# VERMONT2012

## *The Implementation of Act 114 (18 V.S.A.7624 et seq.) at the Vermont State Hospital And Other Designated Hospitals*

Report from the Commissioner of Mental Health
to the General Assembly
January 15, 2012

Agency of Human Services
Department of Mental Health
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# VERMONT'S ACT 114 (18 V.S.A. 7624 et seq.)

Vermont's Act 114 addresses three areas of mental-health law:

- The administration of non-emergency involuntary psychiatric medication in inpatient settings for people on orders of hospitalization
- The administration of non-emergency involuntary psychiatric medication in inpatient settings for people on orders of non-hospitalization (community commitments), and
- Continuation of ninety-day orders of non-hospitalization

The statute allows for orders of non-hospitalization, whether ninety-day or one-year orders, to be renewed following a hearing. Prior to implementation of Act 114, ninety-day orders could not be renewed.

Among other things, the Act replaced administrative hearings on applications for non-emergency involuntary medication with judicial hearings in family court. The statute permits the administration of involuntary psychiatric medication in non-emergency situations to patients who have been committed to the care and custody of the Commissioner of Mental Health in Commissioner-designated hospitals in the community, as well as at the Vermont State Hospital (VSH). Until August 29, 2011, when Tropical Storm Irene forced the evacuation of the State Hospital, non-emergency involuntary psychiatric medications were given only at VSH. When patients were relocated to other hospitals and facilities around the state, then-Commissioner Christine M. Oliver authorized involuntary medication procedures at the Brattleboro Retreat, Fletcher Allen Health Care, and Rutland Regional Medical Center *(See Appendix A)*.

Section 5 of Act 114 requires an annual report from the Commissioner of Mental Health on the implementation of the provisions of the Act to the House Judiciary and Human Services Committees and to the Senate Committees on Judiciary, and Health and Welfare. The statute specifies four sections for the Commissioner's report to encompass:

I. Any problems that the department, the courts, and the attorneys for the state and patient have encountered in implementing the provisions of the statute;
II. Number of petitions for involuntary medication filed by the state pursuant to 18 V.S.A. §7624 and the outcome in each case;
III. Copies of any trial court or supreme court decisions, orders, or administrative rules interpreting Section 4 of this act; and
IV. Any recommended changes in the law.

In addition, the statute requires the Commissioner of Mental Health to solicit comments from organizations representing persons with mental illness, organizations representing families with members with mental illness, direct-care providers, persons who have been subject to proceedings under 18 V.S.A. §7624, treating physicians, attorneys for the patients, courts, and any other member of the public affected by or involved in these proceedings.

## THE DEPARTMENTAL PERSPECTIVE ON ACT 114

This report on the implementation of Act 114 is submitted annually by the Vermont Department of Mental Health (DMH) for review by the Legislature. For the most part, DMH's perspective has not changed from that expressed in earlier reports. DMH acknowledges that the outcome of medical treatment by court-mandated involuntary care, including the use of non-emergency involuntary medication, is not a preferred course for an optimal plan of care. At the same time, however, DMH takes the position that the use of medication for some persons with a mental illness continues to be the best care that currently can be provided, and when it is deemed necessary, it should occur as expeditiously as possible while respecting individuals' rights.

Many people have expressed an interest in alternatives to involuntary care and involuntary medications. Governor Shumlin's plan for mental health includes funding for expanded peer services and development of a Soteria House. We believe these services will offer alternatives to involuntary medications for some people.

DMH surveys a variety of individuals and receives a broad range of perspectives about the Act 114 process and the use of involuntary psychiatric medication as part of the course of treatment for those adults with the mental illness. All of these views are included to illustrate the varieties of opinions held and the complexities of the issues that exist.

## NUMBER OF PETITIONS FOR INVOLUNTARY MEDICATION FILED BY THE STATE PURSUANT TO 18 V.S.A. §7624 AND THE OUTCOME IN EACH CASE IN CALENDAR YEAR 2011

The state filed forty (40) petitions for involuntary medication between January 1 and December 31, 2011. Eight (8) of those petitions were withdrawn before hearing because the patients began taking medication voluntarily. One (1) petition was dismissed by the court in 2011. Three (3) petitions were pending at the end of 2011. Of the remaining twenty-eight (28) petitions, the court granted the request and issued orders for involuntary medication of the individuals.

## PROBLEMS WITH IMPLEMENTATION

The precipitous closing of the Vermont State Hospital caused the most problems with the implementation of Act 114 in 2011. As a result of the extensive flooding in the wake of Tropical Storm Irene, all of the patients at the Vermont State Hospital (VSH) were evacuated on August 29, 2011. The patients were sent to hospitals and other facilities throughout Vermont, including the Brattleboro Retreat, Fletcher Allen Health Care, Chrysalis House, Second Spring, and the C Unit at the Springfield Correctional Facility. At the present time, although the majority of the 51 evacuated patients have been discharged, VSH remains closed and the Department continues to use most of these alternative locations to accommodate patients who, but for the closure, would have been admitted for treatment at VSH. VSH staff is working in most of the facilities, and completely operates the C Unit in Springfield. There currently are five (5) patients in the C Unit. No patients are admitted to the Unit for initial assessment or treatment.

Prior to Tropical Storm Irene, involuntary medication was given only at Vermont State Hospital. Post Irene, the Commissioner designated the Brattleboro Retreat, Fletcher Allen Health Care and Rutland Regional Medical Center as medication hospitals. Legal and clinical staff from the Department trained clinical staff at the designated hospitals in the legal and clinical requirements for petitions for involuntary medication. The forms developed for the staff at VSH were revised and adapted for use by the designated hospitals. VSH has worked very closely with the various treatment teams to ensure a smooth transition and will continue to provide technical assistance and oversight in all three locations.

The closure of VSH has had a significant impact on the judiciary, with medication hearings once held exclusively in one specially-designated court now being conducted in various locations around the state, significantly impacting court schedules and the work of court clerks and judges. Training in the involuntary medication procedures have been conducted for the clerks and judges. To make it easier for patients to attend commitment and involuntary medication hearings, the judiciary has established a court room within Fletcher Allen Health Care and plans are under way to develop one within the Brattleboro Retreat.

There have been eight (8) petitions for involuntary medication filed since the VSH was closed. Of those, three (3) were filed for patients at Fletcher Allen Health Care, four (4) at the Brattleboro Retreat and one (1) at Rutland Regional Medical Center. All but one of the petitions for involuntary medication has been granted. The designated hospitals have expressed frustration with the process and their inability to treat patients more quickly, even though the judiciary has made every effort to ensure that the statutory timeframes are met. The hospitals have indicated that the times established in the statute are excessive and argue that the resulting delays in treatment are harmful to the patients.

As in previous years, the Department of Mental Health continues feel that the length of time from hospitalization to medication of individuals who are ill and dangerous is a problematic aspect of Act 114. It seems safe to say that the designated hospitals were frustrated by what they saw as an unnecessary delay in their ability to treat the patients admitted to their facilities. That being said, as noted above, the judiciary was very responsive to both DMH's and the designated hospitals' requests for hearings to be held within the statutory timeframes. Despite those efforts, Act 114 still results in delays in care for persons who ultimately are found to lack capacity to make treatment decisions for themselves.

In addition, the treating physicians at Vermont State Hospital and now also the designated hospitals remain concerned about the role the court plays in determining the prescribed course of treatment for individual patients. One example is that psychiatrists are generally unable to use two medications simultaneously because the court refuses to grant them that authority.

The Commissioner is not planning to propose any legislative changes this session, even though DMH remains concerned about the issues of delay in treatment, prescriptive orders for medication, and the automatic stay of the order for involuntary medication pending an appeal to the Supreme Court.

## COPIES OF ANY TRIAL COURT OR SUPREME COURT DECISIONS, ORDERS, OR ADMINISTRATIVE RULES INTERPRETING §4 OF ACT 114

There were no decisions, orders or administrative rules from any trial court or from the Vermont Supreme Court in 2011 interpreting §4 of Act 114.

## INPUT FROM ORGANIZATIONS AND INDIVIDUALS AS REQUIRED BY ACT 114

Act 114 requires DMH to solicit comments from organizations representing persons with mental illness and organizations representing families with members with mental illness, direct-care providers, persons who have been subject to proceedings under 18 V.S.A. §7624, treating physicians, attorneys for the patients, courts, and any other member of the public affected by or involved in these proceedings.

### Organizations Representing Persons with Mental Illness and Organizations Representing Families with Members with Mental Illness

To meet the statutory mandate for input from organizations, DMH solicited input in writing from:

- Vermont Psychiatric Survivors (VPS), a statewide organization of adults with experience of severe mental illness
- the National Alliance on Mental Illness of Vermont (NAMI—VT), the state chapter of the national organization of families of adults with severe mental illness
- the Washington County Family Court, which hears applications for commitments and involuntary non-emergency medication
- the Mental Health Law Project, which offers legal counsel to Vermonters with low incomes, who are elderly or who have disabilities, and
- Disability Rights Vermont (DRV), a statewide organization offering information and support, referrals to other agencies, and advocacy and legal representation for individuals with disabilities and/or mental-health issues

Among the organizations and the court from which DMH solicited input for this report, only Vermont Psychiatric Survivors (VPS) responded. Linda Corey, the Executive Director at VPS, responded as follows:

1. Were you directly involved with any individuals involuntarily medicated under act 114 in 2009?

   "We have offered support and advocacy to 4-5 people who called us. We referred them to Vermont Disability Rights."

2. Are you aware of any problems encountered in the implementation of this process?

"Staff and/or patient injured. If patient has a trauma history it can retrigger trauma. Patients see staff as enemy and it is hard for them to develop a trusting relationship fearing forced medication might happen again. Also some of the medication used has proven to be harmful to the patient and possibly lead to other health issues such as diabetes and heart problems."

3. What worked well regarding the process?

   "Not sure anything was well except it brought the patient under control and made the unit safer for others."

4. What did not work well regarding the process?

   "It created a we and they attitude which is not therapeutic environment."

5. In your opinion was the outcome beneficial?

   "Not as I see it. The patient has increased traumatization and is taught that others have control over them. As for the hospital it assisted in getting a unit in control that could develop in to a dangerous situation for all."

6. Do you have any changes to recommend in the law or procedure, if so what are they?

   "Explore options to this process and develop more safer, less cruel ways to assist a person when in crisis."

## Individuals Involuntarily Medicated at the Vermont State Hospital (VSH)

Additionally, Act 114 seeks input from individuals who received psychiatric medication involuntarily under Act 114 at VSH.

Questionnaires sought feedback in two ways from patients who had been involuntarily medicated at VSH through the end of 2011:

- Through either written answers or interviews with a social worker or nurse while still at VSH, and
- Through written answers to the questionnaire after leaving VSH.

Eleven (11) patients answered the questionnaires in time for inclusion in DMH's legislative report for January 15, 2012.

The Commissioner's questions and the patients' answers are as follows:

1. Do you think you were fairly treated even though the process is involuntary?

One patient who answered "Yes" to this question elaborated that "I was treated fairly and with respect.". Patients who answered "No" to the question were asked to describe what they felt was unfair about the process (1) in court and (2) at the Vermont State Hospital. Three patients had comments about their experience in court:

> "The court process was fine. However, I don't believe the hearings were necessary. No crime was committed. I felt punished unnecessarily."
>
> "I wasn't told I wouldn't be hand-cuffed so didn't go. Nothing was told except I was on ONH, but not why."
>
> "I never felt like anyone was on my side, or respected my opinions."

Five patients had comments about their experience at the State Hospital:

> "Too much use of 5-point restraints and multiple seclusions. Forced medication is psychological rape. It felt terrifying."
>
> "The doctor never discussed alternative medications even when I was willing to take them. My attorney never returned my phone calls about medication."
>
> "I was unfairly treated. Doctor used sarcasm towards me."
>
> "The shot is painful."
>
> "Unneeded force to give me meds."

2. Do you think that the advantages and disadvantages of taking medications were explained clearly enough to help you make a decision about whether or not to take them?

Yes: 7
No: 3

Two respondents commented:

> "But only because I knew about taking meds outside of the hospital. Med side effects and reasons for meds was <u>not</u> explained. I was put on Seroquel for ex. Even though it causes the body documented harm."

"Not with every individual. I was offered more suggestions than explanations."

3. Why did you decide not to take psychiatric medications?

Nine patients who responded to the Commissioner's questionnaire answered this question. Their answers varied:

> "Felt I wasn't ill incorrectly."
>
> "Because of the way they were addicting. It was unsafe."
>
> "I wanted to see if I'd be okay. I am now med compliant."
>
> "I was not able to make any decisions for myself."
>
> "Because side effects are in my opinion worse than my problem."
>
> "Because I allergic to some generic meds. Break out my hands and ankle have been a mess for 6 or 7 months."
>
> "I didn't think it would be helpful."
>
> "I had quit my job and I felt free to quit them. It was not a good idea."
>
> "I didn't want them at the time. Lithium wasn't making me feel good."

4. Now that you are on medication, do you notice any differences between the times you are taking your medications and the times you are not?

Yes: 9
No: 2

One of the patients who answered "Yes" to this question did not disclose the differences he noted. The eight (8) others who answered "Yes" wrote:

> "I take daily and my understand is clear."
>
> "I cannot sleep without my meds. Self reliant and dependable."
>
> "I am more stable and sane on meds. Geodon is very helpful."
>
> "Yes, but it is not from the medicine."
>
> "I'm in a better mood. I can take care of myself better. I am not scared. I have a better memory. I can communicate better."
>
> "Calmer."
>
> "Sleeping pattern improved. No racing thoughts or conversation."

"The psychiatric staff has reported they've seen changes since I started taking meds."

The two (2) patients who answered "No" did not offer further information or explanation to their answer.

5. Was anyone particularly helpful? Anyone could include staff at VSH or a community mental health center, a family friend, a neighbor, an advocate, someone else who is in the Vermont State Hospital—really, anyone.

Yes: 7
No: 2

The two (2) respondents who answered "No" to this question did not offer further explanation.

For "Who was helpful?", the positive respondents noted:

"Some staff and techs were kind."

"The female staff at the hospital took time to talk to me."

"My son and family."

"My sisters. Tech staff all shifts."

and also identified "VSH helpful staff" by name and shift.

For "In what ways was he/she helpful?", the positive respondents noted:

"Listening to how I was feeling."

" Knew it was better for me to have someone else make decisions."

"They were supportive and explained things in a way I could understand."

"Very friendly, calm, confident, cheery- certain staff made certain times pleasurable. The best staff viewed me as a whole person, not just a patient."

6. Do you have any suggestions for changes in the law called Act 114? Please describe the changes you would like to see.

Yes: 4
No: 3

The patients who answered "Yes" made the following recommendations:

> "Release stipulations on themselves."
>
> "Check into her background. I was railroaded. Forcing people to take meds that are harmful is degrading and despicable."
>
> "I would remove forced meds and restraints. They are too punitive. It is traumatizing."
>
> "Make it easier to change medications."
>
> "I'm not sure this is in Act 114, but staff should be made aware of previous injuries to a person so during involuntary restraints with or without meds that person does not get hurt and staff should explain why a patient is put in seclusion and why they would give emergency involuntary meds."

## Family Members of Individuals Involuntarily Medicated at the Vermont State Hospital (VSH)

Act 114 also seeks input from the family members of individuals who received psychiatric medication involuntarily under Act 114 at VSH. One family member responded and the Commissioner's questions and the responses were as follows:

1. Were you involved in any way in the process of the medication hearing in the court or the administration of the medication at VSH? What was the process like for you?

   "No, I was not directly involved. The social worker at the hospital kept me informed about what was happening and when."

2. Do you understand and agree with your family member's reasons for not wanting to take psychiatric medication? Why or why not?

   "I understand his reasons for not wanting to take them. I have suggested to him a facility that works with nutrition as well as meds, but he's not interested."

3. What do you see happening when your family member does not take psychiatric medications? What do you see happening when your family member is on psychiatric medications?

   "Gradually over a period of 6-8 months he withdraws from social contacts , loses his job and stops caring for himself as far as hygiene, eating, sleeping. When on meds he gradually regains his ability to think clearly, care for himself, and hold a job."

4. Do you think your family member is better off after medications than before? In what ways?

   "Yes, he is more social, converses more coherently, cares for himself responsibly."

5. In retrospect, do you think that your family member was fairly treated even though the procedure was involuntary? If you participated in the process at all, do you think that you were fairly treated?

   "As far as I know he was fairly treated. His lawyer at Legal Aid would not speak to me even though I am his legal guardian. Apparently her responsibility is to help him get what he wants. With mental illness when he can't keep his thoughts organized, how can he know what he wants?!"

6. Do you think that any steps of the process were helpful? Which ones? Why? "I think the process was too drawn out. He was hospitalized involuntarily in Rutland for 2 ½ months before being sent to Waterbury. Then it took another 1 ½ months to get to the point of medication."

7. Do you think that any of the hospital staff were particularly helpful? Who? And why?

   "VSH social worker was very helpful, keeping me informed of progress."

8. Do you have any recommendations for changes in Act 114?

   "Once a patient is stabilized on meds effort should be made to help him find alternative methods of treatment whether nutritional, physical, social, emotional to be used in conjunction with meds or possibly eventually without meds."

**Psychiatrists, Nurses, and Staff at VSH and Other Designated Hospitals**

The Commissioner's questions and the responses from hospital staff were as follows:

1. How well overall do you think the protocol for involuntary psychiatric medication works?

   Hospital staff expressed the same concerns with the Act 114 protocol this year that they had in the 2011 report. The list includes:

   - A general perception that the process as a whole is cumbersome and does not work well
   - From the staff's point of view, the process is too long from admission of a patient to the point at which medication can begin
   - The perception that Vermont is unique among the states in having a process that is so protracted

- The process denies treatment to individuals who need it, causing their condition to worsen and lengthening their stay in a restrictive inpatient setting
- It causes undue stress and mental anguish to both patients and staff over weeks and months when, ideally, treatment could be started much sooner
- 90-day medication orders are too short
- Heavy paperwork associated with documentation that the steps of the process have been followed

Hospital staff agreed with following observations from the 2011 report during their interview:

- The length of time involved for the process causes more involuntary procedures for patients because they often become violent when they are not getting the medication they need
- The emergency involuntary procedures that have to be used while the Act 114 process is unfolding are more traumatic to patients and staff than a short, court-ordered process to administer medication
- The long-term prognosis for patients and the course of their illness worsens with the passage of so much time

2. Which of the steps are particularly good? Why?

Hospital staff again this year agreed that a period of twenty-four hours for a patient to adjust to the idea of court-ordered psychiatric medication is good. Also, it is good for patients to have their day in court—only it should not have to take so long to get there. Finally, scheduling a medication hearing within five days of a commitment hearing is good—when it happens. Ideally, commitment hearings and medication hearings would be combined.

3. Which steps pose problems?

Many of the answers to this question by hospital staff were similar to their answers from 2010 (reported in the 2011 Report). Their continued concerns focus on:

- The excessive length of medication hearings, once they get started
- The court's interference, as staff see it, with the ability of doctors to prescribe medications and dosages according to their best judgment about the clinical needs of their patients
- A reluctance to see a role for courts in determining medical treatment in the first place (there is no such role for courts in other fields of medicine, according to the staff)
- Admitting expert testimony on behalf of patients from psychiatrists who are considered to be outside "accepted practice" (and judges, for the

- Sometimes lengthy waits from a hearing to the judge's decision
- 30-day reviews of the continued necessity of medication once started
- Lack of certainty about when lawyers inform patients of medication orders
- The necessity of presenting evidence twice, once at commitment and again at a medication hearing
- The neurological damage that occurs when individuals remain psychotic for long periods of time
- Multiple involuntary procedures required during an extended psychosis
- Court rules of evidence that restrict or disallow the testimony that family members could offer

Hospital staff remains dissatisfied with the legislative response to the annual reports from the Commissioner to the General Assembly.

4. What did you do to try to get these patients to take psychiatric medications voluntarily before deciding to go the involuntary route through the courts?

- Advocating around symptoms and symptom reduction
- Trying to gather information about a patient's experience with medications and which ones have been effective in the past
- Patient meetings with treatment teams to try to explain the benefits of medication so that patients understand them better
- Educational groups that discuss medications, side effects, and related issues
- Encouragement and motivation to get well to leave the hospital

5. How long did you work with them before deciding to go through the courts?

The length of time involved is always dependent upon the individual patient. It can be days or weeks or longer, although the sooner medication is started, the sooner one can look for positive results. The process can be even longer for forensic patients, since a competency hearing must be added to the usual commitment and medication hearings for individuals admitted to the hospital for emergency examinations.

6. How helpful or unhelpful was it to be able to give the medications when you did? In what way(s)?

Hospital staff remained unanimous about the benefits of psychiatric medications for patients in any number of ways. Examples mentioned include:

- Reducing symptoms
- Improving the overall functioning of patients

- People who have not been able to take care of themselves regain insight, cease being assaultive, and improve
- Making it possible for those with co-occurring physical conditions to get treatment for those as well as their psychiatric conditions
- Getting out of the hospital and resuming their lives in the community

7. What do you think the outcome(s) would have been for the patients who were medicated if they had not received these medications?

   Hospital staff saw bleak outcomes for individuals who remain un-medicated. Possibilities included:

   - Patients would remain in the hospital for a long time
   - Physical-health needs of patients would go untreated, leading to poorer outcomes and possibly death
   - Poorer prognoses, especially for younger patients
   - More serious illness, both physical and mental
   - Frustration, possibly leading to assaultive or self-injurious behavior
   - Lowered chances for recovery or even getting back to baseline functioning

8. Do you have any recommendations for changes in Act 114?

   Hospital staff offered many ideas for changing Act 114. All were similar to the ideas offered in previous reports. They included:

   - Expediting the Act 114 process so that the time between admission and medication is much shorter than it is now
   - Extending the 90-day time frame for medication orders
   - Permitting the administration of involuntary psychiatric medications in non-emergency situations in other hospitals in the state
   - Look to other states for models that are shown to be effective

## CONCLUSIONS

The Department of Mental Health believes that recovery is invaluable both for recipients of mental-health services and for the providers of those services, and continues to recognize that the outcome of medical care by court-mandated involuntary care, including the use of non-emergency involuntary medication, is not a preferred course in an ideal plan of care. At the same time, however, it is DMH's position that the use of medication for some persons with a mental illness continues to be the best care that can be provided at this time. When the use of involuntary medication is deemed necessary, it should occur more rapidly than is permitted under the current statute. DMH will continue to work to broaden the choice of services to support earlier intervention for persons who might benefit from care if it were more accessible sooner, and also to provide care services that are most inclusive of the patient's preferences and values.

# APPENDIX A

Letters From Commissioner Christine M. Oliver to Designated Hospitals

VERMONT

**State of Vermont**
**Department of Mental Health**
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Waterbury, VT 05671

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*Agency of Human Services*

September 6, 2011

Dr. Robert E. Simpson
President & Chief Executive Officer
Brattleboro Retreat
Anna Marsh Lane
Brattleboro, VT 05301

Re: Hospital Designation / Involuntary Psychiatric Medication

Dear Dr. Simpson:

On August 27, 2011, Governor Shumlin declared a state of emergency for Vermont in anticipation of the arrival of Hurricane Irene. Following the storm's arrival, flooding forced the evacuation of all patients at the Vermont State Hospital to surrounding hospitals and facilities, including the Brattleboro Retreat. In light of these emergency measures, I hereby designate the Retreat, pursuant to 18 V.S.A. §§ 7401(6) and 7628, as a hospital authorized to administer involuntary psychiatric medications to patients subject to court orders issued under 18 V.S.A. § 7627.

This designation became effective on August 29, 2011 and shall remain in effect for up to one year. As a designated hospital, the Retreat must satisfy all requirements set forth in the Agency of Human Services Rule governing non-emergency involuntary psychiatric treatment. See attached Vt. Admin. Code 12-6-3:1. The Department of Mental Health will provide Retreat staff with any necessary training consistent with the requirements of this rule. Your contact person at the department for training purposes is Linda Kemp.

Sincerely,

Christine M. Oliver

Christine M. Oliver
Commissioner
Department of Mental Health

C: Peter Albert, Senior Vice President
Fritz Engstrom, MD

VERMONT

**State of Vermont**
**Department of Mental Health**
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*Agency of Human Services*

September 6, 2011

John Brumsted, M.D.
Interim Chief Executive Officer
Fletcher Allen Health Care
111 Colchester Avenue
Burlington, VT 05401

Re: Hospital Designation / Involuntary Psychiatric Medication

Dear Dr. Brumsted:

On August 27, 2011, Governor Shumlin declared a state of emergency for Vermont in anticipation of the arrival of Hurricane Irene. Following the storm's arrival, flooding forced the evacuation of all patients at the Vermont State Hospital to surrounding hospitals and facilities, including Fletcher Allen Health Care (FAHC). In light of these emergency measures, I hereby designate FAHC, pursuant to 18 V.S.A. §§ 7401(6) and 7628, as a hospital authorized to administer involuntary psychiatric medications to patients subject to court orders issued under 18 V.S.A. § 7627.

This designation became effective on August 29, 2011 and shall remain in effect for up to one year. As a designated hospital, FAHC must satisfy all requirements set forth in the Agency of Human Services Rule governing non-emergency involuntary psychiatric treatment. See attached Vt. Admin. Code 12-6-3:1. The Department of Mental Health will provide FAHC staff with any necessary training consistent with the requirements of this rule. Your contact person at the department for training purposes is Linda Kemp.

Sincerely,

Christine M Oliver

Christine M. Oliver
Commissioner
Department of Mental Health

C: Robert Pierattini, MD

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September 29, 2011

Thomas W. Huebner
President & Chief Executive Officer
160 Allen Street
Rutland, VT 05701

Re: Hospital Designation / Involuntary Psychiatric Medication

Dear Mr. Huebner:

On August 27, 2011, Governor Shumlin declared a state of emergency for Vermont in anticipation of the arrival of Hurricane Irene. Following the storm's arrival, flooding forced the evacuation of all patients at the Vermont State Hospital to surrounding hospitals and facilities. In light of these emergency measures, I hereby designate the Rutland Regional Medical Center (RRMC), pursuant to 18 V.S.A. §§ 7401(6) and 7628, as a hospital authorized to administer involuntary psychiatric medications to patients subject to court orders issued under 18 V.S.A. § 7627.

This designation became effective on August 29, 2011 and shall remain in effect for up to one year. As a designated hospital, the RRMC must satisfy all requirements set forth in the Agency of Human Services Rule governing non-emergency involuntary psychiatric treatment. *See attached* Vt. Admin. Code 12-6-3:1. The Department of Mental Health will provide RRMC staff with any necessary training consistent with the requirements of this rule. Your contact person at the department for training purposes is Linda Kemp.

Sincerely,

Christine M. Oliver
Commissioner
Department of Mental Health

VERMONT