



SECURE TRANSPORTATION QUESTIONNAIRE



INPATIENT THERAPY & TREATMENT



23 HOUR OBSERVATION



CRISIS STABILIZATION RESIDENTIAL



SUBACUTE WRAPAROUND SERVICES



ACCESS CENTER

PLEASE ANSWER EACH QUESTION

Client Name: _____ DOB: _____

Starting Location: _____

Dropoff Location: _____

Client Home Address: _____

- Does the individual have their own vehicle or method of transportation? Yes No
- Does the individual wish to transport themselves privately? Yes No
- Does the individual have natural support that can provide transportation? Yes No
- Does the individual have the means to pay for a private taxi or transportation? Yes No
- Admitting Crisis Provider has the means to transport the individual? Yes No

(If unable please explain): _____

(To be eligible for secure transport must have at least one box checked yes)

Is there an immediate risk to run away, a history of serious behavior, or a previous runaway? Yes No

Has the following recent behaviors indicated a person may be at risk for their own safety? Yes No

(Check all that apply)

- Self-harming gestures with voiced intent to continue to self-harm.
- Voiced intent to engage in suicidal behavior.
- Suicide attempt made.
- Agitated and or out of control.
- Threatening to leave a moving vehicle.
- History of leaving or attempting to leave the vehicle.

FOR CHILDREN:

Please indicate in the space below why parents/and/or guardians are unable to transport. Yes No

Has the parent/guardian and/or referring agency contacted community resources or assistance? Yes No

(for example gas voucher)

Explain: _____

What is the plan for client discharge transportation? _____

Supplemental Information that may be relevant: _____

Person Completing Form: _____

Phone: _____ Email: _____

CHECK BOX FOR REGIONAL BILLING & EMAILING:

Care Connections
claims@ccnia.org



Rolling Hills
kallen@bvcountyowa.com



Sioux Rivers
sduhn@dickinsoncountyowa.gov



Admitting/ Receiving Crisis Provider email form to: transportation.yescenter@outlook.com

YES Phone: 712.225.5777

CRISIS TRANSPORTATION POLICY

Adopted by: Care Connections of Northern Iowa, Sioux Rivers, and Rolling Hills MHDS Regions

Policy/Procedures:

1. The aforementioned Regions will fund involuntary commitment-related services provided by any entity identified in the in-court order, usually by the Sheriff and/ or the YES/ CIJDC center, in the amount specified per regional court or host region contract.
2. The Region will fund transportation via secure transport to and from crisis services providers provided that a transportation checklist has been utilized to allow the following providers to arrange transportation. (Turning Point, Siouxland Mental Health, Seasons Center Crisis Center)
3. The region will fund return transportation for eligible regional consumers placed voluntarily/involuntarily in a hospital or outside the region when no other transportation is available, with approval from the funding region.
4. The Region will not provide funding for transportation for voluntary commitments unless preauthorized by the funding region as per regional policies. No transport will be authorized without demographic information as per the regional management plan and policies which is necessary to determine regional funding eligibility.

Transportation options to be exhausted prior to requesting regional assistance for secure transportation:

- Private vehicle
- Natural Supports
- Taxi (privately paid by person)
- Managed Care Organization

The decision about what transport is appropriate should be based on:

- Reasonable efforts should be made to help the person to make or participate in decisions about their transport and to transport them in the least restrictive manner possible.
- The person's mental and/or physical state.
- The person's immediate treatment needs to prevent serious deterioration in their physical or mental health or serious harm to the person or to another person.
- The likely effect on the person of the proposed mode of transport.
- The availability of modes of transport, including private vehicles.
- The distance to be traveled.
- The person's need for support and supervision during travel, including any safety issues.

Provider Criteria to call for transportation:

- Immediate risk to run away from the history of serious behavior on the previous runaway?
- Recent behavior indicated person may be a risk to their own safety.
 - o Self-harming gestures with voiced intent to continue to self -harm.
 - o Voiced intent to engage in suicidal behavior.
 - o Suicide attempt made.
 - o Agitated and or out of control.
 - o Threatening to leave a moving vehicle.
 - o History of leaving or attempting to leave the vehicle.

Youth Emergency Shelter Transportation

- Please ensure the transportation checklist is included with the regional invoice for timely payment.