S.287 — reporting   Laura Ziegler 4/23/2014

* Despite the wording in Sec.5 of Act 114 requiring that DMH solicit comments from “persons **who have been subject to proceedings** under 18 V.S.A. § 7624” apparently feedback is **not** solicited from people who were the subjects of petitions which were withdrawn or denied. **It’s already in statute but should be remedied in practice**.

* Given the critical importance of that input in shaping (or providing less camouflage for) public policy, my suggestion is that **the outreach to/interviews with people who have been subject to involuntary medication orders should be undertaken by the mental health patient representative**, who is better situated through ongoing supportive contact with patients and access to the hospitals where orders are implemented. The patient representative also regularly visits step down facilities where people on involuntary medication orders may be discharged to. The funding to cover this expansion of the role could come from the existing DMH budget given that DMH is already charged with obtaining input through written comments and contracting out for the interviews. The data obtained could be provided as an appendix to the official report.

* The report shall examine and report on the reasons for any increase or decrease in involuntary medication applications, and shall make recommendations on approaches the department of mental health and the designated hospitals can implement to reduce the use of involuntary medications.

* The report shall identify the person or persons within the department of mental health responsible for implementing the state policy enunciated at Section 7629 to work towards a mental health system that does not require coercion or the use of involuntary medication, and the actions that person and the department have taken in the preceding year to achieve that goal.

* The report shall identify any increase or decrease in applications for involuntary treatment (commitment); how many motions for expedited hearings, and the number granted or denied, the number of continuances stipulated to, granted or denied.

Which unit of family court, length of the order (as issued) and whether it was a renewed order, medications ordered (indicate if ordered in the alternate) and dosage ranges; how long the order remained in effect.

Dosage ranges of medications actually administered, duration, indication (including diagnosis), how long the order was in effect; if it terminated and why(regained capacity? expired and not renewed?)

Adverse effects reported by subjects of orders during the time in effect; whether individuals had prior orders
How many individuals subject to involuntary medication proceedings had an advance directive with an agent or with instructions applicable to decisions to accept or refuse psychotropic medication
Length of stay prior and subsequent to the order (or withdrawal or denial of IM application); legal status on discharge (including whether a person was in some form of state custody prior to admission and whether a person was discharged under an ONH; indicate if still in state custody.