

# VERMONT 2021

## The Implementation of Act 114:

Fiscal Year 2020 (July 1, 2019 – June 30, 2020)

Report from the Commissioner of Mental Health  
to the General Assembly



**Department of Mental Health**  
AGENCY OF HUMAN SERVICES  
280 State Drive, NOB-2 North  
Waterbury VT 05671-2010  
[www.mentalhealth.vermont.gov](http://www.mentalhealth.vermont.gov)

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## Vermont's 1998 Act 114 (18 V.S.A. §7624 et seq.)

### Summary

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

- The administration of nonemergency involuntary psychiatric medication in inpatient settings for people on orders of hospitalization
- The administration of nonemergency involuntary psychiatric medication for adults 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.

The Act also replaced administrative hearings on applications for non-emergency involuntary medication with judicial hearings in family court. When the statute was passed in 1998, it permitted the administration of involuntary psychiatric medication in nonemergency situations to patients committed to the care and custody of the Commissioner of Mental Health in commissioner-designated hospitals in addition to the state-operated Vermont State Hospital (VSH) in Waterbury. Until August 29, 2011, when Tropical Storm Irene forced the evacuation of the state hospital, nonemergency involuntary psychiatric medications were given only at VSH. Today, Vermont has seven designated hospitals where involuntary psychiatric medications in nonemergency situations might be administered.

- The University of Vermont Medical Center (UVM-MC), in Burlington
- Rutland Regional Medical Center (RRMC), in Rutland
- The Brattleboro Retreat (BR), in Brattleboro
- Central Vermont Medical Center (CVMC), in Berlin
- The Vermont Psychiatric Care Hospital (VPCH), in Berlin
- The Veterans Administration Hospital (VA-WRJ), in White River Junction
- Springfield Hospital (Windham Center)

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 the requirements for the Commissioner's report which are detailed below. Act 114 also requires an annual report from an independent research entity (Section 6).

## Act 114 Language Pertaining to Report Requirements<sup>1</sup>

### Sec. 5. Report

- (a) On January 15, 1999 and annually thereafter, the commissioner of developmental and mental health services shall report to the House and Senate Committees on Judiciary and Health and Welfare on the following:
- (1) Any problems that the department, the courts, and the attorneys for the state and patient have encountered in implementing Sec. 4 of this act.
  - (2) The number of petitions for involuntary medication filed by the state pursuant to 18 V.S.A. § 7624 and the outcome in each case.
  - (3) Copies of any trial court or Supreme Court decisions, orders, or administrative rules interpreting Sec. 4 of this act.
  - (4) Any recommended changes in the law.
- (b) Before submitting the report required in this section, the department shall 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.
- (c) The department shall also present the report required in this section and the study required in Sec. 6 of this act to its Systems Improvement Committee for analysis and recommendations to the department.

### Sec. 6. Study and Report<sup>2</sup>

- (a) An annual independent study shall be commissioned by the Department of Mental Health which shall:
- (1) evaluate and critique the performance of the institutions and staff of those institutions that are implementing the provisions of this act;
  - (2) include interviews with persons subject to proceedings under 18 V.S.A. § 7624, regardless of whether involuntarily medicated, and their families on the outcome and effects of the order;
  - (3) include the steps taken by the Department to achieve a mental health system free of coercion; and
  - (4) Include any recommendations to change current practices or statutes.
- (b) The person who performs the study shall prepare a report of the results of the study, which shall be filed with the General Assembly and the Department annually on or before January 15.
- (c) Interviews with patients pursuant to this section may be conducted with the assistance of the mental health patient representative established in 18 V.S.A. § 7253.

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<sup>1</sup> Accessed January 23rd, 2020, found online at <http://www.leg.state.vt.us/DOCS/1998/ACTS/ACT114.HTM>

<sup>2</sup> Modified to include amended language from 2014 Act 192

<https://legislature.vermont.gov/assets/Documents/2014/Docs/ACTS/ACT192/ACT192%20As%20Enacted.pdf>

## Introduction

This annual report on the implementation of Act 114 is submitted for your review on behalf of Vermont’s Department of Mental Health (DMH). This report covers FY 2020 (July 1, 2019 – June 30, 2020).

Readers of this document will find a broad range of perspectives and feelings about the Act 114 process and the use of court-ordered involuntary psychiatric medication as part of the course of treatment for adults with the most refractory mental illnesses. The feedback given by organizations have been synthesized; the full write ups can be found in the appendix of this report. Effort has been made to accurately represent the substantive comments made by individuals who received court-ordered medication and responded to the FY 20 survey request. DMH hopes that this information will inform and elevate discussions of the use of medication as an intervention for mental illness as care providers continue to strive for optimal outcomes for the individuals they serve.

Stakeholders who received requests to respond to the Commissioner’s questionnaire about their perspectives on Act 114 included Vermont Legal Aid – Mental Health Law Project, Disability Rights—Vermont (DRVT), the Vermont Chapter of the National Alliance on Mental Illness (NAMI—VT), Vermont Psychiatric Survivors (VPS), and representatives of the three hospitals that administered psychiatric medications under ACT 114 in FY20 (Vermont Psychiatric Care Hospital, Rutland Regional Medical Center, and Brattleboro Retreat), members of Vermont judiciary, and individuals who received court-ordered involuntary medication under Act 114 and submitted written responses to the Department of Mental Health for this report.

## Number of Psychiatric Patients Served in Hospitals Designated to Administer Court-Ordered Medication Under Act 114 During FY 20

The two tables below provide information about the involuntary patient totals at hospitals where a subset of patients also received court-ordered involuntary medication (unduplicated count by hospital for involuntarily admitted patients).

a. Number of unique involuntary patients

Hospital	Number of unique involuntary patients served in FY20
Brattleboro Retreat (BR)	181
Central Vermont Medical Center (CVMC)	25
Rutland Regional Medical Center (RRMC)	109
University of Vermont Medical Center (UVMMC)	120
Vermont Psychiatric Care Hospital (VPCH)	102

b. Average length of stay for involuntary psychiatric population in 5 hospitals administering medication under Act 114 during FY20

	Hospital				
	BR	CVMC	RRMC	UVMC	VPCH
Total Number of Stays in FY20	197	25	114	131	111
Mean Length of Stay	44.31	33.24	34.56	28.52	62.71
Median Length of Stay	20.00	11.00	11.00	11.00	34.00
Minimum Length of Stay	1.00	2.00	1.00	1.00	2.00
Maximum Length of Stay	365.00	298.00	291.00	352.00	365.00

Number of Petitions and Outcomes for Each Case (1998 Act 114 §5(2))

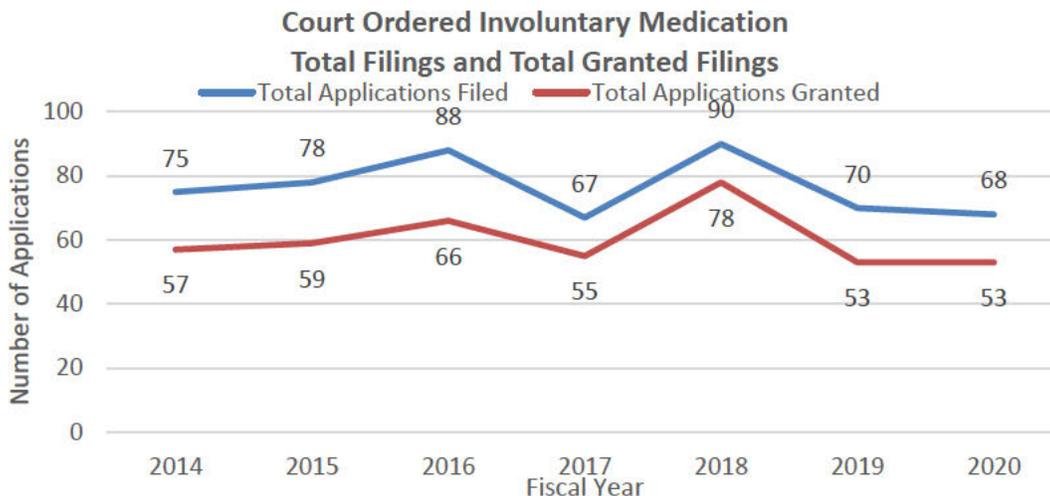
For FY20, 68 Vermonters received involuntary medications. With a population of 627,239 (Estimated 2020), this accounts for 1 out of 10,000 Vermonters (0.0001 or 0.01%).

Court-Ordered Involuntary Medication Petitions FY 2020 (July 2019 – June 2020)

- a. Number of Act 114 petitions filed during FY 20 - include number of persons for whom multiple petitions were filed.

Number of Act 114 petitions filed during FY 20	68
Number of unique patients who had at least one Act 114 petition	54
Number of unique patients who had one Act 114 petition	47
Number of unique patients who had two Act 114 petitions	2
Number of unique patients who had three Act 114 petitions	3
Number of unique patients who had four Act 114 petitions	2

- b. Court ordered Involuntary Medications Total Filings and Total Granted Filings under Act 114 CY14-CY20



Over the same seven-year period, the percent of filings granted has generally ranged between 75 -78% annually with only 2017 and 2018 having slightly higher numbers granted at 82% and 87% respectively. During 2020, the total number of court-ordered medication applications and applications granted were roughly the same as those in 2019. DMH continues its support in training treatment providers in the mental health care system in innovative treatment modalities such as the Collaborative Networks Approach<sup>1</sup>.

### Information gathered and presented pursuant To Sec. 5 (a) and (b) and Sec. 6 (Act 114)

1998 Act 114 §5(1) - Any problems that the department, the courts, and the attorneys for the state and patient have encountered in implementing Sec. 4 of this act.

1998 Act 114 §5(b) - 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.

1998 Act 114 §6 (a) An annual independent study shall be commissioned by the Department of Mental Health which shall:

- evaluate and critique the performance of the institutions and staff of those institutions that are implementing the provisions of this act;
- include interviews with persons subject to proceedings under 18 V.S.A. § 7624, regardless of whether involuntarily medicated, and their families on the outcome and effects of the order;
- include the steps taken by the Department to achieve a mental health system free of coercion; and
- Include any recommendations to change current practices or statutes.

Organizations and entities were presented with six essential questions for comment and recommendations:

1. Were you directly involved with any individuals involuntarily medicated under Act 114 in 2020?
2. Are you aware of any problems encountered in the implementation of this process?
3. What worked well regarding the process?
4. What did not work well regarding the process?
5. In your opinion was the outcome beneficial?
6. Do you have any changes to recommend in the law or procedures? If so, what are they?

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<sup>1</sup> A person-centered, recovery-oriented approach to treatment that incorporates aspects of need-adapted approaches (Open Dialogue, reflecting therapies), peer support, and recovery-oriented care. [www.vtcp.org](http://www.vtcp.org)

## State, Independent Report, and Courts

### Input from the Vermont Department of Mental Health

#### Vermont Department of Mental Health and its attorneys

- Mourning Fox, Deputy Commissioner, Department of Mental Health
- Karen Godnick Barber, General Counsel, Department of Mental Health
- Matt Viens, Senior Assistant Attorney General, Department of Mental Health Legal Division

DMH would like to note that although 2020 had disruptions stemming from the Covid-19 Pandemic, most notably readiness for virtual hearings having minor impacts on organizations and those individuals who were subject to orders of the court during periods of hospitalization, process adjustments and practice changes emerged. Requirements for workplace safety and physical distancing were also necessary within the courts, its agents, legal representatives, and individuals engaged in court proceedings. Early narratives of response to remote participation in the Act 114 legal proceedings suggest a positive impact of this necessary accommodation and greater likelihood of patient presence and distance participation in hearings than levels seen in years prior to the onset of the pandemic. Such piloting efforts may present some transformational opportunities for maximizing the participation of individuals who are involuntarily hospitalized, their representatives, and time-constrained treating providers.

Matt Viens, Assistant AAG assigned to DMH indicated that from his perspective, DMH Legal Division has not seen serious delays. He indicated *“This is supported by data provided by legal and research and statistics. We did encounter some issues with legal aid not getting (independent psychiatric examinations) IPEs completed, but that seems to have resolved and never really stretched beyond what was permissible under statute. There have also been some cases that needed to be continued due to a necessary witness not being available (and that is usually us having to request that given we have the burden of proof). From the data, it looks like most orders are issued either on the day of the hearing or shortly thereafter. It also looks like the “26 day rule” is being used pretty frequently, thus allowing us to get to hearing within a month of hospitalization. There has also been effective use of the motion to expedite to get us to a med hearing more quickly than otherwise would be possible.”*

DMH believes that certain changes to the involuntary medication statute enacted through Act 192 have produced positive results. They include permitting an expedited hospitalization hearing under 18 V.S.A. § 7615(a)(2) that may be consolidated with an application for involuntary medication, as well as that allowing a consolidated hospitalization and medication hearing for a patient who has been held on an application for involuntary treatment for longer than 26 days under § 7624(a)(6) as evidenced in early comments.

DMH believes these changes have, while still a work in progress, allowed patients to receive medication when recommended as a part of overall treatment, in a timelier fashion. Given the multiple priorities facing the mental health system of care in calendar year 2021, DMH is not currently seeking any legislative adjustments or changes in the upcoming legislative session at this time.

DMH, as previously noted in prior annual DMH Act 114 reports, continues to recommend that any component of the DMH annual Act 114 report that is not currently specified as a requirement of the Independent Evaluator Report be added to that annual report. If the legislative intent in the close examination of the implementation of Act 114, then departmental efforts and resources allocated through staff activities and by contract for the independent evaluator report activities would be more efficiently spent in the development of one comprehensive oversight and evaluation report. There is little to no efficacy in the creation of two separate and rather redundant annual reports on the same population, to the same providers, to the same effected individuals, to the same support systems, and using the same data set supplied by DMH that couldn't be better realized through one independent annual oversight report. Additionally, in FY 2020 there were no trial court or Supreme Court decisions, orders, or administrative rules interpreting Sec. 4 of Act 114. As such, there are no copies submitted with this year's report.

## Act 114 Sec. 6 - Independent Evaluation Report

Flint Springs Associates

The Vermont statute governing administration of involuntary nonemergency psychiatric medications to individuals committed to the care and custody of the Commissioner of Mental Health is 18 V.S.A. 7624 et seq. requires two annual assessments of the Act 114 implementation. The first is conducted by the Department of Mental Health and is represented in this report.

A second report must be conducted by an independent reviewer. The independent reviewer selected for the FY20 report was Flint Springs Associates (FSA). DMH has not included the independent evaluator findings and recommendations in its report as additional time was requested by FSA to submit its report this year. The independent evaluation report by FSA will be submitted to the Legislature in January 2021 to fulfill this legislative requirement.

## Input from Vermont Judiciary

The Office of the Administrative Judge for Trial Courts

For the 2021 Commissioner's Report to the General Assembly on Act 114, Chief Superior Judge Brian J. Grearson requested responses from four Vermont judges "who regularly presided over the largest number [of] Involuntary Medication requests" in calendar year 2020. Two judges responded:

- Judge Timothy Tomasi, Washington Civil Division of the Washington Superior Court
- Judge Katherine Hayes, Windham Family Division of the Windham Superior Court

Judge Timothy Tomasi, who presided over Washington Civil Unit for the period of this report, which is home to the Vermont Psychiatric Care Hospital, identified he encountered no problems in the implementation of the application for involuntary medication process. The judge commented on what has worked well indicating that *"The pandemic required a move to remote-based hearings. With the cooperation of all, the move was effective and allowed involuntary medication hearings to proceed fairly and safely. Interestingly, without looking at the actual numbers, my sense was that the remote hearings*

*actually increased patient participation in the hearings. When hearings were done at the facility, my estimate is that the patients appeared 40% of the time. When we conducted remote hearings, they almost always appeared.”*

Judge Tomasi also commented on that did not work well regarding the process by pointing out that “While the remote hearings worked well generally, it was occasionally difficult to constrict some patients comments to the appropriate time during the hearing. There was sometimes insufficient attention devoted in the presentation of the evidence concerning the impact of long-acting forms of medication.”

Judge Tomasi also offered observation as recommendations regarding changes in the law or procedures. “There is some lack of clarity in the statutes concerning the impact on an Order of Hospitalization when a person is administratively discharged from a hospital under 18 V.S.A. § 8009. Section 8009 allows “administrative discharge” of a “judicially hospitalized patient” under a couple of different circumstances. The law is unclear as to how such a discharge affects an Order of Hospitalization. If it(sic) discharge vacates the Order, the person is in the community without compelled oversight. If the Department sought continuing treatment beyond a year or modification, it would need to initiate a new proceeding to establish that the person is a person in need of treatment. If, instead, the discharge only modifies the Order to one of non-hospitalization, the Department might move to extend or modify by showing that the person is a patient that remains in need of further treatment, which is a more flexible standard to meet. There are related provisions regarding discharge and notice, including Sections 7106, 8007, 8008. Some guidance on this point would be beneficial.”

Judge Katherine Hayes, who presided over Windham Family Unit with a high volume of cases due to the proximity of Brattleboro Retreat, indicated that she was the primary judge presiding over hearings for Involuntary Medication filings for the Windham Unit during the period of this report.

Judge Hayes commented on problems encountered in the implementation of the process, as well as what did not work well indicating that the *“IM applications are sometimes much later than it first becomes evident that a patient may need such treatment. Statutory restrictions on when they can be filed are an obstacle to effective care.”*

Judge Hayes also commented on what worked well regarding the process, by reporting that “The use of video participation for patients and doctors during the pandemic has been a plus—patients have been much more likely to attend, (anecdotal—my observation), and have been able to testify more frequently as a result.”

Judge Hayes further recommended the following changes in the law or procedures be considered: “I would recommend that the statute be amended to permit IM applications to be filed simultaneously with the AIT filing for patients as to whom an IM order has ever been issued in Vermont in the past, with certification of that prior order. This would shorten the period of time that such patients are hospitalized with no effective treatment and severe symptoms.”

“I also wish there were some more effective way to ensure that patients on ONHs could be required to obtain long-acting IM when there has been a history of long acting injections improving their quality of life significantly. Time and again we see patients return to the hospital when they stop taking daily medication—when if they failed to comply with an order for long-acting medication it would be readily detected and could be addressed more quickly, and also, frankly long-acting medication is less intrusive, and in many ways more respectful of their dignity and rights to personal freedom. This only applies to

patients with long-term ongoing illness that has been effectively treated with long-term injections in the past.... It's so sad to see the terrible and unnecessary suffering that patients with psychotic illness have when they stop taking medication and relapse into severe illness.”

Both Judges Hayes and Tomasi indicated in their responses that they believed the outcomes were beneficial to individuals subject to orders of involuntary medication during this reporting period.

## Advocacy and Rights Organizations Representing Individuals and Family Members/Supporters

### Input from Disability Rights Vermont

A.J. Ruben, DRVT- Supervising Attorney

Disability Rights Vermont (DRVT) identifies that its organization monitors all inpatient psychiatric units regularly (post-Covid much has been done remotely/virtually) and had contact with, and provided advocacy services to, many patients subject to non-emergency involuntary medication. DRVT also reviews all CON's provided by DMH pursuant to statute and that review includes many instances of use of force to accomplish Court-Ordered Involuntary, non-emergency, medication.

In response to problems encountered in the implementation of the process, DRT identified the following: “Yes. As DRVT has reported each year since these surveys started, DRVT staff have identified problems with Act 114 implementation through both first-hand witnessing and/or from review of medical records and discussions with impacted patients. DRVT continues to identify that patients subject to Act 114 often require force to administer the injection, often persevere afterwards about the indignity and trauma of the experience, and at times DO NOT make significant improvements in functioning or discharge readiness. DRVT has identified instances again this year where protections and procedures, such as the right to have a support person present during forced injections, were not followed. See <http://mentalhealth.vermont.gov/sites/dmh/files/misc/Rules-Regs/Rules%20Implementig%20the%20Act%20Relating%20to%20Involuntary%20Medication%20f%20Mental%20Health%20Patients.pdf>.

Again in 2020 the most glaring problem with the Act 114 process remains the failure to identify and implement reasonable alternatives to forced medication, often limited by staffing and funding. Episodes of forced non-emergent medications continue to be accompanied by traumatic uses of force to implement the Orders. DRVT's experience has been that several patients under forced medication orders continued to struggle and object to the injections for weeks after they began. The failure to substantially reduce the use of forced medication orders is a sign that Vermont's mental health system is failing to live up to the stated mandate to move towards a less coercive mental health treatment system. See 18 V.S. A. §7629.

During the relevant period DRVT continued to hear from people with mental health conditions who are genuinely afraid of being subjected to forced medication orders and the disruption that causes in their lives and in particular with their relationship to treatment providers. People continue to report that they do not seek voluntary treatment because of this fear. Unfortunately, there remains a perception in our

community that patients receiving mental health inpatient care will be subjected to involuntary medication, a situation is at odds with the legislative mandate to move to a non-coercive mental health system and one that DRVT urges DMH to effectively confront. We reiterate what a 2017 patient subject to a forced medication order gave DRVT permission to share with the Department about their experience that remains relevant today:

“I’ve been backed into corners all of my life and this [forced, non-emergency medication] is no different – I want to get restraining orders against all these evil oppressors” (referring to hospital staff).

“I feel like I’m caught in a nightmare, even when I’m awake” due to taking the medications.

“I don’t want anybody to go through what I’ve been through ever again” regarding being forced to take medications the patient did not want.

Another significant and unmet problem with the implementation of Act 114 is the failure of DMH and the Legislature to commence a study to determine the outcome and overall health impact for patients forcibly medicated over short, midrange and longer time periods. Despite universal recognition that such a study is appropriate and necessary in order to have an effective and informed policy on this practice, no progress has been made to accomplish this necessary action.”

In response to what worked well regarding the process, DRVT offered the following: “DRVT refers to Vermont Legal Aid’s Mental Health Law Project to respond to how the actual legal process was administered during this reporting period. DRVT understands that courts regularly modify DMH requests for Act 114 orders based on MHLA attorney and expert witness testimony, and DRVT continues to adamantly believe that robust legal representation for patients subject to Act 114 proceedings is crucial and is a positive aspect of the current system. DRVT again points to the Vermont Supreme Court decision in *In Re G.G.*, vacating the trial court’s Order of involuntary medication over the patient’s Advance Directive mandates, as a positive development in terms of empowering people with mental health conditions to avoid involuntary medication when it is their decision to do so. DRVT continues to urge the Department to pursue robust public and professional educational efforts to inform about how using Advance Directives can improve outcomes for people with mental health conditions, including the ability to prevent unwanted forced, non-emergency medications.”

In response to what did not work well, DRVT offered, “As noted above and for many years, DRVT identified a lack of alternatives to forced medication, in part due to overreliance on highly marketed medications, and in part due to lack of adequate capacity in the overall mental health system resulting in patients being held in inpatient units unnecessarily, as a significant problem with our mental health system. In addition, as noted above, the continuing lack of a study of outcomes for people subjected to these forced medications orders is an aspect of the process that is not working. To the extent that the use of coercion in the system, in terms of increasing the numbers and time periods for Act 114 Orders, is not being reduced, that is a key warning that the Act 114 process as a part of our overall mental health system is not working well. Increases in medication orders, increases in the number of locked, non-inpatient facilities, and reliance on ONH’s requiring medication compliance, rather than allocating many more resources to peer supports, step down facilities, one on one community supports, and alternatives to involuntary placements, appears to be a major cause for the problems DRVT staff and our clients have identified.”

In responding to the question of “In your opinion was the outcome favorable”, DRVT indicated “As in prior years, DRVT staff have found some patients for which Act 114 Orders result in a prompt improvement of their presentation, but as often as not, patients subject to these orders do not stabilize and improve quickly, and feel extremely disempowered, humiliated and victimized by the Orders. In

many cases, the outcome of forced medications is not favorable in terms of short or long term improvement, but rather often work to simply sedate the patient in order to support discharge into community. The long term benefits to the patients, anecdotally, are also questionable as many DRVT clients report efforts to discontinue the medications when out the hospital and persevere for years afterward about the trauma of being forced medicated.”

DRVT put forth recommended changes in the law or procedures. “Similarly to our comments in past years, DRVT recommends that the law be amended to require the Department to implement a robust outcome study of the impact of these orders on people. We also recommend that the Department be required to demonstrate quantifiable progress in reducing the number of Act 114 and other involuntary, coercive aspects of mental health treatment in Vermont or identify what additional resources are needed to obtain those reductions. DRVT recommends adequately responding to any requests for funding or other resources made by Vermont Legal Aid’s Mental Health Law Project in order to assure appropriate due process for people subject to Act 114.”

### Input from Vermont Legal Aid, Inc. (Mental Health Law Project)

No input was submitted this year to DMH’s request for comment.

### Input from Vermont Psychiatric Survivors

Karim Chapman, VPS Executive Director

Representatives of VPS are *“directly involved with both voluntarily and involuntarily hospitalized people at Designated Hospitals and residents at MTCR.”* VPS *“is contracted through DMH to meet the departments legislative mandates by the State to ensure the equal rights, protection, and participation of individuals marginalized because of psychiatric labels with thin psychiatric institution.”*

Regarding the implementation of this process, Mr. Chapman indicated that *“The individuals we serve do not like forced medication procedures.”* VPS identified that *“What worked well was when Facilities allowed VPS access and operated with an approach of understanding and transparency/Communication.”* On the contrary, what did not work well as *“Not being transparent and communicating.”* Sharing VPS’ opinion about where the outcome was beneficial, VPS indicated that *“The outcome was beneficial when both parties worked together for the common purpose of helping an individual in their care.”* In response to any changes to recommend in the law or procedures related to Act 114, VPS felt *“What would be helpful is if Patient Reps were made Essential workers and allowed full access to individual while still following CDC and facility guidelines.”*

### Input from NAMI-VT

No input was submitted this year to DMH’s request for comment.

## Designated Hospitals

Representatives, both psychiatrist and nursing leadership, of designated hospital inpatient units with involuntary psychiatric patients and where court-ordered involuntary medication was administered were asked for input into the DMH Act 114 Annual Report.

### Input from University of Vermont Medical Center

Katie Ruffe RN, BSN, (former) Nurse Manager – UVM-MC Inpatient Psychiatry

Ms. Ruffe indicated, “I do not typically have any direct involvement with the individuals who are involuntarily medicated. My role in the process is to monitor (and manage those who assist in monitoring) the implementation and documentation of the court ordered medication process. I also provide appropriate documentation for and participate in the ACT 114 annual survey.” In response to whether any problems were encountered in the implementation of this process, Ms. Ruffe responded, “I am not aware of any problems that took place regarding the actual implementation of ACT 114 this past fiscal year once the order was received.”

In response to what worked well regarding the process, Ms. Ruffe identified that “The court orders were all very clear in regards to the actual medication orders. Once implemented, the process works quite efficiently and the patient’s rights are well considered through the process.” Regarding what did not work well, Ms. Ruffe indicated “The process to getting the court order for medications takes a very long time. During this time, patients experience long length of stays and do not receive a full range of therapeutic interventions without appropriate medication. Some of the court orders were also vague regarding the length of the order, requiring additional clarification.”

Ms. Ruffe responded to the question of whether the outcome was beneficial for the patient, indicating “I do believe that the outcome was beneficial. Every patient who received court ordered medications this past fiscal year discharged successfully from our service. They also experienced a decrease in or total elimination of emergency involuntary procedures after medications took effect.”

Regarding any changes to recommend in the law or procedures, Ms. Ruffe cited “My recommendations are to continue efforts to decrease the length of time it takes to get an application to the court. Increasing the frequency of combined commitment and medication hearings are also recommended.”

### Input from Vermont Psychiatric Care Hospital

Stephanie Shaw, MSN, RN Chief Nursing Executive - VPCH

Ms. Shaw reports on her direct involvement, *“As the Chief Nursing Executive for the Vermont Psychiatric Hospital, my involvement is primarily to work with the multidisciplinary treatment teams at VPCH to exhaust alternative and less-invasive treatment options, advocate for and facilitate medication applications when needed, coordinate legal proceedings, and support direct care staff in the safe administration and proper documentation of ordered medication.”*

Regarding encountering any problems in the implementation of the process, Ms. Shaw cites *“In general, the enactment of Act 114 works well. The issues that arose this past year pertained mostly to expedited applications and included availability of the independent evaluators and sometime judges delaying proceedings. Requests to accelerate the process are only made when there is significant risk to the health and safety of the hospitalized individual or those around*

them – waiting days or sometimes weeks for proceedings is not safe and is certainly not the quality of care we aim to provide.” Ms. Shaw did offer recommendations regarding changes in law or procedures. *“For many of the individuals we serve, medication is critical to both short- and long-term management of the symptoms they experience. Enactment and continuation of Act 114 should be readily available for individuals outside of acute inpatient hospitalizations. The Act 114 provision that allows for this appears to be grossly underutilized and for this reason individuals have been unnecessarily subject to preventable relapse, increased illness severity, prolonged or repeated hospitalization, all of which has significant and lasting impact on their lives and recovery. This element of the Act 114 legislation could have significant positive impact for the individuals it was meant to serve as well as Vermont’s broader system of mental health care if utilized in conjunction with appropriate safeguards.”*

In response to what went well regarding the process, Ms. Shaw cited that *“Enhanced collaboration between VPCH clinicians and the DMH legal team has helped organize and streamline the application and implementation process.”* When considering what did not work well regarding the process, Ms. Shaw referred to her responses of the problems encountered and her recommendations for law or procedural changes to be considered. She did identify that *“Yes, overall, outcomes have been beneficial.”*

### Input from Rutland Regional Medical Center

- Lesa Cathcart, Director of Nursing-PSIU, RRMCC
- Matthew Sommons, MD - Medical Director - PSIU, RRMCC

To question one regarding direct involvement with individuals who were involuntarily medicated under Act 114, Lesa Cathcart described as the Director of Nursing on the inpatient psychiatric unit, she is present at times when court-ordered medication is administered. Dr. Sommons indicated that he is also involved in multiple case including writing applications, testifying in court, and then ordering the medications and following patients taking the involuntary medications.

Regarding awareness of any problems encountered in the implementation of this process, Dr. Sommons identified that *“There were delays in at least two patients that led to increased suffering for patients and in one case, a significant staff injury that likely would not have occurred if there was not a delay in the process (the patient improved very quickly once we had the involuntary medication order.”* Ms. Cathcart responded that she was not aware of any problems encountered in the implementation process.

Regarding what worked well in the process, Ms. Cathcart noted the *“The process is a little quicker now than it used to be, and it works well when we can do expedited hearings. I also think it works well to give the patient some choices in the process such as whether they want a support person present, who they want to administer meds, site of administration if the medication is in injection, etc.”* Dr. Sommons commented that *“The legal team at DMH is exceptional. They are very helpful, very knowledgeable and communicate extremely well.”*

Both Ms. Cathcart and Dr. Sommons offered input on what did not work well regarding the process. Dr. Sommons noted that *“The wait time for involuntary medication is already considerably longer than most states (including other New England states) and to have further delays in the process is simply unacceptable.”* Ms. Cathcart offered that *“The usual process is still a lengthy process and it is difficult to see patients continue to suffer and need to remain hospitalized while waiting for a medication order.”*

When sharing their opinion on whether they saw beneficial outcomes, both concurred about positive outcomes. Ms. Cathcart said, *“In my opinion the outcome of court ordered medications is beneficial. I have repeatedly seen patient’s clinical conditions improve.”* Likewise, Dr. Sommons cited that *“Most of the time the outcome is very beneficial as patients more often than not improve on meds to the point where they can be safely returned to a less restrictive level of care.”*

On final response regarding any recommended changes in the law or procedures, Dr. Sommons responded on behalf of RPMC, *“Yes, a faster turn around time to involuntary medications would be highly beneficial.”*

## Input from Brattleboro Retreat

- No input was submitted this year to DMH’s request for comment.

## Individuals Who Received Act 114 Medication

Surveys were sent to forty-two individuals who received court-ordered medication for FY 20. DMH received comments from eight individuals (19%). All commenters are provided anonymity. Any specific identifiers mentioned have been redacted. See appendix for scanned copies of all surveys submitted. Original copies of surveys are available upon request, subject to redaction required by law. Questions asked were the following:

1. Do you think you were fairly treated even though the process is involuntary? Yes \_\_\_No\_\_\_
  - If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
    - In court:
    - At the hospital:
2. Do you feel 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 \_\_\_No\_\_\_
3. Why did you decide not to take psychiatric medications?
4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes \_\_\_No\_\_\_
  - If your answer is yes, please tell about the differences that you notice.
5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes\_\_\_ No\_\_\_
  - If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)
  - In what way were they helpful?
6. Do you have any suggestions for changes in the law called Act 114?

## Input Patient 1

1. Do you think you were fairly treated even though the process is involuntary? Yes\_\_ No **X**
  - If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
    - In court: *"I was not refusing meds as the state claim, I received two TBI's and a severely injured neck and back because of it I was being harassed by XXXX which I am (?)guardian"*
    - At the hospital: *(left blank)*
2. Do you feel 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 \_\_ No\_\_  
*"I was taking my meds and was being harassed by XXXX. XXXX was not doing his job! XXXX You! XXXX was not showing up! I did take my Meds Socialist Policles!"*
3. Why did you decide not to take psychiatric medications? *(left blank)*
4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes **X** No\_\_
  - If your answer is yes, please tell about the differences that you notice.  
*"I am getting woman XXXX because of it!"*
5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes **X** No\_\_
  - If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.) *"XXXX! VPCH"*
  - In what way were they helpful?  
*"I could not sleep for 3 month because of you XXXX!" She showed respect something you Socialist XXXX dont do"*
6. Do you have any suggestions for changes in the law called Act 114?  
*"I am the guy who gives money Your State if you want my Royalty money to keep coming I advise you all not to bite the hand that feeds You! XXXX You!"*

## Input Patient 2

Do you think you were fairly treated even though the process is involuntary? Yes\_\_ No **X**

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
  - In court: *"The evidence presented was done without having a full mental status exam, second opinion or any history relevant to a strengths basic psychosocial perspective. The written documents were not sworn or the process of the court in a timely manner to secure proper legal representation to sign a 72 hour notice or other options."*
  - At the hospital: *"Again there was no full interview and history taken. What proceeded violated rights and was not culturally competent. It jeopardizes HIPAA, my prior career, and potential future professional career."*

2. Do you feel 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\_\_ No **X**

*"I did not want or request them and the harms of medication were not disclosed despite my statements about efficacy of non medication cognitive/meditation strategies that far outweigh the benefits of offering any medication."*

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

*"I declined & then was forced. I did not take any upon leaving and had back pain at an injection site. I felt much better without anything it's potential harm remains a concern, as I wanted to be discharged without problematic issues. I don't have a history of taking medication and am trained in the mental health field professionally and in education."*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes **X** No\_\_

- If your answer is yes, please tell about the differences that you notice.

*"There was intra muscular stiffness for weeks in my back. I did not have this prior & it took getting physical therapy recommendations to restore the range of motion. My activity & functioning much more energized without any medication."*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes **X** No\_\_ *"(The disability lawyer)"*

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

*"-attorney (disability rights advocate)"*
- In what way were they helpful?

*"Gave direction in accordance with HIPAA and how to write a complaint to patient advocacy."*

6. Do you have any suggestions for changes in the law called Act 114?

*"A two person interview with a non-treatment team person must be involved and notices given with rationales for any treatment reviewed, also presenting the coping initiatives to refute presumed court ordered treatment. Conflicts of interest, HIPPA issues and the professional status of the presumed "patient" has a right to least restrictive action and culturally relevant interpretation of equity in treatment decision making. This was not observed in my experience."*

## Input Patient 3

Do you think you were fairly treated even though the process is involuntary? Yes  No

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
  - In court: *(left blank)*
  - At the hospital: *(left blank)*

2. Do you feel 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  No

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

*"Side effects"*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes  No

- If your answer is yes, please tell about the differences that you notice.

*"I slept better and felt more calm."*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes  No

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

*"Daughter, patient, advocate, hospital staff, Vermont Psychiatric Survivors, Mental Health Law Project and Disability Rights Vermont"*

- In what way were they helpful?

*"Helped Solved problems, emotional support, helped getting necessary thing done."*

6. Do you have any suggestions for changes in the law called Act 114?

*"No"*

## Input Patient 4

Do you think you were fairly treated even though the process is involuntary? Yes \_\_\_ No **X**

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

- In court: *" I WASN'T FAIRLY DEFENDED. THE COURT HEARING WAS 1/31/2020. I WAS SHARP. XXXX/BIG PHARMA WEIGHEN IN. THE JUDGE DECIDED WITH THE HOSPITAL."*
- At the hospital: *"XXXX ONLY WANTED TO PROVIDE MEDICINES. THERE WAS NO CONVERSATION ON THERAPY ONCE MEDS WERE GIVEN (I HAD BEEN OFF ALL MEDS FROM 11/5/19 UNTIL 2/7/20. WHEN MEDS STARTED I HAD ABILIFY AND PAIN STARTED, SO I HAD TYLENOL, AND THEN ALSO ALEVE, BUT THE PAIN DID NOT STOP. SO, I ASKED FOR THE COURT ORDERED ZYPREXA. THE PAIN CONTINUED."*

2. Do you feel 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 **X** No \_\_\_

*"MEDS. WOULD BE FORCED"*

3. ~~Why did you decide not to take psychiatric medications?~~ *"WHY DID YOU NOT WANT TO TAKE PSYCH MEDS?" "I WAS EXTREMELY SHARP WITH AN EXCELLENT MEMORY WITHOUT MEDS. I NOW KNOW THAT WITH MEDS. (INCLUDING PAIN MEDS.) I WAS BEING COMPROMISED AT THE HOSPITAL, AND THAT THEY WERE "IN CHARGE OF XXXX" SO 3/25/20 I STOPPED PAIN MEDS. THE PAIN WAS BAD, BUT I WAS STILL TAKING 20 MG ZYPREXA, AND I WAS TAKING THAT WHEN DISCHARGED 4/15/20. THEY LET ME GO WITH 30 DAYS OF ZYPREXA, I AM SEEING XXXX. HE HAS ME ON 20 MG DECINTAGRATING ZYPREXA. I HAVE NO PAIN AS FAR BACK AS AT LEAST EARLY AUGUST. I HAVE NOT TAKEN ANYTHING FOR PAIN SINCE 3/25/2020."*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes **X** No **X**

- If your answer is yes, please tell about the differences that you notice. *"THE ZYPREXA IS A CUSION FOR ME. APPARENTLY DECINTAGRATING HAS NOT BEEN COMPROMISED. IT'S A MEAN WORLD OUT THERE."*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes **X** No \_\_\_

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.) *"NURSES – SEVERAL PSYCHOLOGIST XXXX FRIENDS – MENTAL HEALTH WORKERS"*

- In what way were they helpful? *"SUPPORTED BY LETTING ME KNOW THEY COULD "SEE" AND UNDERSTAND EVEN THOUGH THEY COULDN'T STOP THE COMPROMISING."*

6. Do you have any suggestions for changes in the law called Act 114?

*"LISTEN TO THE PATIENT!! I CAN'T BE THE ONLY ONE THAT IS TRAPPED BY A SYSTEM OF PSYCHIATRISTS THAT ONLY WANT TO PUSH PILLS. I FIRMLY BELIEVE I WAS COMPROMISED BY THE HOSPITAL AND MEDS (BIG PHARMA). I ASKED AND ASKED FOR THERAPY CONVERSATION. LEGAL AID PROVIDED XXXX I COULD SEE HE UNDERSTOOD ME. HE SAID HE WAS DOING HIS REPORT IN FAVOR OF NEITHER THE HOSPITAL OR ME. HE AGREED TO MY SUGGESTION THAT I COULD BE CONSIDERED "AN ANOMOLY." (XXXX/BIG PHARMA HAD SQUELCHED HIM.) AFTER HOME I WATCHED EWTN, AND NOW UNDERSTAND THAT THE SUPPORT (SPIRITUAL) I HAD NEEDED WAS OPENING DOORS AND WINDOWS OF UNDERSTANDING. THAT SHOULD HAVE BEEN PROVIDED SOME TIME AGO. XXXX SUPPORTED ME IN MID-DECEMBER AND THAT REMOVED THE SECURITY GUARD AT BRATTLEBORO ER."*

## Input Patient 5

Do you think you were fairly treated even though the process is involuntary? Yes \_\_\_ No

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital. *"I wasn't listened to at times about how sensitive my body is to medication"*
  - In court: *"I didn't go to court in person"*
  - At the hospital: *"It was very hard to get accross to people that my body is very sensitive to medication and that my body needs more like a baby dose."*

2. Do you feel 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  No \_\_\_

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

*"I decided not to take my psychiatric medication at a level of 500mg because my body doesn't do well on that high of dose. It does so much beter at 100mg. So when they would come into give me it they would office both a 200mg & 300mg of Seroquel and that I would refuse the 300mg one & only take the 200mg because it was closer to my 100mgs."*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes  No \_\_\_

- If your answer is yes, please tell about the differences that you notice.  
*"I have very bad adverse side effects of medications. I needed more of a baby dose. I have bad adverse side effects on the court ordered medication."*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes  No \_\_\_

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)  
*"I had one nurse at Brattleboro Retreat that I felt really listened to me."*
- In what way were they helpful?  
*"eye contact with me, listened to me well, tried to advocate my med sensitivity to the doctor for me. Took her time with me. Give me her attention"*

6. Do you have any suggestions for changes in the law called Act 114?

*"I feel I know my body Very well. I think if court ordered medications are not working for a patient, that it should be easier then it is to change they at a reasonable time. I had already been on that kind of drug before and told the doctor my bad adverse side effects reaction to the drug. She didn't listen. If she had listened to me and got me off that drug. I could have been better and discharged a couple months sooner."*

## Input Patient 6

Do you think you were fairly treated even though the process is involuntary? Yes  No

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
  - In court: *(left blank)*
  - At the hospital: *(left blank)*

2. Do you feel 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  No

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

*"Bad Side affects"*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes  No

- If your answer is yes, please tell about the differences that you notice.

*"less Side affect's"*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes  No

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

*"The doctor"*

- In what way were they helpful?

*"Listening to My Problems"*

6. Do you have any suggestions for changes in the law called Act 114?

*"No"*

## Input Patient 7

Do you think you were fairly treated even though the process is involuntary? Yes  No

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
  - In court: *(left blank)*
  - At the hospital: *(left blank)*

2. Do you feel 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  No

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

*"Did not refuse"*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes  No

*"N/A"*

- If your answer is yes, please tell about the differences that you notice.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes  No

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

*"Many people – case manager"*

- In what way were they helpful?

*"Gave me good advice & encouraging me"*

6. Do you have any suggestions for changes in the law called Act 114?

*"No suggestions"*

## Input Patient 8

Do you think you were fairly treated even though the process is involuntary? Yes \_\_ No

- If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.
  - In court: *"My public defender did not make any objections, no effort!"*
  - At the hospital: *"no chance given to me to reach baseline w/o antipsychotic drugs Needed sleep not DRUGS w/devastating side effects. Obesity, Heart Disease, Parkinsons Dementia Alzeizmers"*

2. Do you feel 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 \_\_ No

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

*"to many side effects"*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications? Yes  No \_\_

- If your answer is yes, please tell about the differences that you notice.

*"flat effect weight gain memory loss!!"*

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were). Yes  No \_\_

- If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

*"XXXX VPS XXXX DRV"*

- In what way were they helpful?

*"compassion & empathy"*

6. Do you have any suggestions for changes in the law called Act 114?

*"Holding someone down for injection using a floors staff of manpower should never be allowed for non-violent patients"*

# Opportunities for System Improvement to further Reduce Coercion

## Payment Reform

In efforts to improve engagement with individuals who may have need for mental health services, as well as support more predictable financial stability for designated mental health provider agencies, on January 1<sup>st</sup>, 2019, the Department of Mental Health (DMH) implemented a major payment reform initiative. This initiative, developed in partnership with the Department of Vermont Health Access (DVHA), the state Medicaid Authority, and with input of Designated Agencies, developed a new payment methodology for a significant portion of those mental health services funded by DMH and DVHA for these providers. The new payment mechanism shifted away from Designated Agency (DA) payment driven by the number of services delivered and varying income monthly to one of a predictable annual allocation of equally divided monthly payments based on historic cost trends and projected numbers of persons served. This payment methodology affords greater financial stability for the provider, more flexibility to provide persons served with the services necessary, and an increasing focus on improved outcomes for persons served over time. A large piece of this reform was extending, where appropriate, the menu of services available across multiple adult and child programs allowing DAs to customize their services to the individuals they serve rather than only categorical eligibility. Additionally, there is an expected long-term positive impact for individuals over the course of their treatment and individual recovery.

During 2020, the impact of Covid-19 required both workplace adjustments and promoted remote services capacities enhancing outreach and engagement opportunities. The community mental health system and its response continues to be bolstered to assist people living and receiving treatment in their communities, especially with the ongoing impacts of COVID-19. Increasing capacity to deliver essential services and flexibility in how services may be delivered has been a priority in 2020.

Individuals reluctant or challenged to engage in services encountered fewer barriers with:

- Expansion of services that may be delivered via audio-only communication
- Expansion of allowable patient locations for telehealth (e.g., allowing telehealth to be delivered in the patient's home)
- Expansion of types of professionals who may conduct telehealth visits
- Removal of regulatory barriers for remote prescribing of controlled substances
- Flexibility in licensure requirements for the practice of telemedicine across state lines
- Funding for purchase of telehealth equipment

With DA workforce challenges this year, there have also been opportunities for peer programs to develop and expand their essential role in our system of care. Along with Emergency Services program response, peer community outreach, support, education, and advocacy have continued to be part of the overall system of capacity in meeting individual needs in 2020. The array of peer support programs conceptualized in Act 79 (2012) continues to develop and expand their essential role in our system of care.

The DMH and the Alcohol, Drug Abuse, and Prevention (ADAP) Division within the Vermont Department of Health (VDH) jointly applied for and were awarded a \$2 million Substance Abuse and Mental Health Services Administration (SAMHSA) grant that will allow VT to address statewide mental health and

substance use COVID-19 associated needs through implementation and expansion of services and supports, bolstering emergency services and mobile response. It will also increase access to care for healthcare workers with mental health support and treatment needs. Although the current SAMHSA grant will end in December 2021, DMH continues to explore potential funding strategies to continue this earlier intervention focus and opportunities to decrease higher and more restrictive levels of care where possible.

## Vision 2030

In January 2020, DMH delivered to the Vermont State Legislature “[Vision 2030: A 10-Year Plan for An Integrated and Holistic System of Care](#)”. This 10-Year Plan was the result of a public input process the Department of Mental Health (DMH) undertook in 2019. The Department began the work in June of that year, traveling to Rutland, Burlington, St. Johnsbury, Randolph, and Brattleboro for a total of 10 listening sessions. More than 300 people attended those sessions, where DMH staff facilitated small group discussions in order to get detailed input on what Vermont’s future mental health system of care should be – what it should look like, how it should function, what the priorities should be and more. All of the notes from those listening sessions are organized by region can be found on the [DMH website](#).

DMH followed the listening tour with a “Think Tank” comprised of people with lived experience, peer support specialists, providers, legislators, and others interested in the mental health system of care. In order to ensure the Think Tank would be representative of the broad range of stakeholders and yet be small enough to be able to work, DMH selected members via an application process. The application was emailed to contact lists the department had for Designated Agencies, hospitals, advocacy groups, standing committees and more. DMH also posted the application on its website, which was announced at each listening session. The Think Tank met five times over the fall and early winter of 2019 and drafted the 10-year plan for mental health. The plan includes short term, mid-term and long-term strategies for the system of care that support goals identified by Vermonters during the Listening Tour. Following the plan submission to the legislature in January 2020, DMH was anticipating convening a Mental Health Integration Council in the fall of 2020, to begin the work of implementation. The demands of the COVID-19 pandemic on Vermont's health systems, however, has delayed that work.

## Promoting Promising and Best Practices

The Vermont Cooperative for Practice Improvement (VCPI) is in its sixth year of managing the Six Core Strategies © – The 6CS Project creates a collaborative implementation process between participating hospitals and DMH with the shared goal of reducing emergency involuntary procedures (EIP) statewide. In 2020, the in-person trainings and consultations were quickly transformed into online versions with three well-attended 2-day trainings for the Vermont designated hospitals, teleconference site visits for progress check-ins, and written plans for continued progress. The webinar videos and associated materials were recorded and are available to the participating hospital staff as an on-demand asynchronous learning opportunity on VCPI’s Canvas Learning Management System (CLMS).

DMH continues to convene quarterly meetings of the Emergency Involuntary Procedures (EIP) Committee which has also been facilitated by the VCPI Director. VCPI supports the committee in its legislatively mandated charge to review aggregate EIP data reported by designated hospitals and submit its annual EIP recommendations report to the DMH Commissioner.

Collaborative Networks Approach (Open Dialogue) is an evidence-based service delivery model with demonstrated effectiveness in decreasing rates of hospitalization and medication use for individuals with schizophrenia. Key differences of the dialogic approach include a shift to longitudinal care, utilizing a social network for meetings, and the tolerance of uncertainty whereby there is no expert who has undisputable knowledge.

VCPI has collaborated with Howard Center and the Counseling Center of Addison County (Designated Agency in Addison) to provide training and consultation to staff from several DA's including residential programs, Pathways Vermont, Vermont's Psychiatric Care Hospital, and Middlesex Secure Residential Program. Open Dialogue has become the Collaborative Network Approach (CNA) as it draws from various individuals' contributions to the dialogic model and to be accessible, cost effective, sustainable, and allows for trainers to be embedded in places like Designated Agencies and Hospitals.

The tenets of the Collaborative Network Approach:

- 1) Collaborative- This way of working is deeply respectful of everyone involved. People are invited in and hospitality is a key element of the practice. We respect everyone's perspective. WE use their language in discussing the situation.
- 2) Network- The work values the social network and is embedded in a belief that they are vital to gaining a full understanding of the problem. At the first meeting a person is asked, "Who would be important to helping us gain an understanding of this situation?"
- 3) Approach- While there is much to learn, this is not a manually driven way of working. Approach is intended to capture that this is as much about attitude and technique.

In 2020, DMH continued to use the funds from the Mental Health Block Grant to support ongoing Collaborative Network Approach trainings throughout the state, in both inpatient and outpatient settings.

## Physically Secure Residential Recovery

DMH has continued to plan and develop permanent replacement capacity for the temporary secure facility in Middlesex. Pursuant to funds allocated 2019 -2021, DMH and BGS have coordinated reports required by the legislature regarding progress. Unavoidable delays in finalizing site selection and the onset of the COVID-19 pandemic slowed progress early in 2020. In May, design and planning work resumed on a new 16-bed physically secure residential program with mental health advocates joining with architects and DMH in further planning discussions. A first conceptual design emerged, and feedback sought from the advocate community and VPCH/MTCR, and Second Spring, which operates a 16-bed Intensive Recovery Residence. The expansion of the current 7 beds at the Middlesex site to 16 beds, accompanied by both building design and program enhancements planned, will provide for timely step-down from inpatient settings as individuals, who have complicated service support, supervision, and planning needs, transition over a more extended period of time back to other community-based programs and intermittent service supports. Input will be ongoing and planning in the upcoming year informed by current residents and staff of the secure residential program and external stakeholders including members from Vermont Psychiatric Survivors, National Alliance of the Mentally Ill, Legal Aid, members of the Adult State Program Standing Committee, and other providers and peer groups.

## Appendix

E-mail survey submitted 10/28/20 by Chief Superior Judge Brian Grearson on behalf of Judge Timothy Tomasi

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

Presided as a judge in many cases seeking involuntary medication.

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

No.

3. What worked well regarding the process?

The pandemic required a move to remote-based hearings. With the cooperation of all, the move was effective and allowed involuntary medication hearings to proceed fairly and safely. Interestingly, without looking at the actual numbers, my sense was that the remote hearings actually increased patient participation in the hearings. When hearings were done at the facility, my estimate is that the patients appeared 40% of the time. When we conducted remote hearings, they almost always appeared.

4. What did not work well regarding the process?

While the remote hearings worked well generally, it was occasionally difficult to constrict some patients comments to the appropriate time during the hearing. There was sometimes insufficient attention devoted in the presentation of the evidence concerning the impact of long-acting forms of medication.

5. In your opinion was the outcome beneficial?

Yes.

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

There is some lack of clarity in the statutes concerning the impact on an Order of Hospitalization when a person is administratively discharged from a hospital under 18 V.S.A. § 8009. Section 8009 allows “administrative discharge” of a “judicially hospitalized patient” under a couple of different circumstances. The law is unclear as to how such a discharge affects an Order of Hospitalization. If it discharge vacates the Order, the person is in the community without compelled oversight. If the Department sought continuing treatment beyond a year or modification, it would need to initiate a new proceeding to establish that the person is a person in need of treatment. If, instead, the discharge only modifies the Order to one of non-hospitalization, the Department might move to extend or modify by showing that the person is a patient that remains in need of further treatment, which is a more flexible standard to meet. There are related provisions regarding discharge and notice, including Sections 7106, 8007, 8008. Some guidance on this point would be beneficial.

## E-mail survey submitted 10/14/20 by Judge Kate Hayes

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

I was the primary judge addressing IM requests in Windham Unit during this period. I presided over many such hearings.

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

IM applications are sometimes filed much later than it first becomes evident that a patient may need such treatment. Statutory restrictions on when they can first be filed are an obstacle to effective care.

3. What worked well regarding the process?

The use of video participation for patients and doctors during the pandemic has been a plus—patients have been much more likely to attend, (anecdotal—my observation), and have been able to testify more frequently as a result.

4. What did not work well regarding the process?

See above.

5. In your opinion was the outcome beneficial?

Yes, as far as I know.

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

I would recommend that the statute be amended to permit IM applications to be filed simultaneously with the AIT filing for patients as to whom an IM order has ever been issued in Vermont in the past, with certification of that prior order. This would shorten the period of time that such patients are hospitalized with no effective treatment and severe symptoms.

I also wish there were some more effective way to ensure that patients on ONHs could be required to obtain long-acting IM when there has been a history of long acting injections improving their quality of life significantly. Time and again we see patients return to the hospital when they stop taking daily medication—when if they failed to comply with an order for long-acting medication it would be readily detected and could be addressed more quickly, and also, frankly long-acting medication is less intrusive, and in many ways more respectful of their dignity and rights to personal freedom. This only applies to patients with long-term ongoing illness that has been effectively treated with long-term injections in the past.... It's so sad to see the terrible and unnecessary suffering that patients with psychotic illness have when they stop taking medication and relapse into severe illness.

formerly Vermont Protection & Advocacy  
(800) 834-7890 (Toll Free)  
(802) 229-1355 (Voice)  
(802) 229-2603 (TTY)  
(802) 229-1359 (Fax)



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141 Main Street, Suite # 7, Montpelier, VT 05602

October 14, 2020

Mr. Frank Reed  
Director of Mental Health Services  
Department of Mental Health  
280 State Drive  
NOB 2 North  
Waterbury, VT 05671-2010

Via email: frank.reed@vermont.gov Re:

**2020 DRVT Act 114 Comments**

Dear Director Reed,

DRVT wishes to thank the Department for reaching out to us again this year for comments and input regarding our experience working with people subject to the Act 114 Non-Emergency Involuntary Medication process. As you know, Disability Rights Vermont (DRVT) is the federally authorized disability protection and advocacy system in Vermont pursuant to 42 U.S.C. 10801 et seq., as well as being the Mental Health Care Ombudsman for the State of Vermont pursuant to 18 V.S.A. §7259. The following are responses to the specific questions posed in the Department's October 1, 2020 letter to DRVT on this subject.

1. *Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.*

DRVT staff that monitored all inpatient psychiatric units regularly (post-Covid much was done remotely/virtually) and had contact with, and provided advocacy services to, many patients subject to non-emergency involuntary medication. DRVT staff also review all CON's provided by DMH pursuant to statute and that review includes many instances of use of force to accomplish Court-Ordered Involuntary, non-emergency, medication.

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

Yes. As DRVT has reported each year since these surveys started, DRVT staff have identified problems with Act 114 implementation through both first-hand witnessing and/or from review of medical records and discussions with impacted patients. DRVT continues to identify that patients subject to Act 114 often require force to administer the injection, often persevere afterwards about the indignity and trauma of the experience, and at times DO NOT make significant improvements in functioning or discharge readiness. DRVT has identified instances again this year where protections and procedures, such as the right to have a support person present during forced injections, were not followed. See <http://mentalhealth.vermont.gov/sites/dmh/files/misc/Rules-Regs/Rules%20Implementig%20the%20Act%20Relating%20to%20Involuntary%20Medication%20f%20Me%20ntal%20Health%20Patients.pdf>.

Again in 2020 the most glaring problem with the Act 114 process remains the failure to identify and implement reasonable alternatives to forced medication, often limited by staffing and funding. Episodes of forced non-emergent medications continue to be accompanied by traumatic uses of force to implement the Orders. DRVT's experience has been that several patients under forced medication orders continued to struggle and object to the injections for weeks after they began. The failure to substantially reduce the use of forced medication orders is a sign that Vermont's mental health system is failing to live up to the stated mandate to move towards a less coercive mental health treatment system. See 18 V.S. A. §7629.

During the relevant period DRVT continued to hear from people with mental health conditions who are genuinely afraid of being subjected to forced medication orders and the disruption that causes in their lives and in particular with their relationship to treatment providers. People continue to report that they do not seek voluntary treatment because of this fear. Unfortunately, there remains a perception in our community that patients receiving mental health inpatient care will be subjected to involuntary medication, a situation is at odds with the legislative mandate to move to a non-coercive mental health system and one that DRVT urges DMH to effectively confront.

We reiterate what a 2017 patient subject to a forced medication order gave DRVT permission to share with the Department about their experience that remains relevant today:

*"I've been backed into corners all of my life and this [forced, non-emergency medication] is no different – I want to get restraining orders against all these evil oppressors" (referring to hospital staff).*

*"I feel like I'm caught in a nightmare, even when I'm awake" due to taking the medications.*

*"I don't want anybody to go through what I've been through ever again" regarding being forced to take medications the patient did not want.*

Another significant and unmet problem with the implementation of Act 114 is the failure of DMH and the Legislature to commence a study to determine the outcome and overall health impact for patients forcibly medicated over short, midrange and longer time periods. Despite universal recognition that such a study is appropriate and necessary in order to have an effective and informed policy on this practice, no progress has been made to accomplish this necessary action.

### 3. What worked well regarding the process?

DRVT refers to Vermont Legal Aid's Mental Health Law Project to respond to how the actual legal process was administered during this reporting period. DRVT understands that courts regularly modify DMH requests for Act 114 orders based on MHP attorney and expert witness testimony, and DRVT continues to adamantly believe that robust legal representation for patients subject to Act 114 proceedings is crucial and is a positive aspect of the current system.

DRVT again points to the Vermont Supreme Court decision in *In Re G.G.*, vacating the trial court's Order of involuntary medication over the patient's Advance Directive mandates, as a positive development in

terms of empowering people with mental health conditions to avoid involuntary medication when it is their decision to do so. DRVT continues to urge the Department to pursue robust public and professional educational efforts to inform about how using Advance Directives can improve outcomes for people with mental health conditions, including the ability to prevent unwanted forced, non-emergency medications.

4. What did not work well?

As noted above and for many years, DRVT identified a lack of alternatives to forced medication, in part due to overreliance on highly marketed medications, and in part due to lack of adequate capacity in the overall mental health system resulting in patients being held in inpatient units unnecessarily, as a significant problem with our mental health system. In addition, as noted above, the continuing lack of a study of outcomes for people subjected to these forced medications orders is an aspect of the process that is not working. To the extent that the use of coercion in the system, in terms of increasing the numbers and time periods for Act 114 Orders, is not being reduced, that is a key warning that the Act 114 process as a part of our overall mental health system is not working well. Increases in medication orders, increases in the number of locked, non-inpatient facilities, and reliance on ONH's requiring medication compliance, rather than allocating many more resources to peer supports, step down facilities, one on one community supports, and alternatives to involuntary placements, appears to be a major cause for the problems DRVT staff and our clients have identified.

5. *In your opinion was the outcome favorably?*

As in prior years, DRVT staff have found some patients for which Act 114 Orders result in a prompt improvement of their presentation, but as often as not, patients subject to these orders do not stabilize and improve quickly, and feel extremely disempowered, humiliated and victimized by the Orders. In many cases, the outcome of forced medications is not favorable in terms of short or long term improvement, but rather often work to simply sedate the patient in order to support discharge into community. The long term benefits to the patients, anecdotally, are also questionable as many DRVT clients report efforts to discontinue the medications when out the hospital and persevere for years afterward about the trauma of being forced medicated.

6. *Do you have any changes to recommend in the law or procedures?*

Similarly to our comments in past years, DRVT recommends that the law be amended to require the Department to implement a robust outcome study of the impact of these orders on people. We also recommend that the Department be required to demonstrate quantifiable progress in reducing the number of Act 114 and other involuntary, coercive aspects of mental health treatment in Vermont or identify what additional resources are needed to obtain those reductions. DRVT recommends adequately responding to any requests for funding or other resources made by Vermont Legal Aid's Mental Health Law Project in order to assure appropriate due process for people subject to Act 114.

Thank you again for this opportunity to share our perspective on Act 114 implementation in 2019 and 2020. Please contact me if you wish additional information or clarification.

Sincerely,  
A.J. Ruben  
Supervising Attorney

Cc: Jack McCullough, MHLP

E-mail survey submitted 10/14/20 by Karim Chapman, Executive Director for VPS. Amended with consent 12/18/20

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

- ~~VPS is directly involved with individuals that are involuntarily medicated at psychiatric facilities and residential placements throughout the State.~~

**(Restated with VPS Consent 12/18/20 KC/FR)**

VPS is directly involved with both voluntary and involuntarily hospitalized people at Designated Hospitals and residents of MTCR.

- Our Organization is contracted through DMH to meet the departments legislative mandates by the State to ensure the equal rights, protection, and participation of individuals marginalized because of psychiatric labels with thin psychiatric institution.

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

- The individuals we serve do not like forced medication procedures.

3. What worked well regarding the process?

- What worked well was when Facilities allowed VPS access and operated with an approach of understanding and transparency/Communication.

4. What did not work well regarding the process?

- Not being transparent and communicating.

5. In your opinion was the outcome beneficial?

- The outcome was beneficial when both parties worked together for the common purpose of helping an individual in their care.

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

- What would be helpful is if Patient Reps were made Essential workers and allowed full access to individual while still following CDC and facility guidelines.

E-mail survey submitted 10/1/20 by Katie Ruffe, RN for UVM-MC

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

I do not typically have any direct involvement with the individuals who are involuntarily medicated. My role in the process is to monitor (and manage those who assist in monitoring) the implementation and documentation of the court ordered medication process. I also provide appropriate documentation for and participate in the ACT 114 annual survey.

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

I am not aware of any problems that took place regarding the actual implementation of ACT 114 this past fiscal year once the order was received.

3. What worked well regarding the process?

The court orders were all very clear in regards to the actual medication orders. Once implemented, the process works quite efficiently and the patient's rights are well considered through the process.

4. What did not work well regarding the process?

The process to getting the court order for medications takes a very long time. During this time, patients experience long length of stays and do not receive a full range of therapeutic interventions without appropriate medication. Some of the court orders were also vague regarding the length of the order, requiring additional clarification.

5. In your opinion was the outcome beneficial?

I do believe that the outcome was beneficial. Every patient who received court ordered medications this past fiscal year discharged successfully from our service. They also experienced a decrease in or total elimination of emergency involuntary procedures after medications took effect.

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

My recommendations are to continue efforts to decrease the length of time it takes to get an application to the court. Increasing the frequency of combined commitment and medication hearings are also recommended.

E-mail survey submitted 10/28/20 by Stephanie Shaw, RN for VPCH

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

*As the Chief Nursing Executive for the Vermont Psychiatric Hospital, my involvement is primarily to work with the multidisciplinary treatment teams at VPCH to exhaust alternative and less-invasive treatment options, advocate for and facilitate medication applications when needed, coordinate legal proceedings, and support direct care staff in the safe administration and proper documentation of ordered medication.*

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

*In general, the enactment of Act 114 works well. The issues that arose this past year pertained mostly to expedited applications and included availability of the independent evaluators and sometime judges delaying proceedings. Requests to accelerate the process are only made when there is significant risk to the health and safety of the hospitalized individual or those around them – waiting days or sometimes weeks for proceedings is not safe and is certainly not the quality of care we aim to provide.*

3. What worked well regarding the process?

*Enhanced collaboration between VPCH clinicians and the DMH legal team has helped organize and streamline the application and implementation process.*

4. What did not work well regarding the process?

*Please see responses to questions 2 and 6.*

5. In your opinion was the outcome beneficial?

*Yes, overall, outcomes have been beneficial.*

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

*For many of the individuals we serve, medication is critical to both short- and long-term management of the symptoms they experience. Enactment and continuation of Act 114 should be readily available for individuals outside of acute inpatient hospitalizations. The Act 114 provision that allows for this appears to be grossly underutilized and for this reason individuals have been unnecessarily subject to preventable relapse, increased illness severity, prolonged or repeated hospitalization, all of which has significant and lasting impact on their lives and recovery. This element of the Act 114 legislation could have significant positive impact for the individuals it was meant to serve as well as Vermont's broader system of mental health care if utilized in conjunction with appropriate safeguards.*

E-mail survey submitted 10/2/20 by Lesa Cathcart, RN for RRM

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

I am the director of nursing on the inpatient psychiatric unit and am at times present when medication is administered.

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

I am not aware of any problems encountered in the implementation process

3. What worked well regarding the process?

The process is a little quicker now than it used to be, and it works well when we can do expedited hearings. I also think it works well to give the patient some choices in the process such as whether they want a support person present, who they want to administer meds, site of administration if the medication is in injection, etc.

4. What did not work well regarding the process?

The usual process is still a lengthy process and it is difficult to see patients continue to suffer and need to remain hospitalized while waiting for a medication order.

5. In your opinion was the outcome beneficial?

In my opinion the outcome of court ordered medications is beneficial. I have repeatedly seen patient's clinical conditions improve

Do you have any changes to recommend in the law or procedures? If so, what are they?

## E-mail survey submitted 10/5/20 by Matthew Sommons, MD for RRM

1. Please identify your direct involvement with any individuals involuntarily medicated under Act 114 between July 1, 2019 – June 30, 2020.

I was involved in multiple cases including writing applications, testifying in court and then ordering the medications and following patients taking the involuntary meds.

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

There were delays in at least two patients that led to increased suffering for patients and in one case, a significant staff injury that likely would not have occurred if there was not a delay in the process (the patient improved very quickly once we had the involuntary medication order.

3. What worked well regarding the process?

The legal team at DMH is exceptional. They are very helpful, very knowledgeable and communicate extremely well.

4. What did not work well regarding the process?

The wait time for involuntary medication is already considerably longer than most states (including other New England states) and to have further delays in the process is simply unacceptable.

5. In your opinion was the outcome beneficial?

Most of the time the outcome is very beneficial as patients more often than not improve on meds to the point where they can be safely returned to a less restrictive level of care.

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

Yes, a faster turn around time to involuntary medications would be highly beneficial.



Act 114 Annual Report Questionnaire

(Questions are on the Front and Back of this Form)

Based on your experiences in 20 19 (year) at (insert X where hospitalized):

UVM-MC  VPCH  CVMC  RPMC  BR  VA Hospital

Please answer the following 6 (six) questions:

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

Yes  No

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court: *I was not refusing meds as the state claim, I received two TBIS and a Seroquel and I was being harassed because of it*

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

Yes  No  *I was taking my meds and I was being harassed*

[Redacted text blocks]

*I did take my meds*

VERMONT

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No  I am getting better because of it!

If your answer is yes, please describe the differences that you notice.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No  Maureen! VPC/H

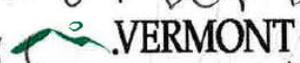
If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

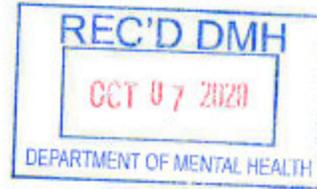
I could not sleep for 3 months because of you [redacted]

In what way were they helpful?

She showed respect something you [redacted] don't do!

I am the guy who gives money to your state if you want my Royalty money to keep calm, I advise you all not to bite the hand that feeds you!





**Act 114 Annual Report Questionnaire**

(Questions are on the Front and Back of this Form)

Based on your experiences in 20 20 (year) at (insert X where hospitalized):

UVM-MC  VPCH  CVMC  RRMC  BR  VA Hospital

Please answer the following 6 (six) questions:

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

Yes  No

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court: The evidence presented was done without having a full mental status exam, second opinion or any history relevant to a strengths basic psychosocial perspective. The written documents were not shown or the process of the court in a timely manner to secure proper legal representation to sign a 72 hour notice or other options.  
At the hospital: Again there was no full interview and history taken. What proceeded violated rights and was not actually competent. It jeopardizes HIPAA, my prior career and potential future professional career.

2. Do you feel 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  No  I did not want or request them and the harms of medication were not disclosed despite my statements about efficacy of non medication cognitive/meditation strategies that far outweigh the benefits of offering any medication.

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

I declined & then was forced. I did not take any upon leaving and had back pain at an injection site. I felt much better without anything it's potential harm remains a concern, as I wanted to be discharged without problematic issues. I don't have a history of taking medication and am trained in the mental health field professionally and in education.



4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

There was intra muscular stiffness for weeks in my back, I did not have this prior & it took getting physical therapy recommendations to restore the range of motion. Daily activity functioning much more energized without any medication.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No  (the disability lawyer)

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

- attorney (disability rights advocate)

In what way were they helpful? ~~to~~ Gave direction in accordance with HIPAA and how to write a complaint to patient advocacy.

6. Do you have any suggestions for changes in the law called Act 114?

A two person interview with a non-treatment team person must be involved and notices given with rationales for any treatment reviewed, also presenting the coping initiatives to refute presumed court ordered treatment. ~~for~~ Conflicts of interest, HIPAA issues and the professional status of the presumed "patient" has a right to least restrictive action and culturally relevant interpretation of equity in treatment decision making. This was not observed in my experience.





Act 114 Annual Report Questionnaire

(Questions are on the Front and Back of this Form)

Based on your experiences in 2020 (year) at (insert X where hospitalized):

UVM-MC \_\_\_ VPCH  CVMC \_\_\_ RRMC \_\_\_ BR \_\_\_ VA Hospital \_\_\_

Please answer the following 6 (six) questions:

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

Yes  No \_\_\_

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court:

At the hospital:

2. Do you feel 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  No \_\_\_

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

Side effects



4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

I slept better and felt more calm.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

Daughter, patient, advocate, hospital staff, Vermont Psychiatric Survivors, Mental Health Law Project and Disability Rights Vermont

In what way were they helpful?

Helped Solved problems, emotional support, helped getting necessary thing done.

6. Do you have any suggestions for changes in the law called Act 114?

No





**Act 114 Annual Report Questionnaire**

(Questions are on the Front and Back of this Form)

Based on your experiences in <sup>2019</sup> 2020 (year) at (insert X where hospitalized): RUTLAND MENTAL HEALTH

UVM-MC \_\_\_ VPCH \_\_\_ CVMC \_\_\_ RRMC \_\_\_ BR \_\_\_ VA Hospital \_\_\_

Please answer the following 6 (six) questions:

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

Yes \_\_\_ No

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court: I WASN'T FAIRLY DEFENDED. THE COURT HEARING WAS [REDACTED] I WAS SHARP. [REDACTED] BIG PHARMA WEIGHED IN. THE JUDGE DECIDED WITH THE HOSPITAL.

At the hospital: [REDACTED] ONLY WANTED TO PROVIDE MEDICINES, THERE WAS NO CONVERSATION THERAPY. ONCE MEDS WERE GIVEN (I HAD BEEN OFF ALL MEDS FROM 11/5/19 UNTIL 2/7/20). WHEN MEDS STARTED I HAD ABILITY AND PAIN STARTED, SO I HAD TYLENOL, AND THEN ALSO ALVEE, BUT THE PAIN DID NOT STOP. SO I ASKED FOR THE COURT ORDERED ZYPREXA, THE PAIN CONTINUED.

2. Do you feel 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  No \_\_\_

MEDS. WOULD BE FORCED,

WHY DID YOU NOT WANT TO TAKE PSYCH MEDS?  
3. Why did you decide not to take psychiatric medications?  
I WAS EXTREMELY SHARP WITH AN EXCELLENT MEMORY WITHOUT MEDS. I NOW KNOW THAT WITH MEDS. (INCLUDING PAIN MEDS) I WAS BEING COMPROMISED AT THE HOSPITAL, AND THAT THEY WERE "IN CHARGE" OF [REDACTED], SO 3/25/20 I STOPPED PAIN MEDS. THE PAIN WAS BAD, BUT I WAS STILL TAKING 20MG ZYPREXA, AND I WAS TAKING THAT WHEN DISCHARGED [REDACTED] THEY LET ME GO, WITH 30 DAYS OF ZYPREXA, I AM SEEING [REDACTED]. HE HAS ME ON 20MG DISCONTINUATING ZYPREXA. I HAVE NO PAIN AS FAR BACK AS AT LEAST EARLY AUGUST. I HAVE NOT TAKEN ANYTHING FOR PAIN SINCE 3/25/2020.



4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

THE ZUPREXA IS A CUSHION FOR ME. APPARENTLY DECENTRATING HAS NOT BEEN COMPROMISED. IT'S A MEAN WORLD OUT THERE.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

NURSES - SEVERAL  
PSYCHOLOGIST

[REDACTED]  
[REDACTED]  
FRIENDS - MENTAL HEALTH WORKERS

In what way were they helpful?

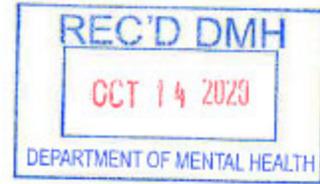
SUPPORTED BY LETTING ME KNOW THEY COULD "SEE" AND UNDERSTAND EVEN THOUGH THEY COULDN'T STOP THE COMPROMISING.

6. Do you have any suggestions for changes in the law called Act 114?

LISTEN TO THE PATIENT! I CAN'T BE THE ONLY ONE THAT IS TRAPPED BY A SYSTEM OF "PSYCHIATRISTS THAT ONLY WANT TO PUSH PILLS. I FIRMLY BELIEVE I WAS COMPROMISED BY THE HOSPITAL AND MEDS (BIG PHARMA). I ASKED AND ASKED FOR THERAPY CONVERSATION. LEGAL AID PROVIDED [REDACTED] I COULD SEE HE UNDERSTOOD ME, HE SAID HE WAS DOING HIS REPORT IN FAVOR OF NEITHER THE HOSPITAL OR ME. HE AGREED TO MY SUGGESTION THAT I COULD BE CONSIDERED "AN ANOMALY." ([REDACTED] / BIG PHARMA HAD SQUELCHED HIM.)

AFTER HOME I WATCHED EATN, AND NOW UNDERSTAND THAT THE SUPPORT (SPIRITUAL) I HAD NEEDED WAS OPENING DOORS AND WINDOWS OF UNDERSTANDING. THAT SHOULD HAVE BEEN PROVIDED SOME TIME AGO.

[REDACTED] SUPPORTED ME IN MID-DECEMBER AND THAT REMOVED THE SECURITY GUARD AT [REDACTED] VERMONT BRATTLEBORO ER.



**Act 114 Annual Report Questionnaire**

(Questions are on the Front and Back of this Form)

Based on your experiences in 20 19 (year) at (insert X where hospitalized):

UVM-MC  VPCH \_\_\_ CVMC \_\_\_ RRMC \_\_\_ BR  VA Hospital \_\_\_

Please answer the following 6 (six) questions:

*Brattleboro Retreat*

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

Yes \_\_\_ No  *I wasn't listened to at times about how sensitive my body is to medication.*

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court:

*I didn't go to court in person.*

At the hospital: *It was very hard to get across to people that my body is very sensitive to medication and that my body needs more like a baby dose.*

2. Do you feel 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  No \_\_\_

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

*I decided not to take my psychiatric medication at a level of 500mg <sup>Seroquel</sup> because my body doesn't do well on that high of dose. It doesn't do so much better at 100mg. So when they would come into my office both a 200mg & 300mg of Seroquel and then I would refuse the 300mg.*

*one & only take the 200mg because it was closer to my 100mg's.*

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

I have very ~~adverse~~ <sup>side</sup> effects of medications. I needed more <sup>bad</sup> of a baby dose. I have bad adverse ~~side~~ effects on the <sup>court</sup> <sup>ordered</sup> <sup>meditation</sup>

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No

I had one nurse at Brattleboro Retreat that I felt really <sup>to me</sup> <sup>listened</sup> <sup>via</sup> <sup>meditation</sup>

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)



In what way were they helpful?

eye contact with me, listened to me well, tried to advocate my med. sensitivity to the doctor for me. Took her time with me. Give me her attention.

6. Do you have any suggestions for changes in the law called Act 114?

I feel I know my body very well. I think if court ordered medications are not working for a patient, that it should be easier than it is to change them at a reasonable time. I had already been on that kind of drug before and told the doctor my bad adverse side effects reaction to the drug. She didn't listen. If she had listened to me and got me off that  VERMONT drug. I could have been better and discharged a couple months sooner.



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UVM-MC \_\_\_ VPCH \_\_\_ CVMC \_\_\_ RRMC \_\_\_ BR X VA Hospital \_\_\_

**Please answer the following 6 (six) questions:**

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

Yes X No \_\_\_

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court:

At the hospital:

**2. Do you feel 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 X No \_\_\_

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

*Bad Side affects*



4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

less side affect's

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

The doctor

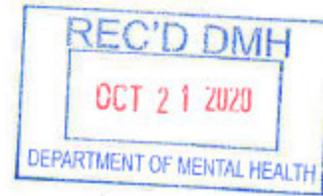
In what way were they helpful?

Listening to my problems

6. Do you have any suggestions for changes in the law called Act 114?

No





**Act 114 Annual Report Questionnaire**

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UVM-MC  VPCH \_\_\_\_ CVMC \_\_\_\_ RRMC \_\_\_\_ BR \_\_\_\_ VA Hospital \_\_\_\_

**Please answer the following 6 (six) questions:**

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

Yes  No \_\_\_\_\_

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court:

At the hospital:

**2. Do you feel 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  No \_\_\_\_\_

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

Did not refuse.

4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If your answer is yes, please tell about the differences that you notice.

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No \_\_\_\_\_

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

Many people - case manager.

In what way were they helpful?

Gave me good advice & encouraging me.

6. Do you have any suggestions for changes in the law called Act 114?

No suggestions





**Act 114 Annual Report Questionnaire**

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UVM-MC  VPCH  CVMC  RRMC  BR  VA Hospital

Please answer the following 6 (six) questions:

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

Yes  No

If your answer is no, please describe what you felt was unfair about the process. If you went to court for your medication hearing, please tell about court first, then tell about your experience in the hospital.

In court: my public defender did not make any objections, no effort!

At the hospital: no chance given to me to reach baseline w/o antipsychotic drugs. Needed sleep not DRUGS w/ devastating side effects.

2. Do you feel 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  No

Heart + Obesity Disease  
Parkinsons  
Dementia  
Alzheimers

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

to many side effects



4. When taking medication, do you notice any differences (improved or worse) in your health (mental or physical) compared to how you felt when you were not taking medications?

Yes  No

If your answer is yes, please tell about the differences that you notice.

flat effect weight gain  
memory loss!!

5. Was anyone particularly helpful? Anyone could include hospital staff, a community mental health center, a friend, a family member, a neighbor, an advocate, or someone else hospitalized at the hospital where you are (or were).

Yes  No

If your answer is yes, please tell about who was helpful. (You do not have to give names of people. You might just say a nurse, a doctor, a friend, etc.)

 VPS  
DRV

In what way were they helpful?

compassion : empathy

6. Do you have any suggestions for changes in the law called Act 114?

Holding someone down for injection  
using a floors staff  
of manpower should  
never be allowed for  
non-violent patients

