHI/Togus, how long do you have to wait there?

Do you ever have to bring someone back who has not been admitted? How often? What is the reimbursement mechanism, who pays for the ambulance?

What kind of training have you had to help you know how to deal with mentally ill people when you transport them?

What kind of training have you had about the commitment law?

What kind would you like?

Ambulance worker _____

Overall, how could the process be improved?

Is there anything else you would like to add? Any examples, anecdotes, specific situations.

C. LIST OF INDIVIDUALS INTERVIEWED

INDIVIDUALS INTERVIEWED BY MENTAL HEALTH CATCHMENT AREA

AREA I

Darrell Crandell, Aroostook County Sheriff
Dave Cawley, Aroostook Mental Health Center
Kim Strom, Aroostook Mental Health Center
Thomas Brennan, M.D., Aroostook Medical Center - Gould

AREA II

Captain West, Hancock County Jail Administrator
Barbara Davis, Hancock County Sheriff's Office
Bob Carlson, Penobscot County Jail Administrator
Frank Murch, Piscataquis County Sheriff
Robert Higgins, Washington County Sheriff
Lynne Mansur, Community Health and Counseling Services
Carol Peavey, RN, Eastern Maine Medical Center
Jerry Durnbaugh, MEDEC Ambulance Service
Dave Spang, Bangor Mental Health Institute

AREA III

Leo Bazinet, Kennebec County Sheriff
William Wright, Somerset County Sheriff
Richard Staples, Kennebec Valley Mental Health Center
Marshall Chamberlain, M.D., Kennebec Valley Medical Center - Augusta
Lawrence Mutty, M.D., Kennebec Valley Medical Center - Augusta
Joan Atwell, Augusta Mental Health Institute

AREA IV

Joseph Laliberte, Androscoggin County Sheriff
Ron Gagnon, Androscoggin County Deputy Sheriff
Ronald Durrell, Franklin County Sheriff
Alton Howe, Oxford County Sheriff
William Williams, Oxford County Deputy Sheriff
Ione Campbell, Tri-County Mental Health Services
Stuart Price, Tri-County Mental Health Services
Linda Pelletier, St. Mary's Hospital
Miriam Paradis, St. Mary's Hospital

AREA V

Martin Joyce, Jr., Cumberland County Sheriff
Peter McDermott, Cumberland County Deputy Sheriff
Paul Coleman, Cumberland County Deputy Sheriff
Alan M. Elkins, M.D., Maine Medical Center

AREA VI

Wesley Phinney, York County Sheriff
Madaline Salamonski, York County Deputy Sheriff
Judy Seaton, RN, York County Counseling Services
Edward J. McGeachey, Jr., Webber Hospital
Tom Wenzka, RN, Webber Hospital

AREA VII

Arthur Tainter, Sagadahoc County Sheriff
John Ackley, Sagadahoc County Chief Deputy Sheriff
Ray Rosenzweig, Bath-Brunswick Area Mental Health Center

AREA VIII

Rick Brewster, Knox County Deputy Sheriff
Steve Mazzeo, Knox County Chief Deputy Sheriff
Bill Cade, Lincoln County Deputy Sheriff
Fred Davis, Lincoln County Deputy Sheriff
Stanley Knox, Waldo County Sheriff
Dan Peterman, Mid-Coast Mental Health Center

COMMUNITY MENTAL HEALTH CENTER's

CATCHMENT AREAS

The following C.M.H.C. Catchment Areas consist of the listed counties and those towns that are not located in that county.

Catchment Area I Aroostook Mental Health Center	Aroostook County plus Danforth, Stacyville, Patten and Mt. Chase
Catchment Area II Community Health & Counseling Services	Washington, Hancock, Piscataquis and Penobscot Counties plus Winterport and Frankfort minus Danforth, Stacyville, Patten and Mt. Chase
Catchment Area III Kennebec Valley Mental Health Center	Somerset and Kennebec Counties plus Richmond, Whitefield, Burnham, Unity, Freedom and Palermo
Catchment Area IV Tri-County Mental Health Services	Franklin, Oxford and Androscoggin Counties plus New Glouster minus Stoneham, Stow, Lovell, Sweden, Hiram, Porter, Brownfield, Denmark and Fryeburg
Catchment Area V Area V Mental Health Board	Cumberland County plus Stoneham, Stow, Lovell, Sweden, Denmark, Fryeburg and Brownfield minus Brunswick and New Glouster
Catchment Area VI York County Counseling Services, Inc.	York County plus Hiram and Porter
Catchment Area VII Bath-Brunswick Mental Health Assn., Inc.	Sagadahoc and Lincoln Counties plus Brunswick minus Jefferson, Waldoboro, Richmond and Whitefield
Catchment Area VIII Mid-Coast Mental Health Center	Knox and Waldo Counties plus Jefferson and Waldoboro minus Burnham, Unity, Freedom, Palermo, Winterport and Frankfort

D. APPLICATION FOR EMERGENCY INVOLUNTARY ADMISSION TO A MENTAL HOSPITAL

APPEND ESSENTIAL MEDICAL INFORMATION

APPLICATION FOR EMERGENCY INVOLUNTARY ADMISSION TO A MENTAL HOSPITAL

(This application does not assure the admission of the patient. The head of the hospital may decline to accept the patient if he considers the admission is unnecessary or if suitable accommodations are not available for the patient.)

I, _____ of _____ request the head
Name of applicant — Address of applicant

of the _____ to admit as an emergency _____,
Name of hospital — Name of proposed patient

who is _____ years of age, of _____
Address of proposed patient

I believe that the proposed patient is mentally ill because _____
(Describe what you have learned or observed which confirms this belief.)

_____; and due to such illness poses a likelihood of serious harm because _____
(Describe basis for risk of physical harm to self or others or the basis for belief that severe impairment or injury will result to the proposed patient.)

_____; and, after consideration, less restrictive alternatives are unavailable in the community.

_____ _____
Date — Signature of applicant

_____
Relationship or official capacity, if any

Give name and address of:
Parent, legal guardian, Spouse, Next of kin (if any) or friend: _____

_____

Certificate of Examination by Physician or Psychologist who Practices Clinical Psychology

I, _____ M.D./D.O./Psychologist, _____
Name of examiner — Address of examiner

being an individual licensed to practice medicine/osteopathy, or psychology, in the State of Maine, certify that I examined _____ on
Name of proposed patient

_____. It is my opinion, as a result of this examination
Date of examination

that the proposed patient is mentally ill because _____

and due to such illness poses a likelihood of serious harm because _____
(Describe basis for risk of physical harm to self or others or the basis for belief that severe impairment or injury will result to the proposed patient.)

_____; and, after consideration, less restrictive alternatives are unavailable in the community.

_____ _____
Date — Signature — M.D./D.O./Psychologist

The Date of the examination shall not be more than (3) days prior to the Date of the Admission

Endorsement of Emergency Certificate Authorizing the Transportation and Detention of the Proposed Patient

I find the accompanying application and certificate to be regular and in accordance with the law and hereby authorize _____

to take _____ into custody and
Name of proposed patient

transport said patient to the _____ and, in the event
Name of hospital

of non-admission to said hospital, to return said patient and I further authorize said hospital to detain said patient pursuant to 34 M.R.S.A. § 2333(1).

_____ _____
(Date) — (Name of endorsing judicial officer)

_____
(Name of Court)

_____
(Address of Court)

(Endorsement may be by Judge of Probate, District Court Judge, Justice of the Superior Court or Complaint Justice)

Ref: T. 34, M.R.S.A., 1964 § 2333 as repealed and replaced by P.L. 1977, c. 429

MH-100
Revised 1977

FORM MH-100

APPLICATION FOR EMERGENCY INVOLUNTARY ADMISSION TO A MENTAL HOSPITAL

In the case of

.....

E. S.P. 310 - L.D. 866 - AN ACT RELATING TO THE COSTS OF TRANSPORTING PERSONS TO HOSPITALS FOR THE MENTALLY ILL
STUDY ORDER

APPROVED

APR 24 '81

BY GOVERNOR

CHAPTER

27

P & S LAW

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-ONE

S. P. 310 — L. D. 866

AN ACT Relating to the Costs of Transporting Persons to Hospitals for the Mentally Ill.

Be it enacted by the People of the State of Maine, as follows:

Department of Mental Health and Corrections; transportation study. The Department of Mental Health and Corrections shall study the feasibility and costs of various plans for transporting mentally ill persons to the Augusta and Bangor Mental Health Institutes in consultation with the Department of Transportation and county officials in each county. The department shall present the results of the study, together with recommendations for legislation, to the Joint Standing Committee on Health and Institutional Services on or before January 15, 1982.

The committee may report out any necessary legislation in connection with this study.

IN HOUSE OF REPRESENTATIVES, ... 1981

Read twice and passed to be enacted.

.....**Speaker**

IN SENATE, ...1981

Read twice and passed to be enacted.

..... **President**

Approved..... 1981

.....**Governor**

F. M.R.S.A. 34, Chapter 189, Subchapter III, § 2331, et. seq.
INVOLUNTARY HOSPITALIZATION

SUBCHAPTER III
INVOLUNTARY HOSPITALIZATION

ARTICLE 1. ADMISSION PROCEDURES

§ 2331. Authority to receive involuntary patients

The head of a private hospital may receive therein for observation, diagnosis, care and treatment any individual whose admission is applied for under any of the procedures provided in this chapter. The head of a public hospital may receive therein for observation, diagnosis, care and treatment any individual whose admission is applied for under procedures 1 and 2, and shall receive therein for observation, diagnosis, care and treatment any individual whose admission is applied for under procedure 3.

1. Informal admission. Informal admission;

2. Medical certification, emergency. Hospitalization on medical certification; emergency procedure;

3. Court order. Hospitalization on court order; judicial hospitalization procedure.

[P.L. 1967, c. 128; P.L. 1973, c. 547, §§ 15, 16, 17]

§ 2332. [REPEALED, P.L. 1973, c. 547, § 18]

§ 2332-A. Emergency restraint and transportation

Any law enforcement officer in the State having reasonable grounds to believe, based upon his personal observation, that any person may be a mentally ill individual and that due thereto he presents a threat of imminent and substantial physical harm to himself or to other persons, may take such person into protective custody and, in any such case, shall deliver such person forthwith for examination by an available licensed physician or licensed psychologist as provided for in section 2333.

In the event that a certificate relating to the person's likelihood of serious harm shall not be executed by the examiner under section 2333, the officer shall release the person from protective custody, and, with the permission of such person, shall return this person forthwith either to his place of residence, if within the territorial jurisdiction of the officer, or to the place where such person was taken into protective custody; provided that, if such person is also then under arrest for a violation of law, he shall be retained in custody until released in accordance with the law. In the event that the examiner shall execute the certificate provided for under section 2333, the officer having protective custody of the person examined shall have authority to detain him for a reasonable period of time not to exceed 18 hours pending endorsement by a judicial officer provided for under section 2333; provided that the officer shall undertake to secure such endorsement forthwith upon execution of the certificate by the examiner.

[P.L. 1978, c. 629, § 1]

Costs of transportation furnished under this section shall be paid as are costs of transportation provided under section 2333.

[P.L. 1975, c. 559, §6]

§ 2333. Emergency procedure

1. Admission. A person may be admitted to a hospital after the hospital has received an application and certificate pursuant to the following provisions.

A. A written application, which shall be made subject to the prohibitions and penalties of section 2259, may be made by any health officer, police officer or any other person who states:

(1) His belief that the person is a mentally ill individual and, because of his illness, poses a likelihood of serious harm, as defined under section 2251, subsection 7, paragraph A, B or C; and

(2) The grounds for this belief.

B. The written application shall be accompanied by a dated certificate signed by a licensed physician or a licensed psychologist who practices clinical psychology. In the certificate, the physician or psychologist shall state that:

(1) He has examined the person on the date of the certificate; and

(2) He is of the opinion that the person is a mentally ill individual and, because of his illness, poses a likelihood of serious harm as defined under section 2251, subsection 7, paragraph A, B or C.

The date of such examination shall not be more than 3 days prior to the date of admission to the hospital.

C. The application and accompanying certificate shall be reviewed by a Justice of the Superior Court, a Judge of the District Court, a judge of probate or a complaint justice. If that judge or justice finds the application and accompanying certificate to be regular and in accordance with the law, he shall endorse them.

No person shall be held against his will in the hospital pursuant to this section, whether he was informally admitted under section 2290 or is sought to be involuntarily admitted under this section, unless the application and certificate have been endorsed by a judge or justice, except that a person for whom an examiner has executed the certificate provided for under this section may be detained in a hospital for a reasonable period of time not to exceed 18 hours pending endorsement by a judge or justice; provided that, where the person was informally admitted under section 2290, the head of the hospital shall undertake to secure the endorsement forthwith upon execution of the certificate by the examiner, and that, where the person is sought to be involuntarily admitted under this section, the person or persons transporting him to the hospital shall undertake to secure the endorsement forthwith upon execution of the certificate by the examiner.

[P.L. 1978, c. 629, §2]

D. Upon the endorsement by the judge or justice of the application and certificate, any health officer, police officer or other person designated by the judge or justice shall be authorized to take the person into custody and to transport him to a hospital as designated in the application. The county in which such person is found shall be responsible for any expenses of transportation for the person pursuant to this section, including return if admission is declined.

2. Continuation of hospitalization. In the event that the head of the hospital recommends further hospitalization of the patient, he shall determine the suitability of admission, care and treatment of the patient as an informally admitted patient, as described in section 2290.

A. If the head of the hospital determines that admission of the patient as an informally admitted patient is suitable, the patient, if he so desires, shall be admitted on this basis.

B. If the head of the hospital determines that admission of the patient as an informally admitted patient is not suitable, or if the patient declines

admission as an informally admitted patient, the head of the hospital may apply to the District Court having territorial jurisdiction where the hospital is located for the issuance of an order for hospitalization under section 2334. The head of the hospital shall file any such application in the District Court within 5 days from admission of the patient under this section, excluding in the computation of such time the date of admission and any Saturday, Sunday or legal holiday.

C. Upon admission of a person under this section and after consultation with the person, notice of fact of admission shall be mailed to his legal guardian, if known, his spouse, his parent or adult child, or, if none of these persons exists or if their whereabouts are unknown, then to one of his next of kin or a friend.

3. Discharge. If neither readmission nor application to the District Court is effected under subsection 2, paragraph A or B, the patient shall be discharged forthwith.

[P.L. 1977, c. 429, §3]

§ 2333-A. [REPEALED, P.L. 1975, c. 559, §9]

§ 2334. Judicial procedure and commitment

1. Application to District Court. An application to the District Court filed pursuant to section 2333, subsection 2, paragraph B, shall be accompanied by a copy of:

A. The emergency application, as provided in section 2333, subsection 1, paragraph A;

B. The accompanying certificate, as provided in section 2333, subsection 1, paragraph B; and

C. The certificate, pursuant to section 2372, of the examining physician or a psychologist that:

(1) He has examined the patient; and

(2) It is his opinion that the patient is a mentally ill individual and, because of his illness, poses a likelihood of serious harm, as defined in section 2251, subsection 7, paragraph A, B or C.

2. Notice of receipt of application. Upon receipt by the District Court of the application and the accompanying documents specified in subsection 1, the court shall cause written notice of such application:

A. To be given personally or by mail to the patient within a reasonable time prior to hearing, but not less than 3 days prior to hearing; and

B. To be mailed to the patient's legal guardian, if known, and to his spouse or parent or one of his adult children; or, if none of these persons exist or if their whereabouts are unknown, to one of his next of kin or a friend.

A docket entry shall be evidence that such notice has been given.

3. Examination

A. Upon receipt by the District Court of the application and the accompanying

documents specified in subsection 1, the court shall forthwith cause the patient to be examined by 2 examiners, each of whom shall be either a licensed physician or a licensed psychologist who practices clinical psychology, and one of whom, if reasonably available, shall be chosen by the patient or by his counsel. Neither examiner appointed by the court shall be the certifying examiner under section 2333 or under section 2372.

B. The examination shall be held at the hospital or any other suitable place not likely to have a harmful effect on the mental health of the patient.

C. If the report of the examiners is to the effect that the patient is not mentally ill or does not pose a likelihood of serious harm as defined in section 2251, subsection 7, paragraph A, B or C, the application shall be ordered discharged forthwith. Otherwise the hearing shall be held on the date or the continued date which the court has set for the hearing.

4. Hearing.

A. The District Court shall hold a hearing on the application not later than 15 days from the date of the application. On a motion by any party, the hearing may be continued for cause for a period not to exceed 10 additional days. If the hearing is not held within the time specified or a continuance thereof, the application shall be dismissed and the patient shall be ordered discharged forthwith. In computing the time periods set forth in this paragraph, the District Court Civil Rules of Procedure shall apply.

B. The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the patient.

C. The court shall receive all relevant and material evidence which may be offered in accordance with accepted rules of evidence and accepted judicial dispositions. The patient, the applicant and all other persons to whom notice is required to be sent shall be afforded an opportunity to appear at the hearing, to testify and to present and cross-examine witnesses. The court may in its discretion receive the testimony of any other person and shall have the power to subpoena any witness.

D. An opportunity to be represented by counsel shall be afforded to every patient. If neither the patient nor others provide counsel, the court shall appoint counsel for the patient.

E. In addition to proving that the patient is a mentally ill individual, the applicant shall show:

(1) By evidence of the patient's actions and behavior, that the patient poses a likelihood of serious harm, as defined in section 2251, subsection 7, paragraph A, B or C; and

(2) That, after a full consideration of less restrictive treatment settings and modalities, inpatient hospitalization is the means best available for the treatment of the patient.

F. The applicant in each case shall submit to the court, at the time of hearing, testimony indicating the individual treatment plan to be followed by the hospital staff in the event of commitment under this section. Any expense for witnesses for this purpose shall be borne by the applicant.

G. A stenographic or electronic record of the proceedings in all judicial hospitalization hearings shall be required. Such record, together with all notes, exhibits and other evidence shall be confidential and shall be retained as part of the District Court records for a period of 2 years from the date of the hearing.

H. The hearing shall be confidential. No report of the proceedings shall be released to the public or press, except by permission of the patient or his counsel and with approval of the presiding District Court Judge. The court may order a public hearing on the request of the patient or his counsel.

5. Findings by the court.

A. If, upon completion of the hearing and consideration of the record, the District Court:

(1) Finds clear and convincing evidence that the patient is mentally ill and that his recent actions and behavior demonstrate that his illness poses a likelihood of serious harm as defined in section 2251, subsection 7, paragraph A, B or C;

(2) Finds that inpatient hospitalization is the means best available for treatment of the patient; and

(3) Is satisfied with the individual treatment plan offered by the hospital;

it shall so state in the record. If the District Court makes the findings described in subparagraphs (1) and (2), but is not satisfied with the individual treatment plan as offered, it may continue the case for not longer than 10 days pending reconsideration and resubmission of an individual treatment plan by the hospital.

6. Commitment. Upon making the findings described in subsection 5, the court may order commitment of the patient, as provided in this subsection.

A. The court may order a commitment to a mental hospital for a period not to exceed 4 months in the first instance and not to exceed one year after the first and all subsequent rehearings.

B. The court may issue an order of commitment immediately after the completion of the hearing, or it may take the matter under advisement and issue an order within 24 hours of the hearing.

C. If the court does not issue an order of commitment within 24 hours of the completion of the hearing, it shall dismiss the application and the patient shall be ordered discharged forthwith.

7. Continued involuntary hospitalization. If the head of the hospital determines that continued involuntary hospitalization is necessary for a patient who has been ordered by the District Court to be committed, he shall, not later than 30 days prior to the expiration of a period of commitment ordered by the court, make application in accordance with this section to the District Court which has territorial jurisdiction where the hospital is located for a hearing to be held pursuant to this section.

8. Transportation to hospital. Unless otherwise directed by the court, it

shall be the responsibility of the sheriff of the county in which the District Court has jurisdiction and in which the hearing takes place to provide transportation to any hospital to which the court has committed the patient.

With the exception of expenses incurred by the applicant pursuant to subsection 4, paragraph F, the District Court shall be responsible for any expenses incurred under this section, including fees of appointed counsel, witness and notice fees and expenses of transportation for the patient.

9. Appeals. A person ordered by the District Court to be committed to a hosptal (sic) may appeal from that order to the Superior Court. The appeal shall be on questions of law only. Any findings of fact of the District Court shall not be set aside unless clearly erroneous. The order of the District Court shall remain in effect pending the appeal. The District Court Civil Rules of Procedure and the Maine Rules of Civil Procedure shall apply to the conduct of such appeals, except as otherwise specified in this subsection.

[P.L.1977, c. 429, §4]

§ 2335. Hospitalization by United States Agency

If an individual ordered to be hospitalized pursuant to section 2334 is eligible for hospital care or treatment by any agency of the United States, the court, upon receipt of a certificate from such agency showing that facilities are available and that the individual is eligible for care or treatment therein, may order him to be placed in the custody of such agency for hospitalization. When any such individual is admitted pursuant to the order of such court to any hospital or institution operated by any agency of the United States within or without the State, he shall be subject to the rules and regulations of such agency. However, he shall retain all rights to release and periodic court review as contained within this chapter. The chief officer of any hospital or institution operated by such agency and in which the individual is so hospitalized shall with respect to such individual be vested with the same powers as the heads of hospitals or the department within this State with respect to detention, custody, transfer, conditional release or discharge of patients. Jurisdiction is retained in the appropriate courts of this State any time to inquire into the mental condition of an individual so hospitalized, and to determine the necessity for continuance of his hospitalization, and every order of hospitalization issued pursuant to this section is so conditioned.

[P.L. 1973, c. 547, § 21]

§ 2336. Transfers from out-of-state institutions

The commissioner may, upon request of a competent authority of a state, or the District of Columbia, which is not a member of the Interstate Compact on Mental Health, grant authorization for the transfer of a mentally ill patient directly to a Maine state hospital, provided said patient has resided in the State of Maine for a consecutive period of one year during the 3-year period immediately preceding commitment in such other state or the District of Columbia; that said patient is currently confined in a recognized state institution for the care of the mentally ill as the result of proceedings considered legal by that state; that a duly certified copy of the original commitment proceedings and a copy of the patient's case history is supplied; that if, after investigation, the commissioner shall deem such a transfer justifiable; and that all expenses incident to such a transfer be borne by the agency requesting same. When the commissioner has authorized such a transfer, the superintendent of the state hospital designated by him shall receive the patient as having been regularly committed to said hospital under section 2334.

SUBCHAPTER II
VOLUNTARY HOSPITALIZATION

§ 2290. Informal admission (A.G.Opin. 4/7/75)

Any person desiring admission to a hospital for the mentally ill for care and treatment of a mental illness, may be admitted, subject, except in case of medical emergency, to the availability of suitable accommodations, as a patient without making formal application therefor, although standard hospital information may be elicited, if, after examination, the head of the hospital deems such person suitable for such admission, care and treatment. Any person under the age of 18 years must have the consent of his parent or guardian, and, in the case of an admission to a hospital for the mentally ill other than a private hospital, the consent of the Commissioner of Mental Health and Corrections or his designee. Any such patient shall be free to leave such hospital at any time after admission; this shall not preclude the admission of any such person to a hospital under section 2333 when at any time such admission is considered necessary in the interest of the patient and of the community. The head of the hospital admitting the individual shall forthwith make a report thereof to the department. The head of the hospital shall cause every patient admitted pursuant to this section to be informed at the time of admission of his status as an informally admitted patient and of his freedom to leave the hospital at any time subject to this section.

[P.L. 1965, c. 10; P.L. 1973, c. 492, §1, c. 716, §5; P.L. 1975, c. 770, §201]

§ 2291. [REPEALED, P.L. 1973, c. 625, §239-A]

§ 2292. [REPEALED, P.L. 1973, c. 547, §14]

§ 2293. [REPEALED, P.L. 1973, c. 547, §14]

S.P. 310 - L.D. 866 TRANSPORTATION STUDY

Addendum

Admission Statistics--State Mental Health Institutes

Total Admissions Fiscal Year '79-'81

	A.M.H.I.	B.M.H.I.	TOTAL
FY 79	1057	693	1750
FY 80	996	723	1722
FY 81	925	681	1606

Involuntary Admissions Fiscal Year '79-'81

	A.M.H.I.		B.M.H.I.	
	#	% of Total Adm.	#	% of Total Adm.
FY 79	675	61%	324	47%
FY 80	647	65%	336	46%
FY 81	690	75%	302	44%

S.P. 310 - L.D. 866 TRANSPORTATION STUDY

Addendum

Legal Issues

Several legal issues were raised by persons interviewed as a part of the transportation study. Specifically: 1) whether law enforcement officials must personally observe evidence of mental illness and dangerousness; 2) questions regarding the authority to hold individuals; 3) questions of jurisdiction; and 4) questions of liability.

Personal Observation

Some law enforcement officials questioned whether they could take individuals into custody if they had not personally observed evidence of mental illness and likelihood of serious harm. This questioning arises out of a confusion in the current statutes. 34 M.R.S.A. 2332-A states that:

> "any law enforcement officer in the State having reasonable grounds to believe, based upon his personal observation, that any person may be a mentally ill individual and that due thereto he presents a threat of imminent and substantial physical harm to himself or to other persons, may take such person into protective custody and, in any such case, shall deliver such person forthwith for examination by an available licensed physician or licensed psychologist as provided for in Section 2333."

However, 34 M.R.S.A. 2333 (1), detailing the procedures for emergency admission, states that:

> "a person may be admitted to a hospital after the hospital has received an application and certificate pursuant to the following provisions:
>
> A. A written application, which shall be made subject to the prohibitions and penalties of Section 2259, may be made by any health officer, police officer, or any other person..."

It thus appears that section 2333 envisions the initiation of the emergency process by "any (other) person" willing to certify to his belief subject to criminal sanctions against unwarranted hospitalization or denial of rights. Section 2332-A, however, does not allow protective custody and transportation for examination, frequently necessary aspects of the emergency admission process, except on personal observation by the police officer himself.

It seems that 34 M.R.S.A., Section 2332-A should be amended to allow protective custody and transportation for examination either upon the law enforcement officer's personal observation or upon the report of any person, subject to the prohibitions and penalties of Section 2259.

Authority to Hold Individuals

34 M.R.S.A., Section 2332-A states that officers having protective custody over a person examined have authority to detain him for a reasonable period of time not to exceed 18 hours pending endorsement by a judicial officer. As indicated in the body of this report, many situations of involuntary commitment do not involve protective custody by law enforcement officials, but rather involve emergency room workers, mental health personnel, and others without clear authority to hold a mentally ill person. Further, as indicated in the discussion of transportation in Cumberland County, persons are held in hospital after judicial endorsement until transported to the State Institute. Although provisions of 17-A M.R.S.A. 106 provide some protection against criminal charges in emergency situations hospital workers reasonably question their authority to hold persons at various stages of the involuntary process. It seems that the statutes should recognize the role of all responsible actors in the process and provide appropriate authority and protections to allow the process to operate.

Jurisdictional Issues

Two jurisdictional issues were raised by law enforcement officials: 1) a few indicated they were not responsible for transporting people whose residence was outside the county, 2) a few questioned crossing county lines to effectuate examination, judicial endorsement and/or transportation to a hospital.

While previous statutes had held towns or areas of settlement responsible for aspects of commitment and its expense, the present statute (34 M.R.S.A. Section 2333 (1.D.)) states that:

> "the county in which such person is found shall be responsible for any expense of transportation for the person pursuant to this section, including return if admission is declined."

Title 34, Section 2332-A and 2333, quoted above, discuss, respectively, protective custody and judicial endorsement and authorization for transportation. Since the place of examination may, and the designated hospital will, in most circumstances, be outside of the county in which the person is found, these sections require law enforcement officers to leave their normal jurisdiction to effect these authorized functions.

Liability

Some law enforcement officials and some hospital and mental health center emergency workers were concerned with the possibility of being held liable if: 1) the proposed patient were to injure him/herself while involuntarily held; or, 2) an officer or worker were injured by the proposed patient; or, 3) if the proposed patient were injured by staff or police officer in their attempts to restrain the individual.

Liability issues are very complex, and would need to be well researched.

S.P. 310 - L.D. 866 TRANSPORTATION STUDY

Addendum
Findings By Mental Health Catchment Area

CATCHMENT AREA I

Catchment Area I is served by Aroostook Mental Health Center (AMHC) with offices in Caribou, Van Buren, Houlton, Madawaska, Fort Kent, and Presque Isle. AMHC covers all of Aroostook County plus the towns of Danforth, Stacyville, Patten and Mt. Chase.

Persons interviewed for the Study were: Sheriff Darrell Crandell, and George Derrah, Delmont Cummings, Edgar Wheeler of the Sheriff's Department; Dave Cawley and Kim Strom of AMHC, and Thomas Brennan, M.D. of Aroostook Medical Center-Gould.

Initial Applications and Evaluations

Most of the initial applications and evaluations are conducted by AMHC or hospital staff who encourage families to act as applicant. If the Sheriff's Department is involved in this process, they indicate that it takes a few hours, with the Caribou area good in responding, but often a long wait in Houlton, even during daytime hours.

Information Needs

The Sheriff's Department complained that they get little information regarding proposed patients, and expressed a need for basic information, and information on the person's behavior and their potential for dangerousness. They would like enough information so that they could establish a rapport with the person. They also complained that hospitals sometimes leave it up to the officer to inform proposed patients of where they are being taken.

Deputies also complained that a Doctor refused to bandage a person's slashed wrists. They also felt that veteran's status should be determined by AMHC or hospital staff.

Judicial Endorsement

All sectors interviewed indicated that there is a problem with this process, i.e. there are only three Complaint Justices in Aroostook County and if one can be found, he is often a great distance away. The Sheriff's Department feels that AMHC and the hospital should assure completion of all portions of the application, and Gould indicates that they try to do so, but if the Justice is a long distance they feel the law enforcement officer should take the paper to be signed. Sheriffs do not feel they should have to have the proposed patient with them during this process. Informants indicated the need for more Complaint Justices, and an on-call roster.

Restraint

Aroostook leaves the use of restraints up to the discretion of each officer. Deputies indicate that they are told not to use restraints by doctors, but use them anyway. Some deputies handcuff everyone, some determine the use of restraint on an individual basis, using handcuffs or chains through a belt. Deputies indicated they did not know what restraints to use.

Hospital staff stated they use local law enforcement officers to control people during the examination and wait, if necessary. Sheriffs indicated hospitals need a quiet room to hold people in.

Evaluations at Mental Health Institutes

Deputies indicated that evaluations take from one to two hours at BMHI. Admissions are refused about six times a year, and deputies felt that BMHI should trust AMHC staff so that a second evaluation or return of the person could be avoided.

Total Duration

Aroostook Sheriff's Deputies indicated each involuntary hospitalization takes several hours.

Training

The Sheriff's Department has had a training session with AMHC, and know the law, but would participate in further training. Gould staff indicated a need for training regarding commitment, which AMHC also indicates the hospitals and physicians need. AMHC wanted more training regarding the law and patients rights, although they currently conduct orientation and review the policy and procedure every four months. AMHC recommends joint meetings with sheriffs and also with hospitals.

Cost

The Aroostook Sheriff indicated that they had transported 95 people in a year at an approximate cost of $11,000.

CATCHMENT AREA II

Catchment Area II is served by Community Health and Counseling Services (CH&CS), with offices in Bangor, East Machias, Ellsworth, Dover-Foxcroft, Millinocket, Bar Harbor, Lincoln and Bucksport. Catchment Area II covers Washington, Hancock, Piscataquis and Penobscot Counties plus the towns of Winterport and Frankfort. Community Health and Counseling Services does not serve Danforth, Stacyville, Patten and Mt. Chase which are covered by Aroostook Mental Health Center. Eastern Maine Medical Center provides medical services to the area.

Persons interviewed for the study were:

Capt. West and Barbara Davis of the Hancock County Sheriff's Department
Bob Carlson, Penobscot County Jail Administrator
Frank Murch, Piscataquis County Sheriff
Sheriff Robert Higgins of Washington County
Lynne Mansur, Community Health and Counseling Services
Carol Peavey, R.N. of Eastern Maine Medical Center
Terry Dumbaugh of MEDEC Ambulance Service, and
Dave Spang, Bangor Mental Health Institute.

Initial Information

None of the County Sheriffs named CH&CS as the source of initial information regarding possible involuntary admissions. Hancock named families, doctors or hospitals, Washington named other law enforcement departments, hospitals and DHS protective workers, Piscataquis named local police, individuals, and family members, and Penobscot named local police and family members. Community Health and Counseling Services indicated that they usually receive initial information from family members or other concerned individuals, sometimes private doctors, and once in a while the police. EMMC receives most of their referrals from local police or sheriffs, although they also become involved through CH&CS, and local psychiatrists.

Initial Application and Examination

When the sheriffs are involved in the initial part of the process, they have differing strategies for getting the application completed: Washington County contacts a hospital emergency room; Hancock County hunts around for a doctor and states that the hospital emergency room is not that cooperative and indicates that CH&CS is very uncooperative; Penobscot uses the emergency room at EMMC; and Piscataquis mostly uses local doctors who are reluctant to commit, and depends on CH&CS, using their psychiatrist when available (one day a week).

CH&CS uses the police as a last resort in transporting people for examination. They try to get relatives or friends to get people to an emergency room (who sometimes won't help). CH&CS was very critical of the local police and sheriffs, indicating that they refuse to get involved 7 out of 10 times, either claiming ignorance of the law or refusing to get involved.

The time involved for this portion of the process differs;in Penobscot it is 1 - 2 hours, in Piscataquis 2 hours, in Washington ½ hour, in Hancock 2 hours up to 6 - 7 hours.

Information Needs

Most information is gained from families.

Judicial Review

All counties indicated that obtaining judicial endorsement is a problem, because they are difficult to locate, or there is long travel time. This process takes an average of 4 hours.

Restraint

Washington and Piscataquis try to use the least restraint possible. Hancock indicates they need soft restraint. Penobscot uses "whatever's necessary, usually handcuffs." Both EMMC and a Bangor ambulance company indicated that using police complicates the situation, and question the police's use of restraints.

Evaluations at BMHI

Evaluations at BMHI usually take less than an hour. Admissions are refused infrequently, with Penobscot County indicating that BMHI should not have the right to refuse admission, and Washington County saying some people are released too soon.

Total Duration

Both Washington and Piscataquis County indicate each hospitalization may take all day.

Training

Penobscot Sheriffs and EMMC conduct their own inservice training, and Piscataquis and Hancock had attended a seminar. Piscataquis and Washington Sheriff's Departments would like more training on the law and process, with Piscataquis also desiring training on how to handle people who are mentally ill. CH&CS suggested training for staff, emergency room personnel, private practitioners, and police including the law, criteria for admission, roles of people involved and procedure.

Additional Recommendations

The Washington County Sheriff thought that law enforcement officers should only be involved where violence is threatened. In all other circumstances it should be viewed as an illness, and public or private insurance should pay. A response team should be developed for each county out of BMHI.

CH&CS said a psychologist is needed for Washington County.

Cost

Hancock County transported 18 individuals, and didn't have it as an identifiable budget item. Estimated cost is $1323.18 (162 manhours x $5.59 = $905.58 + 1044 mi. @ 40¢/mi. = $417.60)

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The Washington County Sheriff thought that law enforcement officers should only be involved where violence is threatened. In all other circumstances it should be viewed as an illness, and public or private insurance should pay. A response team should be developed for each county out of BMHI.

CH&CS said a psychologist is needed for Washington County.

Cost

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Penobscot County transported 27 individuals. They too could not provide cost information. Estimated cost is $1,126.44 (108 manhours x $7.43 + 810 mi. @ 40¢/mi. = $324.00)

Piscataquis transported an estimated 18 persons, and estimated their cost as $2,000.

Washington County stated they average 18 trips per year, at a cost of $1,350.45. (Average cost $63.30 per trip, $50.00 for deputy and $13.30 for gas.)

Additional Information

Community Health and Counseling Services has received additional funding from the Department of Mental Health and Mental Retardation to improve emergency services. A plan was submitted, effective January 1, which will be further evolved after a meeting of concerned individuals scheduled in the spring. They have also begun to negotiate a contract with EMMC.

CATCHMENT AREA III

Catchment Area III, served primarily by Kennebec Valley Mental Health Center with offices in Augusta and Waterville, is contiguous with Kennebec and Somerset Counties, and also includes the towns of Richmond, Whitefield, Burnham, Unity, Freedom and Palermo. Kennebec Valley Medical Center, with hospitals in Gardiner, Augusta and Waterville, and Reddington Fairview Hospital in Skowhegan, provide medical services to catchment area III towns.

Catchment Area III also contains Augusta Mental Health Institute. As deinstitutionalization occurred, many individuals who did not have ties to other parts of the State settled in the Augusta area, so that many chronically mentally ill individuals reside in Catchment Area III.

Individuals interviewed as a part of this study were:

Kennebec County Sheriff Leo Bazinet
Somerset County Sheriff William Wright and Deputy Charles Wietzke
Marshall Chamberlain, M.D. and Lawrence Mutty, M.D. of Kennebec Valley Medical Center - Augusta Unit
Richard Staples, weekend emergency worker for Kennebec Valley Mental Health Center, and
Joan Atwell, admissions office, Augusta Mental Health Institute.

Refusal to Transport

The Kennebec County Sheriff's Department has refused to transport individuals who reside outside their jurisdiction, even if they are being detained at Thayer Hospital, and has asked that ambulance companies be designated to transport individuals if they are extremely violent.

Application for Involuntary Hospitalization

In Somerset County the Sheriff's office is often contacted prior to initial application and must determine whether or not to take people into protective custody. This situation may be changed due to a new contract with Crisis and Counseling Centers which will provide crisis workers for initial assessments. It is anticipated that these workers will work closely with the Sheriff's Department in this phase of the process.

In Kennebec County, local police most often handle involuntary hospitalization from Augusta. The Sheriff's Department is called to the Thayer Unit of Kennebec Valley Medical Center after application is completed for those people outside Augusta.

Initial Evaluations

After an applicant alleges that the proposed patient is both mentally ill and dangerous, an examination is conducted by either a physician or licensed clinical psychologist. The Kennebec County Sheriff feels that his Department should only be contacted after this phase is completed. KVMHC staff complained that a long wait often occurs before Sheriff Department personnel arrive. The Sheriff's Department, Kennebec Valley Medical Center staff, and the Emergency Workers feel that holding facilities for people at emergency rooms are inadequate. KVMHC emergency workers don't like to travel anywhere other than the Waterville or Augusta hospitals, don't like to go to Gardiner or Somerset County.

Judicial Review

Kennebec County indicated that locating a Judge or Justice is difficult, especially during evening and night-time hours. The emergency worker indicated that Kennebec County Sheriff's Department personnel won't leave their jurisdiction to get judicial endorsement.

Information Needs

The Kennebec County Sheriff indicated that his department is given almost no information regarding proposed patients, although he feels the need for information regarding the person's condition and behavior, and needs to know how many officers will be required to transport. He also indicated that proposed patients are sometimes not informed they are being hospitalized at AMHI. They become very upset when they are so informed by the deputy. The KVMHC emergency worker confirmed that individuals are sometimes not told of their impending involuntary hospitalization. Sheriff Bazinet also feels that the proposed patient should be searched for weapons prior to the deputies involvement.

Restraint of Proposed Patients

The Kennebec County Sheriff indicated that use of restraints is up to the discretion of the officer, but that they are used in about 25% of all cases. He indicated that using restraints and uniformed officers sometimes caused problems, and as mentioned above, sometimes uses ambulances in cases of extreme violence. The Sheriff indicated that his department needs better training and equipment in regard to restraints.

Kennebec Valley Medical Center staff also indicated that there are problems with restraint and the criminalization of mental illness.

The Kennebec Valley Mental Health Center worker also questioned the use of restraints and the emergency room's staff's right to hold individuals prior to the Sheriff's arrival.

Evaluations at the State Mental Health Institute

Kennebec County Sheriff Bazinet complained of long waits (up to 4 or 5 hours) for evaluations at AMHI, although he indicated an average time of one hour. While admission was denied only once in a year's period, he felt strongly that AMHI should not have the right to refuse such admissions.

AMHI's policy not to admit acute alcoholics, voluntary patients during evenings, nights and weekends, and people who are rational but suicidal were cited as problematic by Kennebec Valley Medical Center and Kennebec Valley Mental Health Center staff.

Total Duration

Information regarding total duration was not contained in either Sheriff's interview.

Training Needs

Both Kennebec and Somerset Counties Sheriff's Departments indicated they needed training regarding the commitment statutes, as did Kennebec

Valley Medical Center staff. Kennebec Valley Medical Center and the Mental Health Center emergency worker suggested either information or the development of a document which discusses the law, criteria for admission, and procedures.

The Somerset County Sheriff indicated that deputies need training on how to handle crises and counseling.

Costs

The Kennebec County Sheriff's Department transported 94 individuals between July 1, 1980 - June 30, 1981, at an approximate cost of $1,605.76 (192 manhours = $1,109.76 + 2480 mi @ 20¢/mi = $496.00)

The Somerset Sheriff's Department transported 136 individuals during the same period, at an approximate cost of $2500. (Manpower about $2000; about 2500 mi. @ 20¢/mi = $500.00)

Additional Recommendations

Neither Kennebec nor Somerset County Sheriffs disputed the job of transporting proposed patients, but both wanted increased aid and cooperation with the mental health system.

Kennebec Valley Medical Center and Kennebec Valley Mental Health Center staff indicated the need for more appropriate facilities than are available in the emergency rooms.

CATCHMENT AREA IV

Catchment Area IV is served by Tri-County Mental Health Services with offices in Lewiston, Norway, Rumford, Wilton, North Leeds, and Lisbon Falls. Catchment Area IV covers Franklin, Oxford, and Androscoggin Counties plus New Glouster, but does not serve Stoneham, Storr, Lovell, Sweden, Hiram, Porter, Brownfield, Denmark and Fryeburg.

Persons interviewed for the study were: Sheriff Joseph Laliberte and Deputy Ron Gagnon of Androscoggin County, Franklin County Sheriff Ronald Durrell, Sheriff Alton Howe and Deputy William Williams of Oxford County, Ione Campbell and Stuart Price of Tri-County Mental Health Services, and Linda Pelletier and Miriam Paradis of St. Mary's Hospital.

Initial Applications and Examinations

In most cases the Sheriffs are contacted after the process has been undertaken, less frequently they are involved in transporting people to be examined. Franklin County uses Franklin Regional Hospital, which was not contacted for this study.

St. Mary's and Tri-County Mental Health seem to work well together in facilitating this process. The Oxford and Androscoggin Sheriffs Departments feel they need more aid from the mental health system in cases where they are involved early in this process. It may take the Androscoggin and Oxford County Sheriff's Departments a period of time, one to two hours or longer (up to four hours according to St. Mary's) to respond. Community Mental Health Center and St. Mary's emergency workers are concerned about their responsibility and liability during this time, and sometimes use local police to hold people in the emergency room. The Oxford County Sheriff indicated that their involvement in this process is brief, the clinic evaluates as soon as possible. Androscoggin indicated it takes 1-2 hours, and Franklin stated 3-4 hours.

Judicial Review

The Franklin and Oxford County Sheriff's Department indicated that there is a problem in getting judicial endorsement, with Oxford County saying this took 1½-2 hours. Oxford County deputies, it seems, get judicial endorsement prior to the application being completed. St. Mary's or Tri-County Mental Health Services staff obtain judicial endorsement in Androscoggin County. Franklin County often gets local police to provide transportation, or sometimes has families transport or travel with the proposed patient with the law enforcement officer, and has used ambulances when the person was violent.

Information

All counties indicated they received adequate information from hospitals and Tri-County Mental Health Services, although Androscoggin would like more information regarding the potential for dangerousness.

Restraint

Restraint is a large issue in Area IV, with both Androscoggin and Oxford County Sheriff's Departments, St. Mary's Hospital, and Tri-County Mental Health Services indicating it is a problem.

Sheriff Laliberte characterizes the restraint procedures as humiliating, degrading, and inhumane. Both Sheriffs Departments want training on the use of restraints and better equipment. The Androscoggin County Sheriff recommends special, unmarked padded vans.

Evaluations at the Mental Health Institutes

Both Androscoggin and Oxford Counties indicated that pre-admission evaluations take 1-2 hours, while Franklin said this evaluation takes ½-1 hour.

Refusal of admissions occurred4-5 times in the past year according to the Androscoggin County Sheriff, and infrequently according to Oxford and Franklin authorities. A.M.H.I.'s admission policies make it difficult to deal with substance abusers, those with personality disorders, or people with major medical illness, which makes it difficult to find alternatives, according to St. Mary's and Tri-County Mental Health Services. The lack of transportation for voluntary admissions and the refusal to admit voluntaries after hours were also cited as problems.

Total Duration

Oxford said involuntary admissions may take up to eight hours for two officers.

Training

All Sheriffs Departments in the area indicated they wanted more training regarding mental illness, evaluating and understanding the mentally ill, and crisis intervention. Both Androscoggin and Oxford Counties wanted more training on the commitment statute and process, as does St. Mary's and Tri-County Mental Health Services (especially criteria for admission). Both the Androscoggin Sheriff's Department and St. Mary's personnel suggested meetings of all sectors involved.

Additional Recommendations

The Oxford County Sheriff feels strongly that his department should not have the responsibility of transporting proposed patients, rather that rescue units or teams from A.M.H.I. or Tri-County Mental Health Services should provide crisis intervention and transportation. The Androscoggin Sheriff would like to see a cosponsored system, again, with special unmarked vans.

St. Mary's personnel suggested better follow-up for psychiatric patients, in order to avoid crises, that transportation be available for voluntary admissions, and more support for families before, during, and after crisis.

Cost

All three County Sheriffs complained of the cost of transporting proposed patients. Androscoggin County's cost for transporting 2-3 persons a week is approximately $7,328.88 per year (1872 mil. @ 20¢ mil.= $374.40 + 936 manhours @ $7.43 hr. = $6,954.48)

Cost for Franklin County were not kept, due to the fact that local law enforcement officers often transport. Estimated cost to the county, for a one year period, is $2,976.40 (25-30 trips, approximately 280 manhours @ $7.43 hr. = $2,080.40 + 2240 mil.@ 40¢ mil.= $896).

Oxford County transported 10 people at an estimated cost of $1,600.20 (140 manhours @ $7.43 hr. = $1,040.20 + 1400 mil.@ 40¢ mil.= $560.).

CATCHMENT AREA V

Catchment Area V encompasses Cumberland County, minus Brunswick and New Gloucester, and including Stoneham, Stow, Lovell, Sweden, Denmark, Fryeburg and Brownfield. It receives mental health services from several different agencies. In the western part of the County, Bridgton's Western Maine Counseling Services (WMCS) provides services including some emergency services. The Area V Mental Health Board coordinates a number of agencies around the Portland area to provide service in the eastern part of the county. The Maine Medical Center in Portland has a 26 bed psychiatric inpatient unit, an outpatient mental health department and a psychiatric emergency service. Maine Medical Center psychiatrists also provide most initial evaluations for involuntary hospitalization for the entire Catchment Area.

Virtually all transportation to AMHI from this Catchment Area originates at the Maine Medical Center. The Cumberland County Sheriff has one deputy whose primary responsibility is to provide this transportation on a scheduled basis, three times a week, Monday, Wednesday and Friday. People who are evaluated at the Maine Medical Center on one of the days not scheduled for transportation are held at the psychiatric unit as a "boarder" until the next scheduled run. In extreme situations, where excessively violent or potentially violent behavior is present, the deputies will provide unscheduled transportation to AMHI.

In the western part of the County, staff at WMCS initiate this process and may contact the deputy sheriff to arrange transportation to the Maine Medical Center. This will sometimes require that they pick up the person and take them into custody. A family member or friend may initiate the process and/or provide the transportation to the Maine Medical Center for the psychiatric evaluation, but WMCS is generally involved. In the Portland area, the local police often transport a person to the Maine Medical Center when family or friends are unavailable or unable. At the Maine Medical Center, the psychiatrist on call evaluates the person, determines whether or not hospitalization is necessary, and does the second part of the paperwork if it will be an involuntary hospitalization. The judicial review is then done. If the person is to be transported to AMHI, he/she will generally stay in Portland, on P-6, the Maine Medical Center psychiatric unit, until the next scheduled trip, when two or three proposed patients will go at one time.

So many people are transported from Cumberland County to AMHI that a different procedure has been developed. (155 from 1/1/81 through 9/30/81) The Cumberland County Sheriff's Department has an agreement with Maine Medical Center that their transportation officer will transport people to Augusta on Mondays, Wednesdays, and Fridays. The Maine Medical Center holds people as "boarders" on their psychiatric unit from the time they are evaluated at the Emergency Room until the next scheduled trip.

Refusal to Transport

Deputies are unwilling to transport patients unless they get information about the person's condition from the physician.

Application for Involuntary Hospitalization

Family, friends, or mental health professionals may initiate the process of involuntary hospitalization. Occasionally, law enforcement personnel may do it.

Initial Evaluation

Cumberland County Sheriff's deputies are generally called in after the evaluation is complete.

Information Needs

As previously stated, deputies are reluctant to transport unless they have basic behavioral information about the person. They also note that lack of information about the medical condition of a person being transported has caused difficulty.

Judicial Review

Area V is the one catchment area where availability of someone to do the judicial review is not a problem.

Restraint of Proposed Patients

Use of restraints is left up to the discretion of the transporting deputy in Cumberland County. The deputies indicated that they would like more appropriate equipment and/or training in regard to restraint.

Evaluation at the State Mental Health Institutes

The deputies said that each initial evaluation for admission to AMHI generally takes from fifteen to forty-five minutes. Because they usually are transporting two or three people, the time at AMHI can be lengthy. The Sheriff's personnel in Cumberland County expressed the opinion that AMHI should not be able to refuse to admit someone referred by Maine Medical Center. They say this happens about twice a month. Another opinion is that AMHI releases people too soon from involuntary hospitalization. The Chief of Psychiatry at the Maine Medical Center thinks that the AMHI admission criteria should be more flexible.

Total Duration

The transportation deputy spends about four hours a day, three times a week, in this process. This does not include emergency situations.

Training

Law: Deputies expressed a need for training in this area. They say they have had none.

Mental Illness: No need for training in this area was expressed.

Costs

$14,831.64 for 155 people from 1/1/81 through 9/30/81.

CATCHMENT AREA VI

Catchment Area VI is served by York County Counseling Services, Inc. (YCCS), with offices in Biddeford, Saco, Kezar Falls, York Harbor, and Sanford. YCCS covers all of York County plus the towns of Hiram and Porter. Individuals interviewed for this study were: Sheriff Wesley Phinney and Deputy Madeline Salamonski, Judy Seaton of YCCS, and Edward J. McGeachy and Tom Wenzka of Webber Hospital.

Initial Information Application Evaluation and Judicial Endorsement

Sometimes the Sheriff's office is involved from the beginning, but most often they become involved after the proposed patient has already been evaluated by YCCS or at Webber Hospital and the application has been completed including, often, the judicial endorsement. Sometimes a judge or justice will meet the deputy at the turnpike, although YCCS states this is still a problem. Sheriffs get a good deal of information regarding the proposed patient's behavior and are sometimes counseled on how to treat the person. The only problem mentioned was an instance where medical information wasn't given and an emergency occurred. Sometimes an ambulance is used when a medical problem exists. Webber Hospital would like to see families designated more often to transport.

Webber Hospital indicated they have had to wait, occasionally, for the Sheriff's department to respond when there was poor weather or they are transporting prisoners. YCCS states the wait is a problem, that it is unsafe to hold the person for several hours. Sheriff's department may wait 1 - 3 hours for initial evaluations, if they bring people in from the field. The Sheriff's department would like to limit transports to three times a week or not transport 6:00 p.m. - 11:00 p.m.,

Restraint

Two deputies transport and it is County policy to handcuff every proposed patient.

AMHI Evaluation

The evaluation may last 15 minutes to two hours, averaging ½ hour, fewer than five times a year admission is denied.

Webber Hospital indicates that it is hard to deal with people with severe medical problems or overdoses, which AMHI doesn't deal with. A few times AMHI has asked that no one be admitted when their census was high.

Training

YCCS, the Sheriff's department and Webber Hospital would like to meet with AMHI admission staff to discuss issues and improve communication, and all parties would like additional training regarding the commitment process and statute. The York County Sheriff's department and Webber Hospital would like more training on evaluating people in psychiatric crisis.

Cost

York County Sheriff's deputies transported 87 persons between July 1980 and June 1981, in 75 trips. Their cost were approximately $93.89 per trip for a total of $7,042.50.

CATCHMENT AREA VII

This catchment area covers Sagadahoc and Lincoln County plus Brunswick from Cumberland County and minus Jefferson, Waldoboro, Richmond and Whitefield. The Bath-Brunswick Area Mental Health Center (BBAMHC) serves this region and is involved with almost all involuntary hospitalizations at Augusta Mental Health Institute. The mental health center has its main offices in Brunswick, with satellite offices in Bath, Damariscotta and Boothbay Harbor and an inpatient unit at Regional Memorial Hospital in Brunswick.

The Sheriff's Departments in Sagadahoc and Lincoln Counties are the primary source of transportation for persons involuntarily hospitalized. When a family member or friend initiates the process through a family physician, which occasionally happens, the transportation is usually limited to getting the judicial review and taking the person to AMHI. When the process involves violence or imminent threat of violence, the local police department generally takes the person into custody and transports him/her to Regional Memorial Hospital in Brunswick for evaluation. It is at that point that the Sheriffs are involved to get judicial review and to transport to AMHI. In most cases the initial evaluation is done by the BBAMHC's psychiatrist, but occasionally other psychiatrists or physicians will do it. Transportation generally takes place during daylight hours. Sometimes individuals are detained at Regional Memorial when transportation is not readily available. There are occasions when the sheriff or his deputies have to take a person into custody, transport him/her for evaluation, get the judicial review done, and then take him/her to AMHI, but it is unusual. The findings of the study were as follows for Catchment Area VII.

Time of Psychiatric Crisis

Although situations resulting in involuntary hospitalization generally occur during periods when less staff is on duty (weekends, evenings, early morning), this is less of a problem in this area because the Regional Memorial Hospital will hold a person until it is more convenient to transport them to AMHI. They will hold a person up to 18 hours.

Policy on Transporting Proposed Patients

In addition to generally held, but unwritten policies, Sagadahoc County Sheriffs have an informal policy that criminals are not transported with the mentally ill, males not with females, nor juveniles with adults. Matrons are used when transporting juveniles and females.

Refusal to Transport

Lincoln County Sheriffs report that they have not refused to transport anyone to AMHI, but they do insist that their paperwork be complete. Sagadahoc County has not refused either.

Application for Involuntary Hospitalization

The County Sheriffs rarely initiate the process of involuntary hospitalization in either Lincoln or Sagadahoc.

Initial Evaluation

The initial evaluation stage usually takes up to an hour in Lincoln and Sagadahoc Counties.

Information Needs

The Sagadahoc County Sheriff's personnel think that they get adequate information regarding the person they are to transport. Lincoln County's thinks they need more.

Judicial Review

There are problems finding an authorized person to do the third stage of the process, the judicial review, thus taking a lot of extra time. The Lincoln County Sheriff recommends revising or dropping this step.

Restraint of Proposed Patient

In Lincoln and Sagadahoc Counties, it is standard operating procedure to use handcuffs on persons being transported. The actual practice of Lincoln County personnel is that some deputies take responsibility and do not use them in all cases.

Evaluation at the State Mental Health Institutes

The Lincoln County personnel state that the evaluations for admission are generally completed within one hour or less of arrival at the Augusta Mental Health Institute. Sagadahoc, indicates it takes at least one hour, and occasionally up to four or five hours. The instances in which the admission evaluation results in a refusal are extremely rare for referrals from these counties.

Total Duration

The Sheriffs in both counties are generally involved in an involuntary hospitalization from three to five hours, more often five.

Training

Law: Sagadahoc County Sheriff/deputies would like more training regarding commitment law and procedure.

Mental Illness: Lincoln County personnel have inservice training in this area, and the County Sheriff has attended several workshops.

Costs

Lincoln - $1,360.00 for 23 people transported July 1, 1980 - June 30, 1981

Sagadahoc - $461.76, for eight people transported for one year.

Summary

The system in Catchment Area VII works quite well, with the exception of the difficult, drawn out process of getting judicial review of the paperwork for involuntary hospitalization. This is caused by the limited number of persons authorized to do the review and the time spent locating them and then getting to them to get the process completed.

CATCHMENT AREA VIII

Catchment Area VIII covers Knox and Waldo Counties with Jefferson and Waldoboro (Lincoln County) added and Burnham, Unity, Freedom, Palermo, Winterport and Frankfort excluded. Mid-Coast Mental Health Center (MCMHC), with offices in Rockland and Belfast, services this catchment area and provides psychological examinations of people being considered for involuntary hospitalization at the Augusta Mental Health Institute. These are done frequently at the Pen-Bay Medical Center in Glen Cove, (where the MCMHC maintains a 6 bed, inpatient psychiatric unit) by a staff psychologist from the mental health center. After the person reaches the hospital, initial assessment is done by the mental health center emergency worker on-call; the Ph.D. psychologist is called in if involuntary hospitalization is a consideration. If the local police or the sheriff observe that the person may be dangerous as a result of mental illness, they pick the person up and transport them to be evaluated to the hospital, or to the mental health center office (during working hours). A family member or friend may also bring the person to be evaluated. If the examiner thinks that the person is in need of involuntary hospitalization, the sheriff, if not already on the scene, is called and notified of the need for transportation and of judicial review of the application. After the judicial review is secured from a qualified person, one or two officers take the person to be admitted to AMHI, where he/she is once again evaluated while the sheriffs wait. When the admission is approved, the sheriffs return to their home county.

In Area VIII the following complicating factors appeared at the indicated stages of the process.

Time of Psychiatric Crisis

In Waldo and Knox Counties, crises reportedly occurred predominantly on weekends, evening and early morning hours. This results in delays in response time of Sheriffs because of their short staffing on these shifts.

Policy on Transporting Proposed Patients

Like many other counties, Knox and Waldo have no written policies regarding transportation.

Refusal to Transport

Sheriffs in Knox and Waldo refuse to transport people to AMHI when they are not residents of their county, regardless of where they are when the initial examination is done.

Initial Evaluations

This part of the process can take from one to three hours in Knox and Waldo, where initial evaluations are done almost exclusively by Mid-Coast Mental Health Center psychologists. Waldo sheriffs indicated that local physicians should take a more active role in this process.

Information Needs

The sheriffs and deputies in these two counties said that the mental health center staff give them little or no information about the person they are to transport. They need more information in order to anticipate the behavior of the person and assess the number of officers needed for the trip.

Judicial Review

Obtaining completion of the last part of the application process, the judicial review,is also a problem in Waldo and Knox Counties due to the lack of availability of judicial officers.

Restraint of Proposed Patient

The use of restraints, particularly handcuffs, is left up to the discretion of the transporting officers. The use of restraints and the broadcasting of details of cases over the police radio can constitute criminalization and a breach of confidentiality according to the staff at Mid-Coast Mental Health Center.

Evaluation at the State Mental Health Institute

The period of time the officers must spend at AMHI while a person is being evaluated for admission has been reduced and at present rarely takes over an hour. In Knox County, this evaluation results in a refusal to admit the person only once or twice in every forty trips. In Waldo County, it almost never happens.

Total Duration

Three to five hours are usually required to complete the transportation process.

Training

LAW: In Knox County, Mid-Coast Mental Health Center sponsored training which included law. The sheriffs think this is adequate. Waldo County sheriffs want more training on this subject.

MENTAL ILLNESS: Both Sheriffs Departments want more training about mental illness as it relates to their job.

Cost

Knox - $2,144.88 for 36 people transported, 1/1/81 thru 11/30/81.

Oxford - $1,600.20 for 10 people transported, for one year.

Summary of Major Problems

Like most other areas, one of the major problems with the existing system is the excessive time spent getting the judicial review completed prior to taking the person to the mental health institute. This is due in Knox and

Waldo Counties to the very limited number of people authorized to do the review.

The Mid-Coast Mental Health Center and the Sheriff Departments seem to have a viable working arrangement in this area. Some problems do arise between Counties regarding jurisdiction and who is to transport. The confusion arises when an individual from one county is examined initially in another county. Frequently the sheriffs from the county where the person is examined are asked to transport, but the Knox and Waldo Sheriff interpret the law that the County where the person resides is responsible.

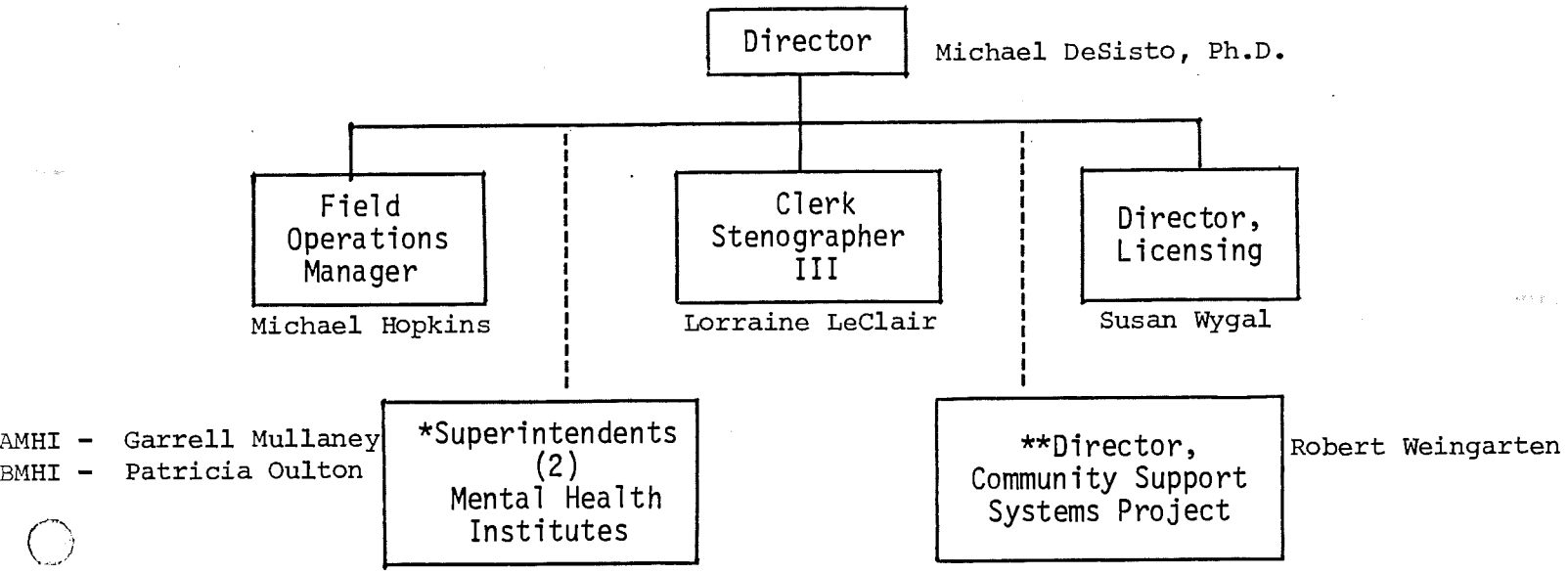
Transportation Study

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Program: Administration, Bureau of Mental Health

Program Contact: Michael DeSisto, Ph.D., Director

c. Organization:



*The Superintendents, by statute, report directly to the Commissioner; however, administratively they report to the Bureau Director.

**Until recently, the CSSP Director reported to the Director of Planning. A change has been made to more appropriately reflect the current function of the Project to that of a Bureau directed and coordinated activity.

d. List of Positions:

Title	General Fund	Federal Revenue	Other Revenue
Director, Bureau of Mental Health	1		
Mental Health Worker VI (Director, Licensing)	1		
Field Operations Manager	1		
Clerk Stenographer III	1		