

Vermont Psychiatric Care Hospital Policy and Procedure		
Non-Emergency Involuntary Medication		
Effective: April 2014	Revised: December 2024	Due to Review: December 2024

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:

Commissioner: The Commissioner of the Department of Mental Health (DMH).

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.

Executive Medical Officer: A psychiatrist responsible for supervision of the care and treatment of all hospitalized individuals at VPCH.

Treating Provider: A licensed provider on the staff of VPCH.

Personnel: Any VPCH employee, contractor, authorized student or trainee, or other individual who works at or for the 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 Psychiatric provider 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. Throughout the course of hospitalization, the treatment team shall assess willingness to accept treatment. 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.
 - Whether progress in treatment is compromised or unduly delayed by the decision of the hospitalized individual to refuse psychotropic 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. The attending provider, in consultation with the Executive Medical Officer, will conduct a review of these issues and decide whether to submit an application for non-emergency involuntary medication.

Initiating Non-Emergency Involuntary Medication

1. VPCH may ask the DMH Commissioner to commence an action for the involuntary medication of a person who is refusing to accept psychiatric medication and meeting eligibility criteria:
 - 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. Court ordered non-emergency involuntary medication may be sought on an expedited basis if an individual hospitalized on an Application for Involuntary Treatment (AIT) demonstrates a significant risk of causing serious bodily injury to self or others, even when hospitalized and clinical interventions have failed to address this risk.

3. The treating provider shall work with the DMH Legal Division to draft a petition for involuntary medication.
4. The petition shall include the provider'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 provider's opinion is based.
 - What alternate treatments have been proposed by the doctor, the hospitalized individual 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 chapter 121 of Title 14, and the identity of the health care agent designated by the DPOA.
5. A copy of the DPOA-HC, if available, shall be attached to the petition.

Communication with the Hospitalized Individual

The individual's clinical team, led by the attending provider, 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.

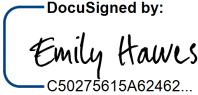
- the absence of further clinical decompensation
- absence of imminent risk to self or others
- restoration of a functional baseline
- absence of clinical documentation to support a request for non-emergency involuntary medication, and
- an earlier court determination of competence by the hospitalized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

References:

18 V.S.A. § 7624

18 V.S.A. § 7625

Department of Mental Health's *Rules for the Administration of Nonemergency Involuntary Psychiatric Medication*

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 <p>DocuSigned by: Emily Hawes C50275615A62462...</p>	12/6/2024