



Department of Mental Health

Orders of Non-Hospitalization Procedure and Guidelines

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1. STATEMENT OF PURPOSE

The purpose of this manual is to explain Orders of Non-Hospitalization (ONHs) and to define expectations and roles in the Designated Agency's (DA) or Specialized Service Agency's (SSA) management of ONHs. This document also delineates the individual roles of, and collaboration between, the Department of Mental Health (DMH) and the DA/SSAs.

An ONH is a court order that contains conditions by which the person named must abide or face the possibility of hospitalization or re-hospitalization. An ONH places an individual in the custody of the Commissioner of DMH. It names a DA/SSA, which has been delegated by the Commissioner to provide the necessary supports and treatment to the individual and to monitor adherence to the ONH conditions. The goal of an ONH is provide structure around treatment engagement.

An ONH can be issued in Family or Criminal Court either by stipulation or after an evidentiary hearing. An ONH may be issued upon a person's discharge from an involuntary psychiatric hospitalization. It can also come through Criminal Court, serving as a resolution of legal charges, and direct a person to enter or remain in community-based treatment in the custody of the Commissioner of DMH. An initial ONH is issued for 90 days and can then be renewed for up to a maximum of one year at a time. If the individual is not following the conditions of the ONH and is clinically assessed as needing inpatient hospitalization, the DA/SSA can seek to revoke the ONH, which occurs through a court process and judicial ruling. An ONH is not enforceable outside the state of Vermont.

It is also recognized that while Vermont statute calls for predictions of future behavior in seeking to revoke the ONH, this is notoriously difficult. Complicated decisions weighing in past behavior, community concerns, and current clinical status need to be factored into the decision-making process. As a result, not every failure to meet conditions will result in a formal revocation; however, given the shared responsibility, it is also recognized that at both the DA/SSA and DMH there must be consultation and consideration when the individual is not following the conditions of the ONH.

2. AUTHORITY/STATUTE

From 18 V.S.A. § 7101. Definitions

As used in this part of this title, the following words, unless the context otherwise requires, shall have the following meanings:

... (2) "Commissioner" means the Commissioner of Mental Health.

(3) "Custody" means safe-keeping, protection, charge, or care.

(8) "Individual" means a resident of or a person in Vermont.

(14) "Mental illness" means a substantial disorder of thought, mood, perception, orientation, or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but shall not include intellectual disability.

(15) "Patient" means a resident of or person in Vermont qualified under this title for hospitalization or treatment as a person with a mental illness or intellectual disability.

(16) "A patient in need of further treatment" means:

(A) A person in need of treatment; or

(B) A patient who is receiving adequate treatment, and who, if such treatment is discontinued, presents a substantial probability that in the near future his or her condition will deteriorate and he or she will become a person in need of treatment.

(17) "A person in need of treatment" means a person who is suffering from mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment, or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, to herself, or to others:

(A) A danger of harm to others may be shown by establishing that:

(i) he or she has inflicted or attempted to inflict bodily harm on another; or

(ii) by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or

(iii) by his or her actions or inactions he or she has presented a danger to persons in his or her care.

(B) A danger of harm to himself or herself may be shown by establishing that:

(i) he or she has threatened or attempted suicide or serious bodily harm; or

(ii) he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that

it is probable that death, substantial physical bodily injury, serious mental deterioration, or serious physical debilitation or disease will ensue unless adequate treatment is afforded.

(23) "Vermont" means the state of Vermont.

(24) "Voluntary individual" means an individual admitted to a hospital voluntarily or an individual whose status has been changed from involuntary to voluntary.

18 V.S.A. § 7618 ORDER; NONHOSPITALIZATION

(a) *If the court finds that a treatment program other than hospitalization is adequate to meet the person's treatment needs, the court shall order the person to receive whatever treatment other than hospitalization is appropriate for a period of 90 days.*

(b) *If at any time during the specified period it comes to the attention of the court, either that the individual is not complying with the order, or that the alternative treatment has not been adequate to meet the individual's treatment needs, the court may, after proper hearing:*

(1) *Consider other alternatives, modify its original order, and direct the individual to undergo another program of alternative treatment for the remainder of the 90-day period; or*

(2) *Enter a new order directing that the individual be hospitalized for the remainder of the 90-DA/SSA period.*

§ 7620. APPLICATION FOR CONTINUED TREATMENT (ACT)

(a) *If, prior to the expiration of any order issued in accordance with section 7623 of this title, the commissioner believes that the condition of the individual is such that the individual continues to require treatment, the commissioner shall apply to the court for a determination that the individual is an individual in need of further treatment and for an order of continued treatment.*

(b) *An application for an order authorizing continuing treatment shall contain a statement setting forth the reasons for the commissioner's determination that the individual is an individual in need of further treatment, a statement describing the treatment program provided to the individual, and the results of that course of treatment.*

(c) *Any order of treatment issued in accordance with section 7623 of this title shall remain in force pending the court's decision on the application.*

(d) *If the commissioner seeks to have the individual receive the further treatment in a secure residential recovery facility, the application for an order authorizing continuing treatment shall expressly state that such treatment is being sought. The application shall contain, in addition to the statements required by subsection (b) of this section, a statement setting forth the reasons for the commissioner's determination that clinically appropriate treatment for the individual's condition can be provided safely only in a secure residential recovery facility.*

§ 7621. Hearing on application for continued treatment; orders

(a) The hearing on the application for continued treatment shall be held in accordance with the procedures set forth in sections 7613, 7614, 7615, and 7616 of this title.

(b) If the court finds that the individual is an individual in need of further treatment and requires hospitalization it shall order hospitalization for up to one year.

(c) If the court finds that the individual is an individual in need of further treatment but does not require hospitalization, it shall order non-hospitalization for up to one year. If the treatment plan proposed by the commissioner for an individual in need of further treatment includes admission to a secure residential recovery facility, the court may at any time, on its own motion or on motion of an interested party, review the need for treatment at the secure residential recovery facility.

(d) If at any time during the period of non-hospitalization ordered under subsection (c) of this section, it comes to the attention of the court, that the person is not complying with the order, or that the alternative treatment has not been adequate to meet the individual's treatment needs, the court may, after proper hearing:

(1) Consider other treatments not involving hospitalization, modify its original order, and direct the individual to undergo another program of alternative treatment for an indeterminate period, up to the expiration date of the original order; or

(2) Order that the individual be hospitalized, up to the expiration date of the original order.

(e) If the court finds that the individual is not an individual in need of further treatment, it shall order the individual discharged.

(f) This section shall not be construed to prohibit the court from issuing subsequent orders after a new application is filed pursuant to section 7620 of this title.

3. CHARACTERISTICS OF ORDERS OF NON-HOSPITALIZATION

An ONH is a court order requiring an individual to engage in outpatient treatment. An ONH includes specific terms and conditions set by the court.

An ONH may be issued for individuals who have been diagnosed with a mental illness and the clinician identifies a potential to become dangerous to themselves or to others if they do not engage in outpatient treatment (*e.g.*, taking medications, attending therapeutic appointments). The two most common scenarios in which a judge issues an ONH are:

- When the individual is discharging from involuntary psychiatric hospitalization. The individual may agree to the ONH in consultation with their attorney, or litigation may be required for the court to issue an ONH at this time if the individual does not agree.
- The individual is charged with a crime and has been found to be incompetent to stand trial and/or in need of hospitalization. (See pg.14: ONHs for Individuals Not Enrolled with the DA/SSA).

Terms and conditions of an ONH vary depending on individual treatment needs. Standard ONH conditions are:

1. Respondent shall take all medication as prescribed by [THEIR] treating psychiatrist or other prescribing treatment provider at [DA/SSA], including in front of staff if requested;
2. Respondent shall keep all appointments made by or with [THEIR] case manager, psychiatrist, or other treatment providers at [DA/SSA];
3. Respondent shall follow the treatment plan as developed by [DA/SSA];
4. Respondent shall not engage in behavior that poses a threat or danger to self or others; and
5. Respondent shall reside in housing approved by [DA/SSA].

4. RESPONSIBILITIES

A DA/SSA is responsible for providing treatment to anyone on an ONH in their service area (*i.e.*, county). If an individual is issued an ONH and they are not currently receiving mental health services from a DA/SSA, then the ONH will include a requirement to schedule and attend an intake appointment within a certain period. Each DA/SSA will have specific staff who monitor the ONHs held by the agency. Likewise, DMH will have specific employees who collaborate with the DAs/SSAs to monitor the individuals' progress, needs, and compliance.

a. Department of Mental Health

The Care Management team is responsible for overseeing all ONHs. The team maintains an up-to-date list of all individuals with active ONHs, including their DA/SSA and expiration date of their ONH, along with a copy of the ONH issued by the court. Care Management also communicates closely with the DMH Legal Unit and the DA/SSA about information or documentation needed around the ONH. Care managers also will have at least monthly scheduled contact with the DA/SSA to discuss the clinical presentation of individuals with ONHs and decisions around revoking, modifying, renewing, or dropping ONHs.

b. Designated Agency/Specialized Service Agency

DMH designates the DAs and SSAs to provide treatment to individuals who have ONHs. In that regard, each DA/SSA shall maintain a list of all individuals with ONHs held by the DA/SSA, including the start and expiration dates of the ONH. The DA/SSA will also keep a current copy of all ONHs held by the agency. The DA/SSA is responsible for maintaining clinical documentation to the standard agreed upon in the Comprehensive Agreement with DMH. All providers working with the individual must be aware that they have an ONH, and providers must document at least monthly the degree to which the client is meeting the ONH conditions.

If an individual who has an ONH resides in a residential care facility outside the catchment area of the DA/SSA named in the ONH, then both may be named in the ONH as treatment providers. The residential facility and DA/SSA will work collaboratively with the person to provide treatment and support their adherence to the ONH. In the event of renewal/ modification/ revocation/ termination of an ONH, the residential facility and DA/SSA will communicate closely, share clinical information, and collaborate throughout this process. Staff (including psychiatrists at the residential program and/or the DA/SSA) involved in the care of the individual with an ONH may be asked to testify regarding their treatment adherence and psychiatric presentation.

c. Hospital Responsibilities

If the individual is discharging from the hospital and an ONH is being considered, the social worker shall contact the DA/SSA that provides mental health treatment in the person's county of residence, along with DMH Legal and DMH Care Management. The hospital or the DA/SSA can initiate the request for the ONH. Both may provide input about appropriate conditions, and DMH will make the final decision on conditions if there is a disagreement.

If the individual was admitted to the hospital with a current ONH, or if they were admitted as the result of the ONH being revoked, then the hospital social worker will collaborate with the DA/SSA to determine whether an ONH remains necessary after discharge. If the DA/SSA or hospital feels that the ONH is still necessary, then they will identify any potential changes to conditions. If both agree that an ONH is no longer necessary, then the hospital social worker will document the reasons for not discharging the individual with an ONH.

During scheduled weekly meetings or in between as needed, the hospital social worker will keep DMH Care Management apprised of discharge plans, including whether an ONH is being considered, formally requested, or no longer deemed necessary.

d. Disagreement Regarding ONH Initiation/Continuation/Maintenance

If the hospital, DA/SSA, and DMH do not all agree on whether an ONH is necessary and what the conditions should be, then the DMH Care Manager will convene a meeting within three business days between all the parties. If there is not consensus following the meeting, then DMH Commissioner or designee will make the final decision on whether or not to seek an ONH for the individual.

5. OBSERVATION OF PERSON WHO HAS AN ORDER OF NON- HOSPITALIZATION

DA/SSA's shall use the ONH as a living document and incorporate it into the treatment plan and service provision for each individual who has been issued an ONH. Likewise, the ONH should reflect the treatment plan in that only conditions germane to the individual's needs should be included. Treatment team members shall be familiar with the terms of the ONH, the individual's current residence and contact information, status of their compliance with the ONH, and current treatment plan.

At least monthly, the DA/SSA and DMH Care Management will communicate about clients from the agency with a current ONH. The DA/SSA will provide updates on issues such as the treatment being provided for the individual, any concerning or notable behaviors that the individual has demonstrated since the last update, the degree to which they are following the conditions of the ONH, and whether the DA/SSA plans to continue/modify/revoke/drop the ONH in the foreseeable future.

6. MODIFICATION / REVOCATION OF AN ORDER OF NON-HOSPITALIZATION

If an individual either moves to a new area of the state that would lead to a change in DA/SSA, moves to or discharges from a residential program, or the treatment team assesses it necessary to seek a change in conditions of the ONH prior to the next scheduled hearing, the ONH can be modified. The DA/SSA will reach out to both DMH Care Management and DMH Legal to communicate the request and the reason for it. If DMH Care Management agrees with the changes, they will communicate that to the treatment team and DMH Legal. If the individual has moved, then DMH Legal can simply file a request to modify the ONH and change the DA/SSA and/or residential program named. If the DA/SSA would like to change conditions of the ONH then they will complete the ONH Modification Form (see **Appendix A**) and submit it to DMH Legal, who will then file a motion to modify with the appropriate court.

If an individual who has an ONH is not following their conditions, the DA/SSA will notify DMH Care Management and DMH Legal of such. The treatment team will share steps that they have taken to support the individual in following the conditions or any other steps taken to provide an increase in outreach and/or mental health support. If the treating providers clinically assesses that the individual is approaching the need for inpatient hospitalization to psychiatrically stabilize, the DA/SSA reach out to DMH Care Management to discuss revocation of the ONH.

If DMH Care Management agrees that revocation is the appropriate next step, then they will communicate their support of the request to both the DA/SSA and DMH Legal. The DA/SSA will then complete the ONH Revocation form (see **Appendix B**) and submit it to DMH Legal and DMH Care Management. DMH Legal will file a motion to revoke the ONH with the appropriate court. DMH Legal will determine if the legal requirements have been met to pursue the revocation hearing. At the time of the hearing, the treatment team, including psychiatric provider, will be called to provide evidence to the court. The hearing may be delayed based on DA/SSA/residential staff availability to testify.

7. CONTINUING / DISCONTINUING ORDERS OF NON-HOSPITALIZATION

If the DA/SSA wants to continue the ONH beyond its expiration date, this must be communicated to the individual as well as to DMH Legal and DMH Care Management. The DA/SSA will convey to DMH Care Management and DMH Legal their recommendation as to whether the ONH appears clinically indicated in supporting the individual to live safely in the community.¹ The DA/SSA should involve the individual to the greatest extent possible in discussions around the ONH, including identifying specific treatment goals for the ONH to no longer be considered clinically necessary.

At least 20 calendar days before the expiration of the ONH, the DA/SSA treatment team shall communicate to DMH Legal and DMH Care management whether they intend to renew or drop the ONH by submitting the Application for Continued Treatment (ACT) / ONH Treatment Review Form (see **Appendix C**). The ACT paperwork will summarize the individual's current treatment plan, the treatment team's perceived effectiveness of the treatment plan, whether an ONH remains necessary for the treatment to be effective for the individual, and whether the individual would recognize if their mental health status were to start to decline. DMH Legal and DMH Care Management will review the ACT paperwork and determine whether to file it, and whether to request the same or modified conditions from the court. If either unit has questions, concerns, or decides that the paperwork cannot be filed as written, this will be communicated back to the DA/SSA.

¹ In determining this question regarding safety, please refer to the comments regarding the “patient in need of further treatment standard” – as this is the minimum legal criteria for a patient’s recommitment to an ONH.

8. TESTIMONY

When an ONH is either being revoked due non-compliance or being renewed (if contested) via an ACT, members of the treatment team from the DA/SSA (and residential program, if applicable) may be required to testify.

If seeking ONH revocation, it is essential that the reasons are thoroughly documented, including what conditions were violated, in what way, and when the violations occurred. If the individual has not been working with their team, then all efforts to re-engage them in treatment must be described. If the revocation request is set for hearing, the members of the treatment team who are asked to testify must review the clinical record and be prepared to testify, from memory, about the reasons that they are seeking revocation of the ONH, the efforts made to reach out to the individual, and other relevant information.

The same is true for an ACT. The treatment team members must be prepared to testify, and they must review and know the relevant portions of the individual's treatment plan and history. The treatment team members must be prepared to describe why the individual is a "person in need of further treatment." This term describes an individual who, without treatment, and to a substantial probability "in the near future," would experience a decline in his/her mental status to become a "person in need of treatment." Both the person's expected change in presentation as well as an expected dangerousness should be expected to occur "in the near future" to satisfy this legal standard.

There is no further explanation in the law as to what is meant by the "substantial probability" (*i.e.*, of deterioration in mental status and resulting danger) that is required. There is also no definition of "near future" in the law – though DMH's fair estimate is that this time period is "within six months to one year." In the simplest terms, a "person in need of treatment" has been diagnosed with a mental illness and, as a result, poses a danger to self or others. An individual "poses a danger" due to mental illness when their mental status, as manifested in their current presentation and psychiatric history (*e.g.*, symptoms, behaviors, life circumstances, other history, etc.), allows an inference that the individual presents a current and active risk of danger due to their mental status.

The claim that an individual "poses a danger" due to mental illness does not mean that the individual is now behaving dangerously, or that they will within hours or days. It is not possible to predict exactly when an individual will become a "person in need of treatment." The question is how *likely* it is that the individual's mental status will decline to the point that they engage in dangerous behavior, and how soon that might occur. In preparation for testifying at an ACT hearing, the DA/SSA staff should be thoroughly familiar with, and able to recount, the individual's history both on and off an ONH.

9. ONHS FOR INDIVIDUALS NOT ENROLLED WITH THE DA/SSA

This manual primarily discusses ONHs that are issued by the Family Division of the Vermont Superior Court. Individuals may also be issued an ONH by the Criminal Division of the Court after having been found not competent to stand trial or insane at the time of a crime. The Assistant Attorneys General (AAGs) representing DMH have not traditionally been part of these court proceedings. Recent statutory changes ([S.3](#)) now permit DMH to play a more active role in these proceedings. At a minimum, the AAGs will continue to monitor criminal cases and engage in conversations with the attorneys handling them to determine if ONHs are being considered. DA/SSAs will be provided with as much advance notice of a potential ONH as possible. Ultimately, the decision about whether to issue an ONH rests with the Court.

DMH Legal will transmit the ONH and any other available information to the DA/SSA involved upon receipt of the order from the court. If DMH was not notified, the DA/SSA may be the first to hear that someone has received an ONH, either by receipt of the Court's Order, or from the individual or their attorney. The DA/SSA should then inform DMH Legal and DMH Care Management and email a copy of the ONH to both. The DA/SSA may contact the Court to try to obtain information from the court, including the Competency Forensic Evaluation (if possible and/or available).

If the individual with an ONH calls the DA/SSA to make an appointment, it should be scheduled, and an initial evaluation completed, according to the DA/SSA standard intake guidelines. If the person does not call, or does not keep appointments, including email follow-up, despite efforts made by the DA/SSA to engage the person in services, within 30 days of the receipt of the ONH, the DA/SSA shall contact DMH Legal and DMH Care Management to inform them. The DMH Legal Unit may notify the court and the attorneys (State and Defense) and may file for Dismissal of Custody. If the individual is in treatment with the DA/SSA, the usual process for continuing/modifying/terminating/revoking an ONH would apply.

In some instances, the person with an ONH will receive treatment from a private provider. In that case, it is recommended that the DA/SSA ask the client to sign a Release of Information to coordinate care with the private provider(s). If the DA/SSA wants to renew the ONH, then their staff and psychiatric provider will have to sign the ACT paperwork even if the individual has other providers, so close communication will be imperative to document, and testify, if needed.

APPENDICES

APPENDIX A

MODIFICATION CERTIFICATE

1. I, the undersigned, hereby certify that I am a (please check one) psychiatrist, resident in psychiatry, physician/APRN, case manager. The following information regarding the proposed patient is submitted:

NAME OF PATIENT: [Click here to enter patient name](#)

PATIENT DATE OF BIRTH:

[Click here to enter patient date of birth](#)

GENDER:

[Click here to enter patient gender](#)

ADDRESS OF PATIENT:

[Click here to enter patient address line 1](#)

[Click here to enter patient address line 2](#)

NAME OF PARENT / LEGAL GUARDIAN:

[Click here to enter guardian name](#)

ADDRESS OF PARENT / LEGAL GUARDIAN:

[Click here to enter guardian address line 1](#)

[Click here to enter guardian address line 2](#)

2. What is your relationship to patient? How long have you known the patient?

[Click here to enter text](#)

3. What modification is required of the current Order of Non-Hospitalization?

[Click here to enter text](#)

4. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the current Order of Non-Hospitalization requires modification? What did the patient say? What did the patient do?

[Click here to enter text](#)

5. List eye-witnesses to the behavior that is alleged above (if there are additional witnesses please attach the names, addresses and phone numbers of the additional witnesses):

NAME OF WITNESS: [Click here to enter witness name](#)

ADDRESS OF WITNESS: [Click here to enter witness address](#)

PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

NAME OF WITNESS: [Click here to enter witness name](#)

ADDRESS OF WITNESS: [Click here to enter witness address](#)

PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

NAME OF WITNESS: [Click here to enter witness name](#)

ADDRESS OF WITNESS: [Click here to enter witness address](#)

PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

Signed under the penalties of perjury. 13 V.S.A. § 2901.

Date

Signature

[Click here to enter your name](#)

Print or Type Name

[Click here to enter your work address](#)
Work Address

[Click or here to enter your work number](#)
Work Telephone Number

APPENDIX B

REVOCATION CERTIFICATE

1. I, the undersigned, hereby certify that I am a (please check one) psychiatrist, resident in psychiatry, physician/APRN, case manager. The following information regarding the proposed patient is submitted:

NAME OF PATIENT: [Click here to enter patient name](#)

PATIENT DATE OF BIRTH: [Click here to enter patient date of birth](#)
GENDER: [Click here to enter patient gender](#)
ADDRESS OF PATIENT: [Click here to enter patient address line 1](#)
[Click here to enter patient address line 2](#)
NAME OF PARENT / LEGAL GUARDIAN: [Click here to enter guardian name](#)
ADDRESS OF PARENT / LEGAL GUARDIAN: [Click here to enter guardian address line 1](#)
[Click here to enter guardian address line 2](#)

2. What is your relationship to patient? How long have you known the patient?

[Click here to enter text](#)

3. Does the patient have any serious physical illness or recent physical injury? If so, describe:

[Click here to enter text](#)

4. Which condition(s) of the current Order of Non-Hospitalization is the patient in violation of?

[Click here to enter text](#)

5. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the patient is in violation of the current Order of Non-Hospitalization? What did the patient say? What did the patient do?

[Click here to enter text](#)

6. What facts have you observed and/or were reliably reported to you (identify by whom) that lead you to believe that the patient, independent of his or her compliance with the conditions of the Order of Non-Hospitalization, can no longer receive adequate and appropriate treatment on an outpatient basis?

[Click here to enter text](#)

7. Does any less restrictive alternative to involuntary hospitalization currently exist that would meet the patient's treatment needs?

[Click here to enter text](#)

8. List eye-witnesses to the behavior that is alleged above (if there are additional witnesses please attach the names, addresses and phone numbers of the additional witnesses):

NAME OF WITNESS: [Click here to enter witness name](#)

ADDRESS OF WITNESS: [Click here to enter witness address](#)

PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

NAME OF WITNESS: [Click here to enter witness name](#)

ADDRESS OF WITNESS: [Click here to enter witness address](#)

PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

NAME OF WITNESS: [Click here to enter witness name](#)
ADDRESS OF WITNESS: [Click here to enter witness address](#)
PHONE NUMBER OF WITNESS: [Click here to enter witness phone number](#)

Signed under the penalties of perjury. 13 V.S.A. § 2901.

July 7th, 2021

Date

Signature

[Click here to enter your name](#)

Print or Type Name

[Click here to enter your work address](#)

Work Address

[Click or here to enter your work number](#)

Work Telephone Number

APPENDIX C

ONH TREATMENT REVIEW FORM

(Description of facts justifying continued court ordered treatment)

CLIENT NAME:

ADDRESS:

TREATMENT TEAM MEMBERS:

<u>Name</u>	<u>Title</u>	<u>Organization</u>
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Describe the treatment program provided to the patient (what has been tried, what methods have been used):

Describe the result of that course of treatment (has there been any progress in treatment, has the patient maintained stability, have there been difficulties in providing effective treatment? Please be specific in describing the reason for your conclusions.):

Is an order of non-hospitalization still necessary to allow effective treatment? Why?

If this patient's condition was to decline, would the patient recognize this and/or request additional treatment needed to halt that decline?

Treatment Plan Coordinator: _____ Date: _____

Licensed Independent Practitioner: _____ Date: _____

STATEMENT OF TREATING LICENSED INDEPENDENT PRACTITIONER
PURSUANT TO 18 V.S.A. § 7620

CLIENT NAME:

DOB:

CLIENT'S MAILING ADDRESS:

PHONE #:

I am the treating licensed independent practitioner for the above named patient, and it is my opinion that he or she is "a patient in need of further treatment" as that term is defined in 18 V.S.A. § 7101(16).

18 V.S.A. § 7101(16) "A patient in need of further treatment" means:

- (A) A person in need of treatment; or
- (B) A patient who is receiving adequate treatment, and who, if such treatment is discontinued, presents a substantial probability that in the near future his or her condition will deteriorate and he or she will become a person in need of treatment.

18 V.S.A. § 7101(17) "A person in need of treatment" means a person who is suffering from mental illness and, as a result of that mental illness, his or her capacity to exercise self-control, judgment, or discretion in the conduct of his or her affairs and social relations is so lessened that he or she poses a danger of harm to himself, to herself, or to others:

- (A) A danger of harm to others may be shown by establishing that:
 - (i) he or she has inflicted or attempted to inflict bodily harm on another; or
 - (ii) by his or her threats or actions he or she has placed others in reasonable fear of physical harm to themselves; or
 - (iii) by his or her actions or inactions he or she has presented a danger to persons in his or her care.
- (B) A danger of harm to himself or herself may be shown by establishing that:
 - (i) he or she has threatened or attempted suicide or serious bodily harm; or
 - (ii) he or she has behaved in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration, or serious physical debilitation or disease will ensue unless adequate treatment is afforded.

Signature / Date

Print Name

Circle One: physician / nurse practitioner

Address

Telephone Number