

Criminal Justice

# ***Response***

**To people with mental illness  
Arrested or incarcerated in Tennessee**

**Module 6  
Transportation**

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Module Six:  
**Transportation**

**Length of Presentation:** 30 - 60 minutes

**Handouts and Materials:**

- 6-1 Title 33: Transportation Requirements
- 6-2 Alternative Transportation: Criteria and Procedures
- 6-3 Transportation to Involuntary Commitment: The Process
- 6-4 Certificate of Need
- 6-5 Communication During Transportation
- 6-6 Response: Transportation to Involuntary Commitment

**Motivational Supplies:**

Raffle tickets,  
Jar or hat for tickets  
2 small prizes (pens)

*[Notes to Instructor: If this module is taught as a stand-alone workshop, emphasize communication techniques and role-play. If more time is available, this module can be taught after module 2 on mental health and mental illness. Transportation officers often want information on symptoms and behaviors and how to handle them.]*

*[Optional activity: To encourage participation and to instill a sense of fun you can award raffle tickets to those who contribute to the discussion. Show the prize(s) to participants at the beginning of the session. At the end of the session, draw for a prize. Do not spend much time on the drawings. They should be quick and fun. Prizes should be small, but useful (e.g. a pen rather than a knick-knack).]*

**Objectives:**

- To understand legal responsibilities for transporting to involuntary psychiatric commitment,
- To understand alternative transportation options,
- To learn recommended procedures for transporting individuals to facilities for involuntary commitment,
- To understand special considerations for individuals who are subject to arrest,
- To practice skills for communicating with individuals during transport.

## **DISCUSSION**

### **Transportation to Involuntary Commitment**

#### **Introduction**

Transportation to emergency hospitalization is a case where law follows practice. Historically, there are two reasons counties have used sheriff's deputies to transport involuntarily committed psychiatric patients:

- 1) People with mental illness are assumed to present safety risks to self or others, and therefore to require the security surveillance of law enforcement;
- 2) Sheriff departments are the only common jurisdiction among all counties in Tennessee that have transportation capability. Not every county has an emergency medical service, but every county has a sheriff's department.

Although transportation by sheriff's officers is the most consistent and reliable solution available, there are several problems with the arrangement:

- The individual in psychiatric crisis may be further traumatized and humiliated by being placed in a law enforcement vehicle;
- The problem may be intensified by use of handcuffs or shackles that can be physically painful if the person struggles or moves around;
- Individuals who were not actively violent toward others may become belligerent as a defense mechanism;
- The practice criminalizes mental illness in the eyes of the individual. When asked why they were brought to the psychiatric facility individuals with mental illness sometimes report that they were arrested, but do not know what crime they have committed [Jolly, McReynolds, Rice & Ross, 2003]<sup>1</sup>;
- The practice criminalizes mental illness in the community. Neighbors who see the individual in the vehicle may assume that a crime has been committed. They may draw the conclusion that individuals with mental illness are more likely to commit crimes [Jolly, McReynolds, Rice & Ross, 2003]<sup>2</sup>;
- Criminal justice personnel are used for a medical problem. The practice takes law enforcement officers away from their task of protecting the community from crime, often for many hours;
- Criminal justice resources are used for a medical problem. County funds for sheriff's departments are diverted from addressing crime to alleviating psychiatric crises.

This session is designed to help transportation officers minimize the negative effects of this process by:

- Learning about the requirements of the law,
- Ensuring that appropriate procedures are followed,

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<sup>1</sup> Jolly, L; McReynolds, K, Rice, E; Ross, A; (2003) Transportation of Involuntary Psychiatric Patients, Unpublished, University of Tennessee College of Social Work.

<sup>2</sup> Ibid.

- Referring to alternative transportation agents when appropriate, and
- Using effective communication skills when interacting with the individual, with those who refer the individual for involuntary commitment and with the psychiatric facility to which the individual is transported.

**Discussion:**

*[5-minute limit.]*

- What situations have you encountered where transportation of an individual to involuntary commitment has created problems?
  - What sort of problems occurred?
  - What was done about the problems and how well did it work?
  - What questions do you have about this process as a result of that experience?

*[Instructor: Note responses on a board or flip chart. Refer to those situations as appropriate during the training.]*

**The Law**

Tennessee law requiring sheriffs to provide transportation to involuntary commitment was first enacted in 1965<sup>3</sup>. The law was amended in 1993 to allow a secondary transporting agent designated by the sheriff<sup>4</sup>. Secondary transporting agents, such as police departments or emergency medical services must have the same 24/7 capabilities as the sheriff. In 2003, Title 33, the Tennessee mental health code, was amended again to allow “any reputable and trustworthy relative or friend” to transport the person to hospital at their own expense *[T.C.A. §33-6-901]*.

*[Instructor: Review Handout 6-1, Tennessee Code Annotated Title 33: Transportation Requirements. Encourage questions and discussion. Make sure to carefully cover ‘Waiting Time at the Admitting Facility.’ It is a recurrent source of misunderstanding between transporting agents and RMHI’s.]*

**Alternative Transportation**

Several types of alternative transporting agent arrangements are used in various counties. It is recommended that counties develop a protocol describing which organization transports under what conditions.

The goal of alternative transportation arrangements is to have round-the-clock, cost effective coverage that does not rely on sheriff’s department personnel and does not give the impression that the person is being taken into custody for a crime.

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<sup>3</sup> Tennessee Code Annotated, Title 33, Mentally Ill and Mentally Retarded Persons.

<sup>4</sup> Ibid.

**[Instructor: Review Handout 6-2, Alternative Transportation.**

- Describe local arrangements for alternative transportation to involuntary commitment. Not all counties have alternative transporting agents.
- Transportation by family, friends and other trustworthy individuals is an option for ALL Tennessee counties under appropriate conditions.]

**Roles:**

- The sheriff designates alternative transporting agents and establishes procedures.
- Mandatory Prescreening Agents are responsible for assessing whether the individual requires physical restraints or vehicular security during transportation.
- Alternative transporting agents are responsible for transporting the individual safely to the designated facility, according to local sheriff's policy. Usually, if the transporting agent deems that additional security is necessary, the transporting agent requests assistance from the designated law enforcement agency.

**Discussion:**

*[5-minute limit.]*

- What questions do you have about this process?
- What has your experience been with alternative transporting agents?
- In your opinion, what are the pros and cons of using alternative transportation for involuntary commitment?

## **Transportation Procedures**

When an alternative is not available, sheriff's deputies provide transportation. Transportation procedures vary between counties. This discussion provides only a general description and does not supercede local policy. **Always follow the policy established by your department.**

**[Instructor: Review Handout 6-3, Procedures: Transportation to Emergency Involuntary Commitment]**

When you are called to transport an individual make sure you get pertinent information from the dispatcher, the Mandatory Prescreening Agent, the individual and others on the scene. The officer has a right and a duty to inspect the certificate of need to ensure that it is completed and signed by an authorized Mandatory Prescreening Agent if the individual is being transported to a Regional Mental Health Institute (RMHI), or the physician, licensed psychologist or other designated mental health professional at a private hospital. The factual foundation for detaining the individual for evaluation must be properly documented. In no event should an individual be transported to involuntarily commitment on a mere referral or oral request.

**[Instructor: Review Handout 6-4, Certificate of Need.]**

When restraining an individual, **always** follow procedures established by your department. That said, it is a good idea to calmly inform the person in advance what

actions you will take. This reduces stress which will reduce symptoms that could lead to self-harm or aggression.

**[Instructor: Refer to the “Restraint” section of Handout 6-3, Procedures: Transportation to Emergency Involuntary Commitment.]**

**Discussion:**

*[5-minute limit.]*

- What questions do you have about this process?
- What has your experience been with accepting custody from a Mandatory Prescreening Agent or calling in an MPA when you were on a mental-illness related case in the community? If there were problems, how did you resolve them?
- What has your experience been with getting individuals in and out of the patrol car and using restraints during transport?
- What has your experience been with the evaluation process at the admitting facility? If there were problems, how did you resolve them?

## **Communication**

The involuntary commitment procedure is often upsetting, frightening and frustrating for the individual. Negative reaction is understandable considering that the person is being transported involuntarily to a place where help may or may not be forthcoming. Your approach to communicating with the person, the family or others on the scene may defuse potential aggression or self-harm during transport.

**[Instructor: Review Handout 6-5, Communication During Transportation.]**

Communicating with the individual in a calm, direct, straightforward manner will prevent a great deal of escalating behavior. When the individual is psychotic, agitated and irrational, he or she may not respond to what you say, but will probably respond to the way you say it.

**Discussion:**

*[5-minute limit.]*

- What questions do you have about communicating with individuals during transport?

## **Response: Communicating with Individuals in During Transportation**

**[Notes to Instructor:**

*Refer to Handout 6-7: Response: Communication During Transport.*

- *Read client scenarios to the class.  
(Choose those most appropriate to the audience.)*

- *After each scenario is read, ask participants to suggest the best approach to effective communication.*
- *Then ask participant who suggested approach to role-play what s/he would say and do to facilitate effective communication:*
  - a. *“What would you say to me, the client?”*
  - b. *“Show me what you would do.”*

*Optional: Distribute raffle tickets to each person who responds. See instructor notes at beginning of module.]*

## **Emergency Involuntary Commitment and Arrest Warrants**

When there is an arrest warrant for an individual who is being transported to emergency involuntary commitment the law enforcement agency will need to take custody of the individual:

- At the end of the assessment if the person is not committed, or
- Prior to release if the person is committed to hospitalization.

Always follow your departmental policy. The recommended practice is for law enforcement agencies to negotiate general procedures with admitting facilities and hospitals. A detainer or an authorization to release information should be signed at the point of admission stating that law enforcement will be contacted to serve the warrant before the individual is released by the mental health facility. Confidentiality concerns will not interfere with transfer when there is an established procedure and a signed detainer or release.

### ***Discussion:***

*[5-minute limit.]*

- What has been your experience of transferring and regaining custody of individuals with arrest warrants in cases of involuntary commitment?
- If there were problems, how did you resolve them?
- What other questions do you have about the process?

## **Conclusion**

Transportation of individuals to involuntary commitment is the responsibility of the sheriff in each county. The process can be less traumatic for the individual and use resources more effectively when sheriff's departments, police departments, mental health agencies and hospitals work together to resolve procedural issues.

At the direct service level, transporting officers who make a special effort to develop positive working relationships with crisis response teams have more success with providing efficient transportation to emergency involuntary commitment. Criminal justice/ mental health liaisons, in areas where they are available, can facilitate those working relationships.

## **Handout 6-1**

### **Tennessee Code Annotated Title 33: Transportation Requirements**

Abridged summary of transportation requirements under Title 33, Tennessee Code Annotated

#### **Certificate of Need**

Transportation to and involuntary admission of a person to a hospital or treatment resource shall not begin until a mandatory pre-screening agent, physician or psychologist completes a certificate of need [T.C.A. §33-6-106]. The designated professional who completes the certificate of need shall give the sheriff or transporting agent the original of the certificate and turn the person immediately over the custody of the sheriff or transporting agent, who shall transport the person to a hospital or treatment resource that has available accommodations for involuntary commitment [T.C.A. §33-6-406(a)].

#### **Determination for Transportation Mode**

(ii) The physician, psychologist or designated professional shall complete a certificate of need for such emergency diagnosis, evaluation and treatment showing the factual foundation for the conclusions, AND

(iii) The physician, psychologist or designated professional shall assess the person's clinical needs and need for physical restraint or vehicular security and determine the mode of transportation to the hospital in consultation with the mandatory prescreening agent, other mental health professional familiar with the person, or a knowledgeable family member [T.C.A. §33-6-404 (3) (B)]. Anyone transported in a law enforcement vehicle will be restrained.

#### **Notification to the Admitting Facility**

Before transportation begins, the sheriff or transportation agent shall notify the hospital or treatment resource at which the person is proposed to be admitted as to, 1) where the person is, and 2) the best estimate of anticipated time of arrival [T.C.A. §33-6-406 (b) (1)].

#### **Waiting Time at Admitting Facility**

(1) If the transporting agent has given notice and arrives at the treatment resource within the anticipated time of arrival, then the transporting agent is required to remain at the hospital or treatment resource only long enough for the person to be evaluated for admission, but no longer than one hour and forty-five minutes. At the end of that time, the person is the responsibility of the treatment resource and the transporting agent may leave [T.C.A. §33-6-406(b)(2)].

(2) If the transporting agent has not given notice or has not arrived within the anticipated time of arrival, the transporting agent shall remain at the treatment resource as long as it takes to complete the evaluation [T.C.A. §33-6-406 (b) (3)]

(3) In counties having a population of 600,000 or more the transporting agent is relieved of further transportation duties after the person has been delivered to the treatment resource. Transportation duties shall be assumed by appropriate personnel of the treatment resource [T.C.A. §33-6-406 (b) (4)].

**Handout 6-1, continued**  
**Title 33: Transportation Requirements**

**Admission/ Non-Admission**

(1) If the person IS subject to admission, the physician shall complete a certificate of need and the person who took the service recipient to the treatment resource may then apply for the admission for the purpose of emergency diagnosis, evaluation and treatment [T.C.A. §33-6-407 (b)].

(2) If the person IS NOT subject to admission and the transporting agent is under a duty to remain at the treatment resource, the transporting agent shall return the person to the county [T.C.A. §33-6-407 (c)].

(3) If the person IS NOT subject to admission and the transporting agent is not under a duty to remain at the treatment resource, the treatment resource shall return the person to the county [T.C.A. §33-6-407 (d)].

**Secondary Transporting Agents**

The sheriff in a county in which a person with mental illness or serious emotional disturbance is to be transported, shall transport the person except for persons who are transported by:

- (1) A secondary transporting agent designated by the sheriff if a physician or mandatory prescreening agent has evaluated and determined the person does not require physical restraint or vehicle security. A secondary transporting agent shall be available 24 hours per day, provide adequately for the safety and security of persons being transported, and provide appropriate medical conditions for transporting person for involuntary hospitalization.
- (2) A municipal law enforcement agency that meets the requirements for a secondary transporting agent and is designated by the sheriff;

The sheriff shall take into account in designating a secondary transporting agent or municipal law enforcement agency both its funding and the characteristics of the persons who will be transported. The sheriff shall consult with the county executive or county mayor before designating a secondary transporting agent. A secondary transporting agent has the same duties and authority in detention or transportation of such persons as the sheriff.

Transportation of persons to be involuntarily committed is the responsibility of the county in which the person is initially detained. The sheriff or secondary transporting agent may bill the county of residence for transportation costs [T.C.A. §33-6-901].

## **Handout 6-1, continued**

### **Title 33: Transportation Requirements**

#### **Transportation by Friends or Relatives**

**2003 Amendment:** If a mandatory prescreening agent has completed a certificate of need to assess the individual for emergency involuntary commitment AND determines that the person does not require restraint or vehicular security, THEN

- (1) One or more reputable and trustworthy relatives or friends of the person, or clergy or mental health professionals who are familiar with the person,
- (2) Who will assume responsibility for the person's safe deliverance
- (3) May be allowed to transport the person to the hospital if such relative or friend will do so at the transporter's own expense. *[T.C.A. §33-6-901 (4)]*

#### **Transportation to Judicial Commitment**

Whenever a person is about to be admitted to a treatment resource under Non-Emergency Involuntary Admission to inpatient treatment (Part 5 of Title 33), the court shall arrange for the transportation of the person to the hospital. Whenever practical, the person to be hospitalized shall be permitted to be accompanied by one or more friends or relatives, who shall travel at their own expense. Any reputable and trustworthy relative or friend of the person who will assume responsibility for the person's safe deliverance may be allowed to transport the person to the hospital if such relative or friend will do so at the transporter's own expense. *[T.C.A. §33-6-902 (a)].*

#### **Transportation from Mandatory Outpatient Treatment Hearing**

If an individual subject to Mandatory Outpatient Treatment (MOT) and the person's qualified mental health professional determines that the person is out of compliance with the treatment plan without good cause and:

- (1) The person cannot be put immediately in compliance with the treatment plan, or
- (2) The person cannot be expected to stay in compliance without further hospitalization, or
- (3) The person does not comply immediately with the treatment plan,

The qualified mental health professional shall contact the sheriff and the sheriff shall immediately transport the person to the hospital from which the person was discharged, and the hospital shall admit the person...*[T.C.A. §33-6-615(d)]*

If the person is under Mandatory Outpatient Treatment, and the court or a qualified mental health professional determines that the person is out of compliance with the treatment plan without good cause and:

- (1) The person cannot be put in compliance with the treatment plan immediately or
- (2) The person cannot be expected to stay in compliance without further hospitalization,

The court shall make written findings of fact and conclusions of law on the issues and order the person re-committed to the hospital from which the person was released. The sheriff shall immediately transport the person as ordered by the court and the hospital shall admit the person *[T.C.A. §33-6-610, and §33-6-204(e) ]*.

## **Handout 6-2 Alternative Transportation**

### **Transportation by kin, friend, clergy or mental health professional:**

(Contact local mandatory prescreening agency or hospital to determine if protocols exist in local area.)

- If the Mandatory Prescreening Agent, psychiatrist, licensed psychologist or other designated mental health professional deems that the individual does not require restraints or vehicular security, AND
- If a reliable, trustworthy person who knows the individual is available,
- Then that person may transport the individual to the facility and wait during assessment for emergency involuntary commitment procedures.
- If the individual is not deemed committable, the person that transported the individual to the facility will be responsible for providing transportation home.

### **Innovative Options for Secondary Transporting Agents:**

#### **1. Off-duty EMS personnel:**

- Emergency Medical Service (EMS) workers are paid overtime to provide transportation while off duty, using an unmarked sheriff's department vehicle.
- Sheriff's deputies still provide transportation in cases where no EMS worker is available or if person needs restraint or vehicular security.

#### **2. Emergency Medical Service as first choice transportation provider:**

- Emergency Medical Service (EMS) provides transportation to the hospital for emergency involuntary commitment.
- If the Emergency Medical Technician arrives at the scene and deems that restraint or security is needed, a sheriff's deputy is called to ride along in the EMS vehicle.

#### **3. Municipal Police Department as first choice provider (urban areas):**

- Police officers provide transportation to the hospital. In some communities, officers must wait during the assessment period and transport the individual away from the facility if commitment criteria are not met;
- Some communities use the Crisis Intervention Team (CIT) model of law enforcement intervention,
  - Officers voluntarily agree to receive intensive mental health training, and are designated to respond to calls involving mental health issues;
  - Officers transfer custody to the assessment facility security personnel upon arrival, and return to their other duties.

For further information on these transporting options, contact Liz Ledbetter at the Tennessee Department of Mental Health and Developmental Disabilities (615) 532-6767.

## **Handout 6-3**

### **Transportation to Emergency Involuntary Commitment: The Process**

#### **Gather Information:**

##### **From dispatch:**

- Circumstances;
- Indications of suspected mental illness,
- Indications of actual or potential violence,
- Prior interaction with law enforcement.

##### **From the Mandatory Prescreening Agent or other designated mental health professional:**

- Certificate of need;
- Circumstances of the individual's conduct;
- Security needs during transport;
- Whether admitting facility has agreed to conduct an assessment;
- Destination for detoxification prior to assessment at psychiatric facility;
- Any other medical concerns that pertain to transport or transfer of custody to the admitting facility.

#### **Emergency Involuntary Commitment Procedure:**

- A mandatory prescreening agent (MPA), or other designated mental health professional completes a certificate of need.
  - MPA or mental health professional determines need for restraint or vehicular security,
  - If restraint is required, the MPA or mental health professional contacts law enforcement to transport individual,
  - Family members or friends may follow behind to supply information to the admitting facility.
- Transporting officer accepts the completed certificate of need. The officer has a right and a duty to inspect the certificate to ensure that it is fully completed and signed by the appropriate authority prior to accepting custody of the individual.
- If not already done, transporting officer contacts the admitting facility to notify of transport and verify that the facility will assess for involuntary emergency commitment. Other pertinent information:
  - Need for extra security personnel if the individual is violent;
  - Need for medical equipment such as a wheelchair;
- Transporting officer places the individual in the vehicle;
- The service recipient is transported to the facility;
- Individual is transferred to custody of the admitting facility,
- If the officer has given advanced notification:
  - The individual must be evaluated within 1 hour and 45 minutes of arrival at the hospital,
  - If the officer has not given advanced notification, time limits do not apply,
  - If more than one individual has been transported in one vehicle, the process may take longer than 1 hour and 45 minutes.
- Unless departmental policy states otherwise, the officer must wait until the assessment is complete;

## Handout 6-3, continued

### Transportation to Emergency Involuntary Commitment: The Process

#### Excerpt from Metropolitan Police Department, Nashville

- The officer should be prepared to relate facts and circumstances known to them to admitting personnel. Information may include, but not be limited to:
  - Observations of the scene when the officer arrived,
  - Indications of mental illness drawn from interviews and observations of the individual;
  - Self-harm or aggressive attempts or threats during transport,
  - Other individuals on the scene who may have pertinent information;
- If the individual is admitted, the officer will return to other duties;
- If the individual is not admitted, the officer will transport the individual to the point of pick-up or to a location away from the facility but within the individual's county of residence;
- Requests from a treatment facility to transport to another treatment facility shall be directed to the designated sheriff's department authority unless otherwise specified by policy.<sup>5</sup>

#### Restraints:

- **Explain what you are going to do before you do it.** In direct but simple statements, tell the individual what actions you are preparing to take and the reason why. Make sure you explain that the person has not committed a crime (unless he or she has); but restraint is used for the person's safety and yours.
- **Speak slowly. Use a calm, but clear tone of voice.** The individual may be distracted by hallucinations and may have difficulty understanding you.
- **Use only necessary restraint.** Unless you feel it is necessary to use shackles, use only handcuffs.
- **Apply restraint with as little force as possible.** If the individual is willing to cooperate, give verbal instructions such as, "Place your hands together behind your back," rather than forcing restraints by physical means.
- **Search individual for potential means of harm to self or others.** If the individual presents immediate substantial risk of harm, remove medications, sharp objects, potential means of strangling and any other object that could be used for self-harm or aggression.
- **Place and remove the individual from the vehicle with as little use of force as possible.** Do not use physical force if the person responds to verbal instructions.

#### No Incarceration without Criminal Charges

Pending removal to the hospital, a person with mental illness or serious emotional disturbance taken into custody or ordered to be hospitalized under chapter 6, part 5 of Title 33 may be detained in the person's home or in some suitable facility under such reasonable conditions as the court may order, but the person shall not be detained in a non-medical facility used for the detention of persons charged with or convicted of criminal offenses [T.C.A. 33-6-902 (b)].

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<sup>5</sup> Metropolitan Police Department, (July, 1999) General Order 99-10 Interviewing and Transporting Mentally Ill Persons, Nashville, Tennessee.

**Handout 6-4  
Certificate of Need**

**[Scan]**

**Handout 6-4**  
**Certificate of Need**

## Handout 6-5 Communication During Transportation

Individuals	Special Populations
<p><b>Giving Instructions</b></p> <ul style="list-style-type: none"> <li>○ Use short sentences.</li> <li>○ Speak slowly, calmly, reassuringly.</li> <li>○ Give clear instructions when necessary.</li> <li>○ Give only one instruction at a time.</li> <li>○ Check to make sure the individual understands the instruction.               <ul style="list-style-type: none"> <li>○ Do not assume willful non-compliance.</li> </ul> </li> </ul> <p><b>Giving Information</b></p> <ul style="list-style-type: none"> <li>○ Using discretion: Inform the individual of what is about to happen;               <ul style="list-style-type: none"> <li>○ During transport;</li> <li>○ At the admitting facility;                   <ul style="list-style-type: none"> <li>○ Will be assessed by doctor;</li> <li>○ May or may not be admitted;</li> <li>○ If not admitted, will be transported back home, or county of residence;</li> </ul> </li> </ul> </li> </ul> <p><b>Gathering Information</b></p> <ul style="list-style-type: none"> <li>○ Listen to the individual during transport,</li> <li>○ Note information that may be pertinent to psychiatric assessment:               <ul style="list-style-type: none"> <li>○ Verbal threats of harm to self or others;</li> <li>○ Statements that do not seem to make sense;                   <ul style="list-style-type: none"> <li>▪ Possible delusional thinking;</li> <li>▪ Responses to voices or other hallucinations;</li> </ul> </li> <li>○ Other statements that indicate impaired judgment,</li> <li>○ Inability to take care of himself/herself.</li> </ul> </li> </ul>	<p><b>Children</b></p> <ul style="list-style-type: none"> <li>○ Speak calmly, do not raise your voice;</li> <li>○ Acknowledge to the child that he or she is in a difficult, scary situation;</li> <li>○ Reassure the child that you are there to keep him or her safe;</li> <li>○ Explain briefly what will happen at the hospital;</li> <li>○ Listen to the child and offer calm reassurance.</li> </ul> <p><b>Women:</b></p> <ul style="list-style-type: none"> <li>○ Women are more likely than men to have suffered prior physical or sexual trauma, and to have a posttraumatic stress reaction to events;               <ul style="list-style-type: none"> <li>○ Acknowledge that the individual may be frightened by the situation;</li> </ul> </li> <li>○ Women tend to seek more information and reassurance during transport. A female may want to talk more than a male service recipient;               <ul style="list-style-type: none"> <li>○ Listen to the individual;</li> <li>○ Respond in a calm, reassuring tone;</li> </ul> </li> <li>○ Communicate in a matter-of-fact tone,               <ul style="list-style-type: none"> <li>○ Neither intimidating, which may be perceived as a threat;</li> <li>○ Nor friendly, which may be interpreted as an invitation.</li> </ul> </li> </ul> <p><b>People with Limited English Proficiency (LEP)</b></p> <ul style="list-style-type: none"> <li>○ Speak slowly,</li> <li>○ Do <b>not</b> speak louder than usual,</li> <li>○ Give written information in the individual's language, if available,</li> <li>○ Use caution when relying on family members or friends to interpret:               <ul style="list-style-type: none"> <li>○ Watch for inconsistent non-verbal cues that may indicate mistranslation.</li> </ul> </li> </ul>

## Handout 6-6

### **Response: Communication During Transport**

#### *Instructions:*

- *Instructor reads client scenarios,*
- *Discuss the best approach the situation.*
- *Optional Role Play:*
  - *Take parts of individuals in the scenario. Demonstrate:*
    - a. *What would you say?*
    - b. *What would you do?*

**Scenario 1:** Law enforcement has been called to the home of a woman who reports being assaulted by her 28-year-old son. The woman reports that her son accused her of working for the FBI and struck her with a telephone head set. The subject has a prior history of arrest for assault, but the mother says she does not want to press charges. She just wants to get him to the hospital and get him back on his medicine. Mobile Crisis Response has been notified by dispatch and is due to arrive within 20 minutes.

**Scenario 2:** Law enforcement has been contacted by the Crisis Response Team to transport a 12-year-old female for involuntary commitment at the psychiatric hospital. The subject overdosed on her anti-depressant medication in a suicide attempt. She has been medically cleared for transport, the hospital has been notified and has agreed to examine the subject.

Option 1: The hospital is a two-hour drive away from the scene.

Option 2: The hospital is a 30-minute drive from the scene.

**Scenario 3:** Law enforcement has been called to a restaurant where a man was shouting in Spanish at one of the waitresses. The restaurant owner reports that he was “talking crazy”. The waitress reports that she is acquainted with the subject, but does not know him well. He has been stalking her for the past week and she is afraid he will do something. Mobile Crisis Response has not yet been notified.

**Scenario 4:** Law enforcement has been contacted by the Crisis Response Team to transport an intoxicated 48-year-old male to the local emergency room. The subject was found with an empty bottle of whiskey and a partial bottle of anti-anxiety medication. He has a lengthy history of mental health treatment at the local mental health agency. The Mandatory Prescreening Agent has completed a certificate of need for commitment to the psychiatric hospital after the subject’s medical condition is stable and the blood alcohol level is acceptable.

**Scenario 5:** Law enforcement has been contacted by a hospital to transfer a 73-year-old male to the psychiatric hospital for emergency involuntary commitment after his blood alcohol level has reached an acceptable point. A certificate of need has been completed by the Mandatory Prescreening Agent from the crisis team.

**Scenario 6:** An 80-year-old woman has been assessed as not committable by the psychiatrist at the Regional Mental Health Institute. The law enforcement officer has been contacted to transport the individual away from the hospital, but the woman does not appear to know where she lives.