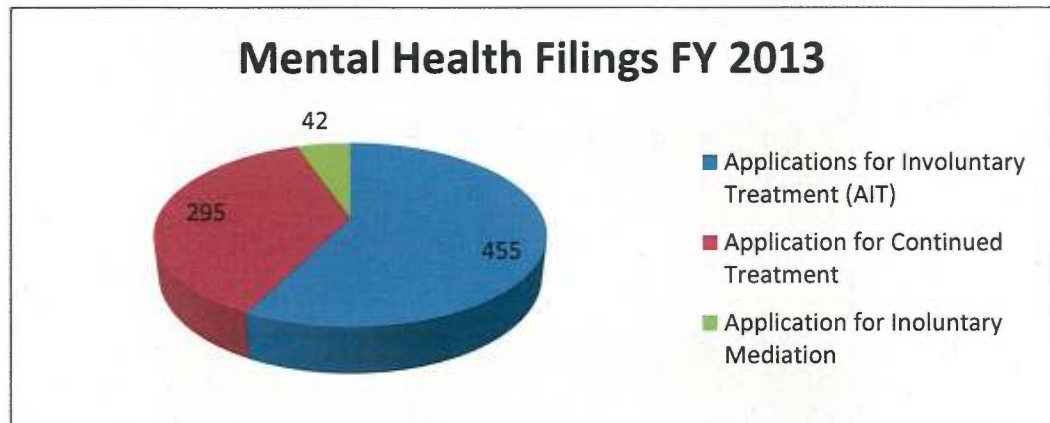
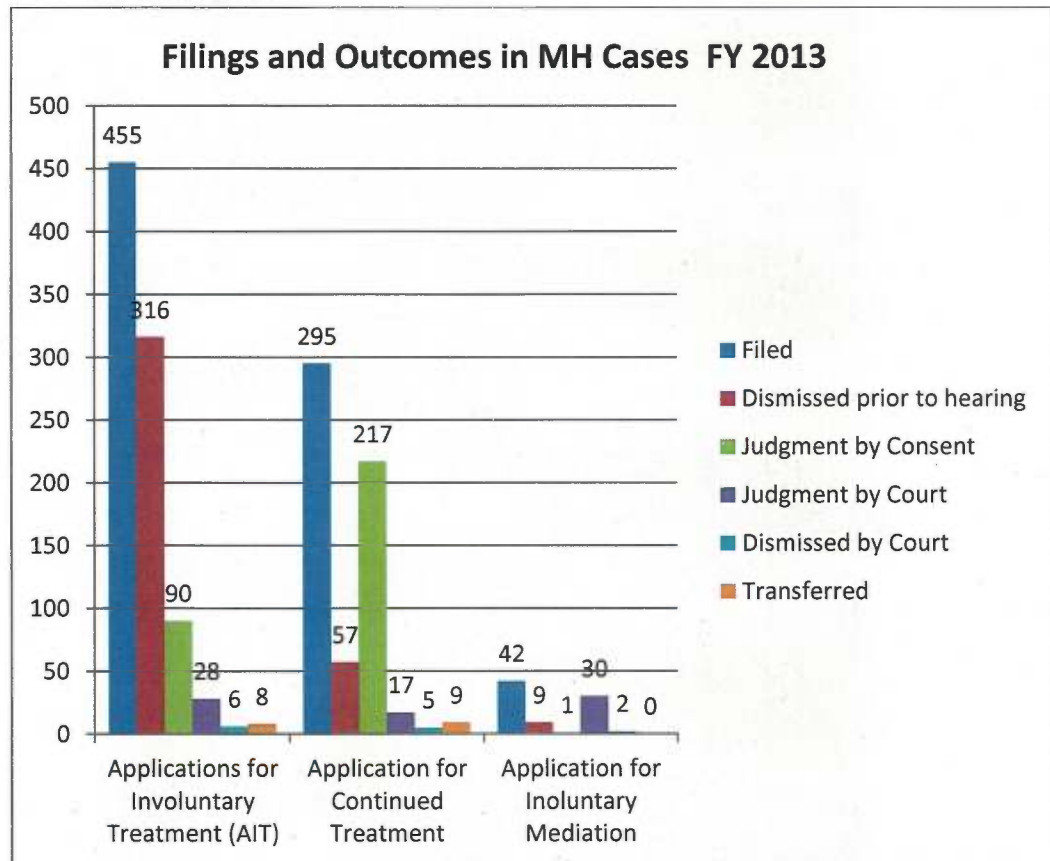


1. Mental Health Filings in FY 2013



2. Filings and Outcomes in FY 2013



3. Filing Trends in Medication Cases: 2008 – 2013: Calendar Year

DIVISION Family
CASE TYPE Mental Health
CASE SUB-TYPE Involuntary Medication

Cases Filed UNIT	CALENDAR YEAR					
	2008	2009	2010	2011	2012	2013
Addison	0	0	0	1	0	0
Chittenden	0	0	0	4	12	13
Lamoille	2	1	0	0	0	14
Orange	0	3	0	1	0	1
Rutland	0	0	0	3	15	15
Washington	24	30	31	27	0	0
Windham	0	0	0	5	18	23
Grand Total	26	34	31	41	45	66

- **154% Increase in Medication filings since 2008**

4. Causes of Delay in Mental Health Cases

- a. Delays are far more likely in the AIT Process than the AIM process
 - i. Medication Cases: median time to decision is 10 days
 - ii. AIT cases: median time to decision is 40 days
- b. Sources of Delay in AIT cases
 - i. Inability to Schedule Independent Evaluation within 20 day period
 - ii. Inability to get Discovery in a timely fashion – medical records from hospital and Community Mental Health Center
 - iii. Request for a Guardian Ad Litem for the Patient
 - iv. Unavailability of a Doctor or a key fact witness
 - v. Stipulated Requests to Continue hearing because a stipulated resolution is in the works

5. Changes to the Process in S. 287

- a. **Section 1: AIT Changes: Initial/Preliminary Hearings Required in All AIT cases**
 - i. **Concept of Probable Cause**
 - ii. **Probable Cause finding requires a paper review not a hearing**
 - iii. **Probable Cause by “substantial evidence” is not a recognizable concept**
 - iv. **Change would require significant additional judge time**
- b. **Section 2: Ability to File AIT and AIM at the same time**
 - i. **Court’s position is neutral – policy issue**
 - ii. **Will combining the hearings save court time? Maybe**
- c. **Section 3: Expedited AIT hearings in 5 or 10 days**
 - i. **“Good cause” showing**
 - ii. **Does this allow sufficient time for adequate discovery?**
- d. **Section 4: Ability to file AIT and AIM at the same time**