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Vermont Psychiatric Care Hospital Policy and Procedure		
Non-Emergency Involuntary Medication		
Effective: April 2014	Revised: March 2023	Due to Review: March 2025

POLICY

The Vermont Psychiatric Care Hospital (VPCH) strives to provide care in the least restrictive manner, specifically using non-emergency involuntary medication only when less restrictive treatment options have been exhausted.

DEFINITIONS (if applicable):

Commissioner: The Commissioner of the Department of Mental Health

Competent: The ability of an individual to make a decision and appreciate the consequences of that decision.

Involuntary Medication: The administration of any medication against a person's will.

Medical Director: A Psychiatrist responsible for supervision of the care and treatment of all patients at the VPCH.

Treating Physician: A licensed Physician on the staff of the VPCH.

Personnel: any VPCH employee, contractor, authorized student or trainee, or other individual who works at or for VPCH on a regular basis.

Treatment: For provisions of this policy, treatment refers specifically to non-emergency involuntary medication.

Treatment Team: An interdisciplinary team including a Psychiatrist, Psychologist, Registered Nurse, Social Worker, Mental Health Specialist, or any personnel involved in the design and implementation of plans for care provision.

PROCEDURE

Treatment Considerations

1. Within seven (7) days of filing an application for involuntary treatment or receiving an Order of Hospitalization, willingness to accept treatment shall be

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assessed. The treatment team shall make a determination of whether to recommend that the VPCH seek non-emergency medication. A review of the following issues shall be conducted:

- The nature and extent of the mental illness.
- The effect of the illness on the hospitalized individual's behavior with specific attention to the factors listed in Vermont law pertaining to non-emergency involuntary medications – 18 V.S.A. §7101(17).
- The hospitalized individual's ability to assimilate material facts and render a reasonable decision to accept or refuse treatment.
- The present behavioral evidence of deterioration or decompensation of the illness and effect on previous levels of function.
- The previously expressed wishes of the hospitalized individual with respect to the particular type of treatment being sought.
- Whether the hospitalized individual has a documented history of clearly demonstrated reduction of symptoms during previous treatments with medication.
- The various treatment alternatives available that may or may not include medication.
- The prognosis with and without the use of medication.
- The duration of hospitalization and confinement in a restrictive care setting without the use of medication.
- The efficacy of a partial treatment program developed for the hospitalized individual, identifying the benefits and risks to the individual of providing involuntary medication or not providing the recommended treatment plan, including:
    - The possibility and degree of improvement
    - The possibility and severity of the occurrence of side effects to medication

2. If the Attending Psychiatrist, in consultation with the Medical Director, determines after such a review that the hospitalized individual has been provided with adequate and necessary information to decide for themself whether to accept the proposed treatment and that progress in treatment is not compromised or unduly delayed by the decision of the hospitalized individual to refuse psychotropic medication, the hospitalized individual's decision shall be honored.

3. If, after review or at any point in a hospitalization, the treating Physician, in consultation with the Medical Director, and following a review of issues in bullet 1 above, determines that the hospitalized individual's decision to refuse psychotropic medication is compromising appropriate clinical care or unduly delaying improved mental health, an application for non-emergency involuntary medication shall be initiated.

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4. At a minimum, hospitalized individuals refusing psychotropic medication that has been recommended as part of the treatment plan where an application for involuntary medication has not yet been sought should be reevaluated using bullet 1 above every 30 days by the Medical Director or their designee.

Initiating Non-Emergency Involuntary Medication

1. VPCH may ask the Commissioner of the Vermont Department of Mental Health to commence an action for the involuntary medication of a person who is refusing to accept psychiatric medication and:
    - Is under the custody of the Commissioner pursuant to a court order; or
    - Has had an application for involuntary treatment pending for more than 26 days without a hearing having occurred and the treating psychiatrist certifies, based on specific behaviors and facts set forth in the certification, that in his or her professional judgment there is good cause to believe that:
        i. additional time will not result in the person establishing a therapeutic relationship with providers or regaining competence; and
        ii. serious deterioration of the person's mental condition is occurring.
2. The treating physician shall work with the DMH Legal Division to draft a petition for involuntary medication.
3. The petition shall include the physician's certification, executed under penalty of perjury, that includes the following information:
    - The nature of the hospitalized individual's mental illness and presence or absence of trauma history.
    - The necessity for involuntary medication, including the hospitalized individual's competency to decide to accept or refuse medication.
    - Any proposed medication, including the method, dosage range, and length of administration for each specific medication.
    - A statement of the risks and benefits of the proposed medications, including the likelihood and severity of adverse side effects and its effect on:
        - The hospitalized individual's prognosis with and without the proposed medication.
        - The hospitalized individual's health and safety, including any pregnancy.
    - The current relevant facts and circumstances, including any history of psychiatric treatment and medication, upon which the Physician's opinion is based.
    - What alternate treatments have been proposed by the doctor, the patient or others, and the reasons for ruling out those alternatives.
    - Whether the hospitalized individual has executed a Durable Power of Attorney for Health Care (DPOA-HC) in accordance with the provisions of

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chapter 121 of Title 14, and the identity of the health care agent designated by the DPOA.

4. A copy of the DPOA-HC, if available, shall be attached to the petition.

Communication with the Patient

The individual's clinical team, led by the attending psychiatrist, shall provide notice and information regarding any involuntary medication court order(s) and timing of their first medication administration when applicable.

Continued Treatment Following Court Denied Petitions

Hospitalized individuals who have been found by order of the court as competent and/or to be benefiting from partial treatment or non-treatment shall be evaluated on an ongoing and regular basis to determine maximum benefits achieved through hospitalization and readiness for discharge as a hospitalized individual who no longer is a person in need of treatment.

Hospitalized individuals who, subsequent to a court hearing denying an order of non-emergency involuntary medication, continue to decline medication in part or whole, shall be regularly evaluated in accordance with Treatment Considerations outlined in the first section of this policy.

- For those for whom good clinical care and treatment remain compromised, restrictive hospitalization is extended, and documentation of clinical instability or decompensation supports the need for comprehensive care and treatment, a request for non-emergency medication shall again be submitted to the court.

If the court has denied an order of involuntary medication and the individual's treatment response to a partial treatment plan is considered unremarkable as evidenced by the factors below, active discharge planning shall be initiated.

- the absence of further clinical decompensation
- absence of imminent risk to self or others
- restoration of a functional baseline
- absence of clinical documentation to support a request for non-emergency involuntary medication, and
- an earlier court determination of competence by the patient or DPOA-HC agent for decision-making with regard to treatment

Approved by	Signature	Date
Emily Hawes Commissioner Vermont Department of Mental Health	DocuSigned by: Emily Hawes C50275615A62462...	3/15/2023